



RCVS NEWS / OCTOBER 2018

*Text-only version of  
RCVS News email*

# RCVS Honours and Awards 2019: A chance to recognise outstanding achievement

Nominations are now open for the 2019 RCVS Honours & Awards, in which we encourage members of the veterinary professions to think about the individuals who they know that far exceed expectation and ought to be recognised for it.

Our Honours & Awards recognise and celebrate a breadth of achievement across the veterinary world and encompass, for example, veterinary surgeons, veterinary nurses and laypeople who have contributed to the health and welfare of animals, to the veterinary profession as a whole or public health.

If you know someone whose achievements are outstanding and who has worked above-and-beyond the call of duty in the fields of veterinary medicine or science, or related areas, you can use the RCVS Honours & Awards to try and ensure that they are considered for wider recognition.

The deadline for putting forward your nomination is Friday 18 January 2019. Successful nominees for RCVS Honours & Awards will be invited to attend Royal College Day - our Annual General Meeting and awards ceremony - on Friday 12 July 2019.

Please download the guidance and information about RCVS Honours & Awards from the 'Related documents' section at the bottom of this page. To put forward a nomination for a particular award please click on the links for each award on the right hand side of this page.

Below is a video featuring footage of and interviews with some of the 2018 Honours & Awards recipients at this year's Royal College Day.

## The Honours

For more information about each of the RCVS Honours & Awards and to make a nomination for a specific award please click on the links below:

- The Queen's Medal
- The Veterinary Nursing Golden Jubilee Award
- The RCVS International Award
- The RCVS Impact Award
- The RCVS Inspiration Award
- Honorary Associateship

## How to nominate

Nominations can be made by via our online-only webform or by downloading and emailing/posting an application form.

## Any questions?

If you have any questions about RCVS Honours & Awards, please contact Peris Dean, RCVS Executive Assistant, on [p.dean@rcvs.org.uk](mailto:p.dean@rcvs.org.uk) or 0207 202 0761.

# New strategy for the Fellowship outlined at special event

At our third annual Fellowship Day, a series of ambitious proposals to continue the drive towards the Fellowship becoming a learned society was outlined to the assembled audience.

The Fellowship Day took place at the Royal Institution on Friday 5 October with an introduction to the proposals by Professor Nick Bacon, Chair of the Fellowship Board that is responsible for considering applications for Fellowship and its governance. These proposals had recently been agreed by RCVS Council at its meeting on Thursday 27 September.

He outlined three broad strategic areas for the Fellowship:

- Promoting scientific excellence: the Fellowship will support opportunities to advance veterinary standards by working collaboratively to examine the current knowledge base, identifying knowledge gaps, and supporting the translation of knowledge and research into veterinary practice.
- Furthering professional skills and practice and invigorating creativity: this includes committing the Fellowship to help enhance the professional skills and practice of all veterinarians, wherever they are on their career path, by sharing best practice. Under this path the Fellowship will also act as a spur for creative thinking and innovation to address the challenges faced by the profession.
- Promoting public awareness of veterinary science: under this ambition the Fellowship will aim to be one of the trusted and authoritative voices within the veterinary profession that is able to engage with the general public to raise awareness and understanding of veterinary science.

In total 35 new Fellows (pictured right) were welcomed on the day – 17 for meritorious contributions to clinical practice; eight for meritorious contributions to knowledge; eight for meritorious contributions to the profession; and two for Fellowship by thesis. A full list of those welcomed to the Fellowship this year is available to download.

Prior to welcoming the new Fellows, Professor Bacon added: “What can be immediately gleaned from our new Fellows is not merely their depth of knowledge and expertise, but also the breadth of work they represent. Which, when added together, offers some hint of the range, the richness, and the reach of our profession. This is important and needs to be celebrated for many reasons but, most of all, for the Fellowship because it highlights and demonstrates how professional background, specialism or interest is no barrier to becoming a Fellow.

“This sort of diversity is a prerequisite for a thriving learned society. Indeed, I view it as integral to ensuring the Fellowship’s growth, relevance and, over the long-term, its identity.”

The platform was then handed to Christine Middlemiss (pictured right), the Chief Veterinary Officer for the UK, who gave a presentation on the future of the UK veterinary profession over the next 10 years. While Brexit was one of the key themes of her talk it also encompassed the need to continue to demonstrate that the UK is a world leader in animal health and welfare and continuing to build and uphold the trust between vets and the wider public. She was also keen to emphasise one of her key roles as CVO - highlighting the importance of vets working for the Government in areas such as certification, surveillance and disease control.

Following the CVO’s speech was the inaugural ‘Fellows of the Future?’ competition in which six current undergraduate veterinary students and recent postgraduates (pictured together right) were given the opportunity to present their current research to the assembled Fellows and a judging panel comprising Professor Nick Bacon, RCVS President Amanda Boag, Christine Middlemiss and guest speaker, the renowned physicist Professor Jim Al-Khalili.

The winner of the competition was Robert Hyde, a postgraduate student at the School of Veterinary Medicine and Science at the University of Nottingham, with his presentation on antimicrobial usage and resistance in British cattle and sheep. His prize was two tickets to the VET19 Conference, organised by RCVS Knowledge, which takes place at The Oval cricket ground in London in June 2019 and which will explore quality improvement and the future of evidence-based veterinary medicine.

The presentation by undergraduate student Louise Scanlon, also of the University of Nottingham, on the bond between homeless people and their dogs was judged highly commended by the panel.

There then followed ‘Fellows in Focus’, a series of seven 10-minute talks from new and existing Fellows on a topic of their choice. These were:

- 'International vet work – methods, mayhem and madness,' by Dr Luke Gamble, the CEO and founder of the charities Worldwide Veterinary Service and Mission Rabies;
- 'Is the art of the physical exam dying?' by Professor Gayle Hallowell, Professor of Veterinary Internal Medicine and Critical Care at the University of Nottingham;
- 'Dealing with the worm that turned...' by Professor Jacqui Matthews, an RCVS Specialist in Veterinary Parasitology currently based at the Moredun Research Institute;
- 'Complexity of common diseases,' by Professor Peter Muir, Melita Grunow Family Professor of Companion Animal Health at the University of Wisconsin-Madison from the United States;
- 'Why 99% of the world's equine vets treat only 10% of the world's equids. How can we start to redress this imbalance?' by Dr Gigi Kay, Director of an American NGO – the American Fondouk, which provides charitable veterinary care in Morocco;
- 'Whose best interest?' by Dr Polly Taylor, an RCVS Specialist in Veterinary Anaesthesia, who presented on the ethical issues around 'overtreatment'; and,
- 'Leadership – observations and learnings during a clinical, academic and commercial career,' by Dr Simon Wheeler, an RCVS Specialist in Veterinary Neurology who has worked in the veterinary pharmaceutical industry for the past 18 years.

Following the Fellows in Focus presentations was the keynote speaker – Professor Jim Al-Khalili, Professor of Physics and Public Engagement in Science at the University of Surrey, on the importance of science communication.

Professor Al-Khalili (pictured right) gave an overview of the development of science communication over the last few decades – from something that was the preserve of experts, to the boom in popular science books, radio shows and television programmes in recent years.

He stressed that veterinary surgeons, as scientists, had a role in helping to educate the public about their work and research and that, while scientists often avoided the media spotlight for fear of misinterpretation, it was important that evidence-based science did receive public engagement so that people were better informed.

His final point was on the coming revolution in Artificial Intelligence (AI) which he believed would transform society in the next 25 years. He said that society had not yet been sufficiently prepared for its implications and that there needed to be more discussion about its impact on employment, health, culture and the social fabric. He encouraged these discussions to take place in order to limit the backlash against AI and ensure that its benefits are spread across society.

For more information about the Fellowship – and to find out how to make an application to join – visit our dedicated Fellowship page. The application period for the 2019 cohort of Fellows is currently open until Monday 4 February 2019.

Videos and written reports from the Fellowship Day will also be available in due course.

# Veterinary mediation scheme passes one-year milestone

This month the Veterinary Client Mediation Service (VCMS), established and funded by the RCVS, has passed the one-year mark having dealt with over 2,000 cases of dispute between veterinary practices and clients in this time.

The VCMS, which is administered by Nockolds Solicitors, was formally launched by the RCVS as an alternative dispute resolution service in October 2017 following a year-long trial.

The aim of the service is to resolve, by mediation, disputes between clients and veterinary practices that do not meet the threshold of serious professional misconduct that is needed for the RCVS to investigate a concern through its formal processes.

Since the service's trial, which started in October 2016, the VCMS has given preliminary mediation advice on how to resolve a case in more than 1,700 instances with over 580 cases having gone to full mediation of which 89% have concluded with a resolution.

Eleanor Ferguson (pictured right), RCVS Registrar and Director of Legal Services, commented: "From the perspective of both the public and the profession, the establishment of the VCMS has been a "win-win" situation. For the public it has provided them with an additional route to solve those complaints which wouldn't cross the threshold to progress in the concerns investigation process.

"For the profession it has provided a more appropriate format for resolving a client dispute that doesn't involve the time, effort and formal process of an RCVS investigation for those cases that will never amount to serious professional misconduct. I think this has been demonstrated by the fact that the vast majority of the profession are willing to engage with the VCMS process, even though it is entirely voluntary.

"The VCMS has also had a positive impact on the College and its concerns investigation process, allowing us to focus greater resources on those cases that do meet our threshold of serious professional misconduct.

"This has had a very clear impact on the speed with which we either close cases or move them on to the next stage of consideration by the Preliminary Investigation Committee (PIC), which, again, is important to both the public and the profession."

Figures from the RCVS demonstrate that some 90% of cases investigated at Stage 1 of the process are either closed or referred to PIC within four months – the College's key performance indicator at this stage. This compares to around 50% of these cases being closed or referred within four months at Stage 1 in 2016.

Figures from the VCMS also demonstrate that, in total (including both preliminary and full mediation cases), 86% of the cases dealt with by VCMS were successfully mediated and that feedback from both clients and veterinary practices is largely positive.

For example, the collated veterinary client feedback from the third quarter of 2018 shows that 93% would use the VCMS again and 79% considered it to be fair, while the equivalent figure amongst veterinary practices was 94% and 87% respectively.

Jennie Jones, a partner at Nockolds Solicitors who heads up the VCMS, said: "It is a good sign that mediation is largely working as it should when both parties are reporting similar satisfaction rates and we pride ourselves on negotiating resolutions that are acceptable and beneficial for both the clients and the practices.

"It is great to see that our efforts are also having an impact on the RCVS concerns investigation system by allowing it to concentrate on more serious cases."

More information about the RCVS concerns investigation process, including the different stages of an investigation, can be found on our website.

Further information about the VCMS can be found on its website or by calling 0345 040 5834.

# RCVS CEO gives prestigious lecture in Glasgow

On Friday 26 October, Royal College of Veterinary Surgeons (RCVS) CEO, Lizzie Lockett, gave the biennial Professor James McCall Memorial Lecture at the University of Glasgow's School of Veterinary Medicine.

This was a two-fold event, as a new student building was also being opened on the Garscube campus, named after Dr Mary Stewart, an inspiring veterinary surgeon and teacher who attended the event held in her honour.

The lecture was titled, 'Proactive regulation – it's not the Minority Report', in which Lizzie (pictured) spoke about proactive regulation, and how ensuring that the profession was fit for purpose was as important as ensuring an individual was fit for practise, and that this was achieved by facilitating a healthy sustainable culture within the veterinary professions.

She put forward the case for the RCVS to be a compassionate regulator, by ensuring that both veterinary professionals and the team at the RCVS have the requisite skills to be compassionate in their approach. This works to the interests of both parties, as well as the public, and has the best outcomes for animal health and welfare at its heart.

Other issues addressed were mental health and the Mind Matters Initiative (MMI), the RCVS Leadership programme, the drive for a learning culture and the Veterinary Client Mediation Service (VCMS).

RCVS Council member and Head of Glasgow Vet School, Professor Ewan Cameron, said: "We are often complemented on the quality of our distinguished McCall speaker but the feedback on Friday night was truly exceptional for the warm and enthusiastic praise it received. The audience found the passion and humour with which Lizzie delivered her lecture highly engaging and appreciated the progressive and compassionate approach the RCVS are taking to regulation and their support for the profession."

For more information, please contact: Emma Cowles (020 7050 5041) [e.cowles@rcvs.org.uk](mailto:e.cowles@rcvs.org.uk) Communications Department, Royal College of Veterinary Surgeons

# RCVS holding PSS Awards evening in November

The Royal College of Veterinary Surgeons (RCVS) will be holding a Practice Standards Scheme (PSS) awards evening next month to celebrate practices that have demonstrated their commitment to excellence by achieving PSS awards.

The event will be held on the evening of Thursday 15 November from 5pm to 6.30pm at the Crowne Plaza hotel in Dockland West Suite, London, and is happening alongside the London Vet Show (LVS) which is being held nearby at Excel London. The Practice Standards Scheme awards event is free to attend, with drinks and nibbles provided.

The Practice Standards Scheme is an initiative set up by the RCVS to provide accreditation to practices that have voluntarily entered the scheme and proven that they operate under high levels of professionalism and standards. The awards element of the Scheme was launched in 2015 to allow RCVS-accredited practices to better showcase where they excel, for example, in areas such as client service and consultation services.

Attendees to this event include some of the practices that have achieved awards since the previous awards evening in January 2018, and will be joined by RCVS President, Amanda Boag, the Practice Standards team at the RCVS, and some of the College's PSS Assessors. Amanda will be officially presenting the PSS awards to all successful practices over the past few months.

During the evening, attendees will be able to find out how they can utilise their PSS awards in the future and will also be able to hear directly from previous award-winning practices, who will be sharing their experiences on how to achieve the various awards on offer.

The first awards recipient to speak at the event will be Victoria Johnston MRCVS, of St David's Veterinary Group in Devon, who received 'outstanding' awards for 'Small Animal In-patient Services' and 'Client Service'. The second speaker will be Dr Andrew Wallace MRCVS from Buckingham Equine Vets, who received an outstanding award for 'Equine Client Service'. There will also be the opportunity to speak with the RCVS PSS team first hand, and ask them any questions regarding the scheme itself, or the process of applying for an award. There will also be handy insights and tips from RCVS Lead Assessor, Pam Mosedale.

Mandisa Greene, an RCVS Council member and the new Chair of the Practice Standards Group which coordinates the PSS, will be chairing the event for the first time. Mandisa took over from Jacqui Molyneux in July this year, following Jacqui's retirement from Council. Mandisa has worked in specialist emergency clinics and currently works as a locum in a variety of practices across the West Midlands. She is a published author, having been the researcher on a paper about genomic variations in Mycobacterium published in BMC Microbiology.

Mandisa Greene, says: "I am really looking forward to chairing this event for the first time and I am excited to meet all of the past and potential winners. The Practice Standards Scheme awards are a fantastic opportunity to highlight and celebrate all of the brilliant work that is going on across the country to maintain high standards and provide the very best in animal health and welfare."

For further information on the PSS awards, [click here](#), and for event enquiries, please contact [e.lockley@rcvs.org.uk](mailto:e.lockley@rcvs.org.uk). If you would like to attend the event, [click here](#) for tickets.

# RCVS launches new Stat Exam

The Royal College of Veterinary Surgeons (RCVS) Education Committee and Primary Qualifications Subcommittee have agreed a new format to the Statutory Membership Examination, which will be delivered from 2019.

This examination must be undertaken and passed by all individuals educated outside of the UK whose veterinary qualification is not recognised by the College. Passing this examination allows them to join the UK Register, and therefore practice as a veterinary surgeon in the UK.

The exam has existed in its current format for over 30 years, and the review was implemented to ensure the examination remains fit for purpose, and sits in line with international best-practice and our current Day-one Competences. The Day-one Competences were revised in 2014 and set out the minimum knowledge, skills, attitudes and behaviours which veterinary surgeons should possess on joining the Register. The review was also brought about to ensure we are utilising the most appropriate means of assessment methods, to best prepare candidates for success, and to ensure candidates can work in the UK to the very best of their ability.

The review process was undertaken by the Statutory Examination Board, in consultation with veterinary and medical educationalists, and used various methods to come to its conclusions, including focus groups, and analysis of similar examinations conducted by other professional regulators.

The written examination will now consist of two parts; a clinical Multiple Choice Question (MCQ) paper (in a single best answer clinical vignette format) and an open book examination, which will be used to ascertain the candidate's knowledge of the RCVS Code of Professional Conduct.

The Clinical, Practical Examination will now exist in the form of a multi-dimensional Objective Structured Clinical Examination (OSCE). This examination is set to measure a range of clinical, technical and professional skills including clinical reasoning, communication, professionalism, and ethical awareness. Following a tender process, Glasgow Veterinary School has been awarded the contract to host the OSCE examination for five years from 2019 to 2023.

RCVS Examinations Manager, Victoria Hedges, says: "The review of the Statutory Membership Examination has provided us with the opportunity to ensure that we continue to test the skills and knowledge needed to work effectively in a veterinary practice in the UK in a robust manner, and bring it in line with the final year examinations delivered at UK vet schools. In designing the examination, the RCVS has considered international best practice, in addition to approaches to regulatory examinations within both the veterinary and medical sectors."

A comprehensive handbook regarding this new examination will be available on the Statutory Membership Examination section of our website shortly.

If you have any questions, please get in contact with our Examinations Manager, Victoria Hedges on [v.hedges@rcvs.org.uk](mailto:v.hedges@rcvs.org.uk)



# RCVS recognised for excellence in staff wellbeing

The RCVS has been recognised as a centre of Excellence in Wellbeing, demonstrating its commitment to creating the best environment for staff.

The Excellence in Wellbeing recognition comes from Great Place to Work UK, an organisation that helps companies and organisations improve staff engagement and regularly benchmarks progress.

It is based on the organisation's Trust Index survey, which measures levels of wellbeing, among other factors key to staff engagement and support.

The Trust Index survey sought the experience of employees in six key areas related to staff wellbeing: the work environment; financial security; mental and physical health; interpersonal relationships; work-life balance; and, fulfilment. The recognition means that the RCVS scored highly across all six areas.

Lizzie Lockett (pictured right), RCVS CEO and Director of the Mind Matters Initiative, said: "As someone who regularly talks about wellbeing to the veterinary profession and who is involved in running the joint Mind Matters and Society of Practising Veterinary Surgeons (SPVS) Wellbeing Awards, it is good to be able to demonstrate that, as an organisation, we practise what we preach. So we are very proud to have received this recognition, particularly on World Mental Health Day.

"Since the launch of Mind Matters in 2014 we have looked at our own working culture and environment, as well as that of the veterinary professions, and made a number of improvements. For example, better internal and external support mechanisms for our team, mental health awareness training, destigmatising programmes, mentorship, an improved reward and recognition system, and a concerted effort to improve the workplace environment and personal wellbeing, through activities such as yoga and sports clubs.

"A great current example is the Wellbeing Box we have introduced for World Mental Health Day. Over the last few days it has been filled with items that team members feel will improve someone's wellbeing, such as music, food, film suggestions, books and other objects, and on World Mental Health Day everyone will be encouraged to take something out and enjoy it."

Further information about the joint Mind Matters and SPVS Wellbeing Awards are available on the project's website.

# CPD course for overseas vets and VNs

The Royal College of Veterinary Surgeons (RCVS) is holding a two day 'Introduction to the UK veterinary professions' continuing professional development (CPD) event for overseas trained veterinary surgeons and veterinary nurses next month.

The event is for all overseas qualified vets and veterinary nurses who are either already on the Register, or who are intending to join the UK Register and would like to learn more about working in the UK and takes place in London on 20 and 21 November.

The first training day will be held on Tuesday 20 November at the RCVS headquarters on Horseferry Road, London. This day, titled 'Working in UK veterinary practice: key information for vets and vet nurses' will focus on the logistics of UK working, as well as covering how UK veterinary professions are organised, information regarding jobs, employment rights, and support available for veterinary employees who are in need of assistance. The course also seeks to help attendees understand their legal duties as a veterinary professional in the UK, along with their expected standards of professional conduct.

The course will be free to attend, with lunch and refreshments provided. The day will also see talks from various key figures in the field, including representatives from the British Veterinary Association (BVA), Veterinary Defence Society (VDS) Training, and the charity Vetlife, which was set up to help veterinary professionals manage their mental health and wellbeing.

The second part of the course will be held the following day on Wednesday 21 November and is a paid-for masterclass in communication offered by the VDS, titled 'A master class in communication skills'. This course aims to help delegates improve their confidence and communication skills when starting work in the UK.

The course presents delegates with scenarios they may face in the consulting room, using professional actors in role-play, and advises on the best ways to handle any potential situations. The day costs £180 per person, and will be held at Mary Sumner House in Westminster, where refreshments and lunch will also be provided.

The overall aim of this training is to improve the experience of overseas vets coming to the UK to work, as well as reducing the risk of complaints being made towards veterinary professionals, which will in turn contribute to the overall wellbeing and productivity of the UK veterinary workforce.

Our Director of Communications, Ian Holloway, said:

"We are delighted to be able to offer training courses such as these to support the working lives of veterinary professionals from overseas, who are planning to join our veterinary workforce in the UK. We have had very positive feedback about previous courses and hope that all attendees will enjoy the training offered and find the course beneficial for their professional careers."

If you are interested in registering for either of the days, please visit the RCVS Eventbrite page.

# Graduate outcomes consultation

## Taking time to consider the big picture

As the Graduate Outcomes consultation is so important and broad in scope, we are looking for a similar breadth of experience, opinions and ideas in the responses we get back. Before I launch into the details of the consultation, however, I just wanted to give you an overview of the background that has led us to this point.

For some time we have been aware of concerns within the veterinary profession around the mental health and wellbeing of veterinary graduates, often due to a mismatch of their ideal expectations of clinical practice and the reality. Factors such as increasing client expectations and the increase in scientific knowledge and treatment techniques have exacerbated this trend, contributing to the issues around recruitment and retention.

From the point of view of educators, we have long been aware of the possibility of 'knowledge overload' with veterinary students potentially learning an ever-increasing amount about many different aspects of veterinary medicine but maybe not developing those broader professional competences, such as communication, reflection and decision-making, that are crucial to life in practice.

These viewpoints were cemented by our joint Vet Futures consultation with the BVA which, upon surveying recent graduates, found that many of them were struggling with the transition. The Vet Futures Action Plan, published in July 2017, therefore identified a need to review the outcomes for veterinary graduates as well as the purpose and relevance of extra-mural studies.

The challenges are significant, but the solutions are not beyond our collective ken – the consultation framework is deliberately open to encourage both broad thinking and novel approaches for what might work best for all involved. What we need is honest yet constructive feedback from veterinary professionals of all ages, backgrounds, experiences and sectors so that we have as holistic a view as possible to work with.

We've divided the consultation into four core areas – Day-one Competences, the Professional Development Phase, extra-mural studies and clinical education for general practice.

Day-one Competences are the skills and attributes required of veterinary graduates to work safely and independently on entering practice and, with the Graduate Outcomes consultation, we are seeking feedback on a new model, with a greater focus on those critically important 'professional skills' such as communication, collaboration, self-reflection and clinical reasoning.

The aspect of the consultation covering the Professional Development Phase, which acts as a structured bridge between life as a veterinary student and clinical practice, builds on research conducted last year which identified a need for a more structured PDP programme and we will be putting forward some suggestions about what this could look like.

In terms of the extra-mural studies component, it has long been apparent that student experiences of EMS have been quite varied, and the placements themselves can be relatively unstructured in terms of the experiences gained by the placements. The consultation explores whether EMS could be restructured to fall towards the end of the veterinary degree and act as a bridge between the degree and the Professional Development Phase.

Finally, the clinical education dimension will be looking at how the veterinary degree can ensure there is an appropriate balance of general practice and specialist experience so that students are prepared for as wide an array of clinical experiences as possible.

Our plans are certainly ambitious and over the last few years as a member of the Graduate Outcomes Working Group and Chair of the Education Committee, I have been thrilled to have played my part in developing this consultation. However, we need to develop these plans hand in hand with the profession and that is why I want to emphasise again the critical importance of your feedback. With such a big picture to consider, we hope that you can set aside some time to send us your views, and I can assure you it will be time very well spent. Thank you.

## Be part of the Big Picture at London Vet Show!

The first stage of the consultation will launch on 15 November 2018 and run until 18 January 2019. More information, including how you can respond, will be published shortly at [www.rcvs.org.uk/go](http://www.rcvs.org.uk/go).

If you're heading to London Vet Show this year, please visit us on stand number N72 to find out more. You can collect a printed copy of the consultation document and a free gift, and take part in our Big Picture competition!

# Practical case studies on communication and consent in clinical practice

In January 2018 the RCVS updated its guidance on communication and consent with more advice on discussing informed consent with clients and who is responsible for gaining consent.

The Codes of Professional Conduct for both veterinary surgeons and veterinary nurses stress the need for effective communication with clients and ensuring that informed consent is obtained and documented before treatments or procedures are carried out.

At its January meeting our Standards Committee approved changes to chapter 11 ('Communication and consent') of the supporting guidance to the Codes to provide further advice to the professions on matters that should be discussed with clients to ensure informed consent is gained, provide clarification on who can gain consent for a procedure and give some additional guidance on consent forms.

We have now published a series of case studies highlighting some of the issues commonly encountered in practice around gaining sufficient levels of consent for procedures, with learning points from the College about how the process could have been improved and references to the recent updates we have made to the guidance.

## Case study 1: No consent teeth removal

This morning, Dr Mosse saw a new client, Sara. Sara explained that she had noticed that the mouth of George, her Labrador, smelt bad. After examining George, Dr Mosse explained that his teeth were thick with tartar and she would like to do a "dental procedure" on George. Sara asked if George would need any teeth removed. Dr Mosse reassured Sara that they would "let her know" if this was the case.

Sara signed a consent form for a clean and polish of the teeth, which included consent for 'any other dental procedure as necessary in the best interests of the animal', and left George at the practice for his surgery.

When Sara came to collect George in the afternoon, she was surprised and upset to hear that nine of George's teeth were removed because they were loose and/or damaged.

Sara considered that the removal of nine teeth should have been discussed with her prior to it being done. Sara had told the practice that she would be near her phone all day if they needed to call for any reason, and the practice did not attempt to call.

Dr Mosse told Sara that the consent form that she had signed had given permission for the practice to perform other dental procedures, and that this could include teeth removal. Dr Mosse also claimed that she had talked through the benefits and risks of teeth removal when they agreed on an estimated cost. At the time of the surgery, Dr Mosse was under the impression that she had obtained informed consent from Sara for the removal of teeth.

Sara was not satisfied with this explanation, as, not only had the practice not asked for consent to remove teeth, but they had not even tried to obtain consent. Sara had interpreted the catch-all term on her consent form, which referred to consent for 'any other dental procedure as necessary in the best interests of the animal', to only apply in an emergency. As the removal of George's teeth was not performed because of emergency circumstances, Sara considered that she had not provided consent.

## Learning points

Under the Code of Professional Conduct for Veterinary Surgeons, '2.4 Veterinary surgeons must communicate effectively with clients... and ensure informed consent is obtained before treatments or procedures are carried out'.

Although there are caveats to this, such as not needing to obtain consent because the delay caused by doing so would adversely affect the animal's welfare, this is unlikely to apply in this situation. In this case, no steps were taken to gain the additional consent for teeth removal as Sara was not contacted while George was under anaesthesia. There has been a clear miscommunication, as Sara had interpreted the situation differently to Dr Mosse.

Dental procedures are hard to predict, but this is not always well communicated to the client. Dr Mosse should have made it clear that, should the removal of teeth be required, that this would be performed as well as the scale and polish.

Good communication is vital prior to the procedure to ensure that the client is aware of what "dental treatment" entails, and the consent form should cover the likely range of both extractions and costs.

Chapter 11 of the supporting guidance to the Code advises that, where the outcome of the procedure is uncertain, this should be explained to the client, and the client should be made aware that they need to be available on the phone.

Alternatively, some veterinary surgeons may prefer to have agreed that after performing the initial assessment under anaesthetic that they will then contact the owner by phone, having previously warned them that this will be necessary, to discuss the further treatment required and an estimate of costs.

This is in line with paragraphs 11.2(h) and 11.18 of Chapter 11 to the Code:

11.2 [...]

The following matters should be considered during the discussion with the client to ensure informed consent:

[...]

h. Ensuring, where possible, that consent can be obtained from the client for any deviations from the treatment plan (including costs), therefore where possible ensuring that the practice has the client's emergency contact details and that these are up to date.

11.18 Provision should be made for uncertain or unexpected outcomes (e.g. in relation to dental procedures). Clients should be asked to provide contact telephone numbers to ensure discussions can take place at short notice. Provision for the veterinary surgeon or veterinary nurse to act without the client's consent if necessary in the interests of the animal should also be considered.

### **Case study 2: Full range of options not given**

Buster, an Alaskan Malamute, was diagnosed with an osteosarcoma on his leg. His vet, Mrs Platell, knowing that Buster's owner Ralph had struggled to pay for treatment in the past, suggested amputation of the leg, to which Ralph agreed. Ralph signed the consent form on the same day, and the surgery was performed the following week.

Buster recovered without incident, but when Ralph's next-door neighbour saw Buster on three legs, he asked what had happened. When Ralph explained, the neighbour recalled a previous dog she had herself owned, which had had the same sort of tumour. Her vet at the time had discussed options including limb-sparing surgery, radiation for palliation or treatment, and chemotherapy.

The neighbour's vet had also explained that, whatever treatment protocol is used for osteosarcomas, there is a high likelihood that they have already spread by the time of diagnosis. Consequently she had chosen to have her dog euthanased when the pain became uncontrollable.

Ralph called the practice immediately – he asked why he was not told of the other options, and why it was not explained that the cancer may have spread? Ralph said that knowing this would have changed his decision to amputate. He may instead have chosen to euthanase Buster, and he feels that he was not given the chance to make an informed decision about his dog's treatment.

### **Learning points**

In order for a client to give informed consent for treatment or procedures to be undertaken on their animal, they should have had the opportunity to consider a range of reasonable treatment options (paragraph 11.2 of the supporting guidance to the Code), not just the option that the veterinary surgeon considers to be the best in this case (11.2(g)).

Ralph should have also been informed of the potential benefits, risks, and likely outcomes of each treatment option (11.2(a) and (b)), including the mortality rate for the diagnosis.

As the surgery was not an emergency, Ralph should also have been given the chance to consider the options, and ask any questions. The opportunity to have a consultation with the vet to discuss these options may be useful, and euthanasia should always be presented as a treatment option where quality of life is affected (11.2):

11.2 Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable treatment options (including euthanasia), with associated fee estimates, and had the significance and main risks explained to them. For non-urgent procedures, the consent discussion should take place in advance of the day of the treatment/procedure where possible. The client's consent to treatment should be obtained unless delay would adversely affect the animal's welfare.

### **Case study 3: Cat castrated without consent**

Lucy phoned a local charity seeking veterinary treatment for one of the semi-feral stray cats she had been feeding in her back garden. She noticed that one of the cats, nicknamed Ginger, had developed a swollen face. Lucy believed that the cat had been owned by neighbours who had moved away, and she had been feeding it ever since.

The charity advised that they could arrange treatment for the cat, and agreed to pick the cat up and take it to the veterinary practice due to Lucy's concerns about handling it. No written consent form was signed, and Lucy did not attend the practice.

Under anaesthetic, the swelling was found to be a large abscess, almost certainly caused by fighting. The charity had a policy of neutering stray cats. As Ginger was unneutered, he was castrated under the same anaesthetic, in accordance with the policy and considered in the cat's best interest. The charity was billed for the procedure.

The charity collected Ginger and returned him to Lucy, who was happy to keep feeding him as a semi-feral, "community cat". Lucy was not happy when she found out about the castration but was placated when it was explained how this would prevent similar problems in the future. However, a few days later, a neighbour of Lucy's came to the practice to complain that they also fed Ginger and considered themselves to be his owner.

They were upset he had been neutered without their consent. Dr Tomassi explained that he had followed the charity's standard procedure, which was for all stray cats treated by it to be neutered.

### **Learning points**

Before carrying out any treatment or procedure, veterinary surgeons and veterinary nurses must obtain informed consent, as required by section 2.4 of the Code of Professional Conduct for Veterinary Surgeons.

Where the client is not the registered owner, care should be taken that the person giving consent has the authority to do so. It is important to be clear on who the client is, especially when dealing with stray cats, where ownership is often unclear.

In this case, the charity is the client, and it is sensible to ensure that the charity has explained this to any finder/feeder. If the finder/feeder wants to be dealt with as the client then they should be made aware of their responsibility under the Animal Welfare Acts to ensure that the animal's welfare needs are met.

Ideally, the charity should have taken further reasonable steps to locate an owner, for example, by putting up posters, using lost and found websites and/or the practice's website or social media pages. In general charities will wait a minimum of seven days before undertaking significant, non-emergency procedures such as neutering.

However, in cases where the history suggests ownership is unlikely and welfare is likely to be significantly enhanced by performing the procedure, such as trap/neuter/release of feral colonies, or neutering of semi-feral cats, the vet should keep good notes of their decision-making process but should not be unduly concerned about performing these procedures prior to seven days, if it is clearly in the best interest of the animal.

To meet the standards for 'General Practice' under the RCVS Practice Standards Scheme, a signed consent form should be obtained for all procedures, and when an animal is admitted to the care of a veterinary surgeon. A representative of the charity should sign this.

It is not sufficient to rely on a practice policy. If it is not practical for the treating vet to obtain the client's consent themselves, they can delegate this responsibility, but only to a suitably trained person who has sufficient knowledge of the proposed procedure or treatment, and who understands the risks involved.

This is stated in new paragraph 11.3 of Chapter 11 of the RCVS supporting guidance:

11.3 Ordinarily it is expected that the veterinary surgeon undertaking a procedure or providing treatment is responsible for discussing this with the client and obtaining the client's consent. If this is not practical, the veterinary surgeon can delegate the responsibility to someone else, provided the veterinary surgeon is satisfied that the person they delegate to:

- a. Is suitably trained, and
- b. Has sufficient knowledge of the proposed procedure or treatment, and understands the risks involved.

### **Case study 4: Euthanasia without consent**

Carlos' elderly dog, a Corgi named Barney, had stopped eating and was off-colour. Carlos needed to go to work, but called his usual veterinary practice to ask for a vet to visit his house during the day to attend to Barney, as his sister would be there.

Later that day a veterinary surgeon from the practice, Dr Preis, went to Carlos' house to see Barney. Dr Preis had seen Barney at the practice about two months before, and had discussed Barney's numerous health conditions, and the possibility that he may need to be euthanased in the near future.

After examining Barney, Dr Preis explained to Carlos' sister that there were few treatment options available, and given the discomfort Barney appeared to be in, in her view euthanasia would be the best option. Carlos' sister tried to call her brother but could not get through.

As Carlos could not be contacted, Dr Preis decided to proceed with euthanasia. Dr Preis later spoke to Carlos and told him that Barney had to be euthanased. Dr Preis explained that she had not obtained his consent first as she was unable to contact him, and in her opinion, Barney's condition meant he should be euthanased without delay. She apologised that he had not had a chance to say goodbye.

### **Learning points**

Veterinary surgeons and nurses must obtain informed consent, as required by section 2.4 of the Code of Professional Conduct for Veterinary Surgeons, unless delay would adversely affect the animal's welfare.

The euthanasia procedure should not have taken place until Dr Preis had discussed it with Carlos and obtained his consent, unless in Dr Preis's opinion Barney's condition was such that he should in his own interests have been euthanised without delay.

Chapter 8 of the RCVS supporting guidance on euthanasia states, at paragraph 8.10, that a veterinary surgeon may need to act without the owner's consent, but generally there should be discussions with the owner before such a decision, which should also be endorsed by a veterinary surgeon not directly involved in the case.

Chapter 11 of the RCVS supporting guidance also states, at paragraph 11.3, that ordinarily the veterinary surgeon is responsible for discussing procedures with the client and obtaining the client's consent. Accordingly, Dr Preis should have tried to contact Carlos herself to discuss euthanasia and seek his consent. She should not have relied on her past discussions with him.

A sample form of consent for euthanasia is available on the webpage for Chapter 11. (The standards for 'General Practice' under the RCVS Practice Standards Scheme, provide that signed consent forms are usually required for all procedures when an animal is admitted to the care of a veterinary surgeon, including for euthanasia. "Admitted" means where an animal is in the care of the vet and not in the owner's presence, including when being seen at the owner's premises).

### **Case study 5: Verbal consent**

Bob, a lop-eared rabbit, was brought into the practice to be neutered. Bob's owner, Julie, told the vet, Dr Wald, that she was worried about the procedure because she'd never owned an animal before. Dr Wald thoroughly explained the reasons why neutering of rabbits can be beneficial, but also stated that there are certain risks, as with any surgery.

Julie and Dr Wald discussed the fee estimates, other routine procedures which may be undertaken (ie nail clipping and teeth cleaning, if needed), and then Dr Wald made sure that the practice held up-to-date contact details for Julie to make sure she could be contacted if needed. Dr Wald noted Julie's verbal informed consent on the clinical records, and took Bob to be anaesthetised.

The surgery went well and Bob was expected to make a full recovery. However, when Julie went to collect Bob, she was surprised to see that Bob's nails had been clipped, and one of the nails looked as if it had been bleeding. Dr Wald explained that, as part of the other routine procedures performed during surgery, Bob's nails were clipped.

Unfortunately due to the dark colour of Bob's nails it was difficult to establish where the 'quick' started, meaning that some of Bob's sensitive tissues were damaged, leading to some bleeding. Dr Wald apologised and assured Julie that although unusual, the bleeding from the nail was very minor and would heal within a few days without further intervention.

Julie was very concerned as she did not believe that she had specifically consented to all of the procedures as she did not sign a consent form and she only had a verbal discussion with the vet. Julie decided to make a complaint to the practice manager and clinical director.

After reviewing the clinical records, the practice manager explained that, although she had not signed a consent form, Julie had provided verbal informed consent which was recorded on the clinical records and witnessed by Dr Wald and an animal nursing assistant. The practice manager offered a goodwill gesture to Julie, which she accepted.

## Learning points

In routine circumstances, veterinary surgeons must ensure that informed consent is obtained from a client before treatment or procedures are carried out (Code of Professional Conduct 2.4). However, although a consent form can be a useful aid when explaining the procedure to clients (supporting guidance 11.6), there is no requirement for consent to be recorded on a consent form specifically.

Consent should always be recorded on the patient's records however, and if this does not take place on a consent form then it should be noted on the clinical record that consent has been given or withheld (supporting guidance 13.1).

In this case, Dr Wald opted to not use a consent form, but was still able to ensure that the informed consent was evidenced on the clinical records. It was also useful that another member of staff was in the room to witness Julie's consent.

## Case study 6: No consent given for procedure

Robert was out for a walk with his partner when they spotted a horse that looked to be in distress. On closer inspection they could see that the horse had its head collar caught in a barbed wire fence which had cut the horse deeply along its neck. Robert called a local equine veterinary practice and Dr Streep agreed to come out and assess the horse.

The horse had been caught on public land, so it was unclear who the owner was. Dr Streep scanned the horse for a microchip, and, after contacting the microchip database, established that the horse was called Misty and was owned by Peter Jones. Dr Streep attempted to contact Peter using the phone number on the microchip, but the number was no longer in service.

Dr Streep's concerns about Misty were growing as it was clear that she had been caught in the fence for a number of days, and, as well as her wounds, she was very hungry, dehydrated, and agitated. Dr Streep decided to proceed with treatment for Misty, even though she did not have informed consent from the owner. Dr Streep felt that Misty had already waited too long, and any further delay would adversely affect her welfare.

First aid and pain relief was administered to Misty, and Dr Streep enlisted the help of a local farmer to free Misty from the fence and bring her to the practice.

A few days later the practice received a phone call from Peter Jones, Misty's owner. Once he realised that she was missing, Peter had been calling around local equine practices trying to find Misty. Dr Streep spoke to Peter and explained what had happened.

Peter was furious that treatment had been undertaken without his consent, and told Dr Streep that he would not be prepared to pay for the treatment. Peter also mentioned that he would be reporting Dr Streep to the RCVS as Dr Streep had not obtained consent.

Dr Streep explained to Peter that her first consideration when attending to animals is health and welfare, and that she is able to use her professional discretion to administer treatment without consent if the welfare of an animal is at risk.

## Learning points

Although informed consent should be obtained before treatments or procedures are carried out (Code of Professional Conduct 2.4), there are exceptions to this obligation. The most commonly used exception is where the delay experienced in obtaining informed consent would adversely affect the health and welfare of the animal (supporting guidance 11.2), at which point a veterinary surgeon may choose to act without informed consent.

However, if the owner has not given informed consent for treatment, the vet needs to keep in mind that the owner may not be obliged to pay for that treatment. It may be that charity help is available in the area, although there is no guarantee of this and no charitable organisation has any statutory responsibility to cover costs.

Veterinary surgeons should accept that, in providing emergency treatment in these circumstances, they may not be paid, but this should not affect the decision as to whether to provide emergency treatment for the immediate relief of pain and suffering.

## Case study 7: Hospitalisation - informed consent

Nadia's Staffordshire Bull Terrier, Freddy, had been vomiting for several days. As he has a tendency to eat rubbish out of the kitchen bin, she didn't worry, until Freddy had not eaten for 36 hours. On examination at the veterinary clinic by Mr Moriarty, Freddy was found to be dehydrated, and a foreign body could be felt in his abdomen.

Mr Moriarty suggested that intravenous fluids be started, and surgery be undertaken later in the day. Unfortunately, the gut was damaged in the area where the foreign body was found, as there was a stone obstructing his small intestine. Mr Moriarty therefore decided to perform an enterectomy with end-to-end anastomosis.



Freddy was not well enough to be discharged so he was hospitalised overnight. He was checked at 10pm by a nurse, but when staff arrived at the surgery the next day, Freddy had died during the night.

Nadia questioned the attention that Freddy had received during the night. On being informed that staff performed intermittent checks but no-one was present in the building overnight, this added to her distress at losing Freddy, and she decided to make a complaint.

### **Learning points**

Unless the practice is an RCVS-accredited hospital, there is no requirement to have a member of staff present overnight.

However, it is important that clients are informed of the level of supervision before they leave their animals. A professional judgment must be made about the level of care required by each patient, with consideration given to when the provision of care available at the practice is not sufficient for the animal's condition, or acceptable to the owner. If the animal requires overnight supervision, there may be a need to refer the case to a nearby hospital or out-of-hours centre.

The costs of the out-of-hours options should be explained at the time of the initial discussion and as soon as possible once it appears that external out-of-hours care is advisable. It is recognised that the client may decline the recommended option due to cost limitations and the risks of this should be explained to them. It is advised that careful notes are made in this situation.

Chapter 2 of the supporting guidance to the Code of Professional Conduct states the following:

2.5 Veterinary surgeons and veterinary nurses should provide appropriate and adequate in-patient care.

2.6 Clients are entitled to have their animals housed in a comfortable environment, monitored and treated commensurate with the animal's condition, by persons with the requisite level of knowledge and expertise.

2.7 Before leaving an animal at a practice, the owner, keeper or carer should be made aware of the level of supervision that will be provided to the animal, particularly the level of supervision outside normal working hours. Different levels of care required arise in differing circumstances.

# Setting our sights on the future

**Racheal Marshall - Chair of VN Council**

As the new Chair of Veterinary Nurses Council, one aspect of my role that I was really keen to get more involved with was helping to continue the work of the VN Futures project, a joint project with the BVNA, which aims to improve and advance the veterinary nursing profession.

Thanks to the great work of my predecessor Liz Cox, who as Vice-Chair of VN Council still plays a vital role in the project, the VN Futures Board (which has been recently reformed), members of the various working groups and the staff at the RCVS, much progress has been made since the launch of the VN Futures Report and Action Plan two years ago at the Vet Futures Summit.

As keen followers of the project will know – the project was split into six streams of work: creating a sustainable workforce; structured and rewarding career paths; confident, resilient, healthy and well-supported workforce; a proactive role in One Health; maximising the potential of nurses; and a clarified and bolstered VN role via a reformed Schedule 3.

Following the publication of the report working parties covering each of these areas were formed to look at how we could bring action into fruition over the next five years.. There has been so much work completed in the last two years that it is impossible to go through everything in this blog however the key highlights are:

- the Schedule 3 consultation which had over 10,000 responses and has led to us publishing case studies on how to navigate Schedule 3 in practice and is feeding into the Legislation Working Party Review which is considering legislative reform of the veterinary professions, including veterinary nurses;
- the consultation on post-registration qualifications following which we are looking to introduce two new advanced veterinary nursing qualifications early next year with a view to developing an advanced veterinary nurse status;
- forging links with the Royal College of Nursing to help raise the One Health agenda and doing some joint media work on smoking cessation by highlighting the impact that first and second hand smoke can have on the health of pets;
- two seminars looking at issues around how to make the career more sustainable for veterinary nurses. One of these events tackled working practices and culture and how veterinary nurses, and particularly those with families, could be kept in the profession by encouraging job shares and more flexible working. The other event looked at career progression for veterinary nurses and how they can gain the skills, experience and, crucially, confidence needed to progress; and
- the fact that many nurses have signed up to the RCVS Leadership course which demonstrates that there is a keenness amongst veterinary nurses to develop their leadership and managerial skills. Hopefully this will help encourage a whole new generation of veterinary nursing leaders!
- This is by no means an exhaustive list and there is still plenty of work to be doing. Some of the areas we will be looking at during the rest of this year and into 2019 include how we can increase the number of training practices to ensure that Training Practice numbers aren't limiting the growth of the veterinary nursing profession and how we can better coordinate the providers of veterinary nursing education through a VN Schools Council.

However, probably the most exciting work, from a personal perspective, will be to encourage veterinary nurses to have a more ambassadorial role both in the veterinary professions and society at large.

Whilst we are all great at talking about and promoting our patients needs we aren't always as good at promoting ourselves as veterinary nurses– and that's something that the VN Futures project is looking to change.

We've already got some career case studies available to view on the VN Futures website and we are now teaming up with STEM to develop careers ambassadors, and designing careers materials to go into schools, as well as exploring using the media (including broadcast) to help promote what veterinary nurses do. In addition to this we continue to encourage all nurses to talk to clients and promote the crucial role they play as a vital part of the veterinary team.

There will be more exciting updates as we continue to work towards the ambitions so please continue to check both the RCVS website and the VN Futures website for updates, and get involved as much as possible.

# From veterinarian to entrepreneur

**Stacee Santi, DVM, CEO/Founder Vet2Pet**

He said “You’ll have to become an Apple Developer”.  
I said, “I have no idea how to do that, but it can’t be harder than veterinary school”.  
And so the journey began.

As a practicing veterinarian, working tirelessly to help animals be healthier, I was becoming very frustrated at the fact that the majority of my clients weren’t giving their parasite prevention monthly. The big reveal always came when I prescribed their summer 6-pack of parasiticide and they would disclose they still had some from last summer. I’m no infectious disease specialist but I do know that most medications don’t work if you don’t take them. I’ll be honest, I was bitter about it. If you’re a veterinarian, you know what I’m talking about.

I started to examine the facts of the situation and realised that my clients weren’t being ‘bad’, they were just being forgetful because let’s get real, giving something monthly almost never happens. And the current method of reminding them by applying a sticker to a calendar as recommended by the manufacturer, was pretty hard to do on my smartphone. I knew what I needed to do. The answer was right in front of me. I needed to be able to automatically send a reminder to my clients on their smartphone each month letting them know it was time to give their parasite prevention. I needed an app. I did what any normal person would do...I googled it.

To my surprise, there were no apps available for veterinarians to turn my idea into a reality. I stumbled upon a company in San Francisco building generic apps for small businesses like hairdressers and realtors. I reached out and asked them if they could help me. That’s when I learned that I would need to become an Apple Developer to host an app in the App Store.

Fast forward a few years later. By this time, my little app was solving lots of problems for me in my practice. I had added some new features to improve efficiency and loyalty. Clients could order medication by snapping a picture of the product, earn rewards for spending and share a pet selfie with us. I was sure there were veterinarians like me looking to connect with their clients more efficiently and effectively that would like to have an app too. I decided to start Vet2Pet in 2013. Looking back I was pretty naive. You have to understand that I knew a lot about running a veterinary practice and absolutely nothing about starting a company.

I started my business by turning on the website right before I went to bed one evening. I woke up in the morning and I had a customer. I could not believe it! I began working on apps when I would get home from my veterinary job (nights and weekends). The first year, it was a steady flow of about one customer per month. The second year, it doubled. The third year, I had to quit my veterinary job. Now, in 2018, 600 apps in nine countries later, I am the proud leader of an all-girl tech company dedicated to improving the lives of veterinary teams. Here are a few things I’ve learned along the way about core business principles that don’t seem to change much as you move into another vertical.

1. Have your purpose. Every good employee I’ve ever had cares about making a difference, in addition to making money. If you can find something to believe in and communicate that vision and purpose to your team, they will be engaged on a whole new level.
2. Listen. By listening, you will discover the secret to whatever you are working on, whether it be a happy customer, a sick dog, a motivated employee, or the direction for your business. The answer is almost always right in front of you if you can stop talking long enough to see it.
3. Stay in your lane. It’s impossible to make everyone happy. It’s an assured outcome of disappointment if you start trying to make your product or service fit everyone. Find your lane then stay in it. And if you get lost temporarily and take the wrong road, stop the car, assess the situation and turn around to get back in your lane. You can’t afford to be distracted from your purpose.
4. Enjoy the ride. Stop thinking happiness is yours just after you close the big deal, reach a money milestone, or worst of all, retire. The fun starts now. Be sure to take time to reflect on what you are doing and where you have been. Find the little things in the daily grind that inspire you and bring joy into your life.
5. Surround yourself with good people. Team culture is the most important part of a company whether you are a leader or an employee. Hire SWANs (smart, work ethic, great attitude and nice) and be sure to resolve any “bad apple” situations quickly.

Dr. Stacey Santi is a 1996 DVM graduate from Colorado State University and the founder of Vet2Pet, a technology startup that builds personalized custom apps for veterinary practices. With over 20 years of clinical experience in small animal and emergency practice, Stacey brings an “in the trenches” approach to innovation and solutions for veterinary teams. She has also served as a medical advisory consultant for NVA for 5 years, medical director for AAHA general/ER practice in Colorado as well as a member of the Executive Committee and Chairperson for the Telehealth Task Force for the Colorado Veterinary Medical Association.

# Events

## **RCVS Council meeting**

1 November, RCVS, Belgravia House, London

## **Emergency & Critical Care Veterinary Congress**

8 - 9 November, The Majestic Hotel, Harrogate, Yorkshire

## **London Vet Show 2018**

15 – 16 November, Excel London, One Western Gateway, Royal Victoria Dock, London

## **Practice Standards Scheme awards celebration**

15 November, Crowne Plaza London Docklands, Western Gateway, London

## **Introduction to the UK veterinary profession**

20-21 November, RCVS, Belgravia House, London

## **RCVS Veterinary Nurses' Day 2018**

20 November, ZSL London, Regent's Park, London