RCVS LEGISLATION REVIEW

Royal College of Veterinary Surgeons

Recommendations for future veterinary legislation

RCVS SETTING VETERINARY STANDARDS

Executive summary

1. This report presents recommendations from the RCVS on the future of veterinary legislation. It concludes that new legislation will be required to replace the Veterinary Surgeons Act 1966 and presents a new and exciting vision for future regulation of the veterinary professions.

2. As the regulator, the RCVS maintains and upholds the educational, ethical and clinical standards of veterinary surgeons and veterinary nurses, with animal welfare and public protection at the core of all it does. Implementing the recommendations outlined within this report will ensure a fairer, more efficient, proportionate and flexible regulator, and in turn enable the veterinary professions to better serve the public interest

3. The recommendations outlined within this report pave the way for veterinary professions to foster a professional environment that is inclusive and attractive to those wishing to pursue a veterinary career. It outlines how members of the professions can adapt to future challenges by encouraging professional growth and development. By increasing opportunities for veterinary nurses and other allied professionals, the vision set out will create a more robust and flexible workforce and at the same time, increase efficiency within clinical practice. This in turn will provide the public and their animals with a quality of care they expect to receive.

4. Public protection is central to the recommendations, which show how new legislation would provide the public with further assurances that professionals on the RCVS register are trusted and competent. Through regulation of practices and a renewed, more forward-looking disciplinary process with the welfare of animals and the public at its heart, the public will be confident that practitioners are working to high professional standard.

5. These recommendations are the culmination of four years of extensive review of current legislation, followed by public consultation on the report published by the RCVS Legislation Working Party (LWP) in 2020. They can only be realised in full by a new Veterinary Surgeons Act.

   The RCVS set up the Legislation Working Party (LWP) in 2017 with a mission to examine the Veterinary Surgeons Act 1966 (VSA) and make recommendations for reform. The LWP was tasked to establish principles on which any future reform would be based, and to produce a coherent and comprehensive vision of a modern, future-proofed legislative framework underpinning the veterinary professions. The LWP was specifically tasked with ensuring that consideration was given to the regulation of allied paraprofessionals and veterinary practices.

6. The LWP consisted of a membership drawn from across RCVS Council and staff, including veterinary surgeons, veterinary nurses and lay members, as well as representation from both the British Veterinary Association (BVA) and British Veterinary Nursing Association (BVNA). Over the course of three years and 12 meetings, the LWP explored over 56 reform proposals, from fundamental questions on how the professions are governed, to relatively minor changes.

7. The LWP were also keen that any replacement for the VSA should be modern, principle-based and future-proofed legislation without the excessive and archaic levels of detail present in the current Act. This would provide greater flexibility, allowing more agile adaption to future demands and removing the burden of additional Parliamentary time or other burdensome processes being required in future in order to make amendments.

8. In November 2020, the LWP recommendations were put out for public consultation. In total, the consultation received 1,330 responses, of which 714 (54%) were from veterinary surgeons, 335 (25%) from veterinary nurses, 93 (7%) from veterinary paraprofessionals, 73 (5%) from student veterinary nurses, 58 (4%) from members of the public, 40 (3%) from veterinary and industry organisations, including representative bodies, and the remainder from veterinary students and veterinary practice managers. Following this extensive consultation, in June 2021 RCVS Council voted that all recommendations should be adopted.

Key messages:
The principles for the new legislation proposed by the RCVS

The RCVS believe that reform should be based on the following principles:

Principle 1:
Legislation should not be unduly burdensome or complicated; it should provide clarity to the public and enhance public confidence in the professions, eg protection of veterinary titles, statutory underpinning for continuing professional development (CPD).

Principle 2:
The RCVS disciplinary process should be 'forward looking', with public protection at its heart.

Principle 3:
The vet-led team should fall under a single regulatory umbrella.

Principle 4:
By default, acts of veterinary surgery should continue to be restricted to veterinary surgeons. However, in order to allow for future-proofing, there should be flexibility to reflect and review the procedures that may be delegated to appropriately qualified and supervised members of the vet-led team. Additional tasks may be delegated where this can be fully justified and evidenced. Such evidence may include comparison with other health professions.

Principle 5:
Delegation rights to different paraprofessions should be variable without impacting each other. For instance, the rights of veterinary nurses to undertake minor acts of veterinary surgery should be amendable without impacting the rights of farmers, as is the situation at present.

Key recommendations:

9. **Embracing the vet-led team.** The vet-led team can be defined as 'appropriately-regulated professionals, including veterinary nurses, working under the direction of a veterinary surgeon, to protect animal health and welfare'. The RCVS is proud of its regulation of veterinary nurses, who play an essential part in the vet-led team, and their role should be expanded to allow them to fulfil their potential and encourage growth in the profession. The RCVS also believes that additional paraprofessions should be brought under the RCVS's umbrella – becoming 'allied professions' - to underpin their standards. The adoption of a model of paraprofessional regulation similar to that of the General Dental Council, which the RCVS is proposing allows the it to regulate all members of the vet-led team, and to create greater evidence-led flexibility over what can be delegated to these allied professionals. Statutory protection must be given to the professional titles of all allied professions regulated by the RCVS, including veterinary nurses.

10. **Assuring practice standards.** The RCVS Practice Standards Scheme (PSS) has been very successful in promoting high standards within veterinary practice. However, it is a voluntary scheme and as a result there is no mechanism to ensure standards across all practices through assessments. At present the RCVS only regulates individual veterinary surgeons and nurses, unlike modern regulatory regimes such as that recently established for the General Pharmaceutical Council. Nor does the veterinary sector have an equivalent to the Care Quality Commission. The RCVS recommends that it should be granted statutory authority to regulate all veterinary practices. For practice regulation to be meaningful and enforceable across the board, the RCVS would need powers of entry similar to those regulators.

11. **Introducing a 'Fitness to Practise' regime.** The RCVS's existing disciplinary processes do not reflect modern best practice. The RCVS recommends that a forward-looking 'Fitness to Practise' regime should be introduced, with less focus on past misconduct, but instead introducing the concept of 'current impairment'. This model would include the following: introducing a wider range of sanctions, including conditions of practice orders which would restrict an individual's ability to practise, short of suspension; introducing interim orders to allow vets and veterinary nurses to be restricted from practising whilst cases are investigated where there is a significant risk of harm; and underpinning the Health

and Performance Protocols in legislation. The RCVS also recommends reforming the appeal processes so that they become the responsibility of the High Court rather than the Privy Council and introducing the power to require disclosure of information. A further recommendation is to reduce the Disciplinary Committee quorum to three, with flexibility to use a larger number of Committee members for longer or more complex cases.

12. **Modernising RCVS registration.** The RCVS recommendations include a number of reforms to improve the RCVS's registration processes that are not possible under the VSA. This includes the separation of registration and licence to practise, in line with other regulators; to underpin mandatory CPD; and to enable the RCVS to introduce a revalidation regime (as found in other health professions such as the General Medical Council) if this was judged to be appropriate in future.

13. **Improving access to the profession for those with disabilities.** The RCVS recommends the introduction of provisions for limited licensure in specific circumstances, where disability would limit the ability to work in all areas of practice.

14. **Retaining a Royal College that regulates.** The RCVS recommends that it continue to be a 'Royal College that regulates'. This unique arrangement allows the RCVS to take a holistic approach to public assurance. It also ensures that the Royal College functions are properly funded; some RCVS activities might well not be carried out at all if the RCVS did not take responsibility for them. These includes some Charter-based activities carried out as part of the proactive and supportive approach to regulation such as initiatives in the area of mental health and leadership.

15. **A new Act.** Many of the proposed recommendations require primary legislation. The number and scale of proposed changes, and in particular the proposal to embrace paraprofessionals by regulating the whole veterinary team, mean that it is unlikely that the RCVS coherent vision for reform can be achieved in its entirety, or even substantially, via amendments to the Veterinary Surgeons Act 1966. While some recommendations could perhaps be implemented piecemeal via secondary legislation, any combination of these may well be too substantial a reform for this method of legislative change. The RCVS has done the best it can within the limits of the VSA since its creation in 1966, but the process of using creative solutions to mitigate the limitations of the VSA, such as the Health and Performance Protocols, may now be nearing its limit. The VSA is in many ways an old-fashioned piece of legislation, overly restrictive and prescriptive, burdensome rather than principles-based, and unfit to underpin the work of a modern regulator or a modern profession.

Introduction

16. The Veterinary Surgeons Act has been under regular review since it became law in 1966, and while it has served both public and the veterinary profession well in many ways, various reviews over the years have highlighted its inadequacies. It has been amended numerous times, and sometimes substantially – notably in 1991 when veterinary nurses were named and empowered by the reform of Schedule 3 of the Act.

17. In 2008, the Environment, Food and Rural Affairs Committee (EfraCom) published a report on the Veterinary Surgeons Act and its possible replacement. Much progress has been made since then on various issues raised in the report, including reform to modernise RCVS governance and to make its disciplinary processes independent of RCVS Council. There is now much more consensus across the profession on the 'veterinary-led team model', potentially enabling Defra's ambition that "any successor to the VSA would need to encompass providers of wider veterinary services." The EfraCom report, and Defra's response to it, included agreement that the RCVS's disciplinary measures should include a wider range of sanctions. The EfraCom report also stressed that further consensus should be sought across the profession for further reforms. The RCVS has taken this on board and consulted with the public and the professions as part of this process.

18. In more recent years, the 2013 First Rate Regulator report highlighted several trends in regulatory reform reflecting shifts in public expectations in professionals and the organisations charged with regulating them, noting that "Regulatory reform has been underpinned by a need to sustain or boost public confidence in the way professions are regulated". This can be seen in the shift towards risk-based approaches to regulation by a number of regulators, with "a stronger focus on consumer expectations and outcomes". The importance of the agility and flexibility of regulation was also highlighted.

19. The report indicated numerous areas in which the RCVS was out-of-step with best practice, and that would require legislative reform to remedy. Some of these areas, including the separation of the Disciplinary and Preliminary Investigation Committees from Council, and the reform of Council's composition, were achieved via Legislative Reform Orders in 2013 and 2018 respectively.

20. In addition to the VSA, the RCVS is also underpinned by Royal Charter. A new Charter was granted as recently as 2015. This Charter established the objectives of the RCVS as a Royal College that regulates, and which therefore go beyond that of a narrow regulator: "to set, uphold and advance veterinary standards, and to promote, encourage and advance the study and practice of the art and science of veterinary surgery and medicine, in the interests of the health and welfare of animals and in the wider public interest" . The new Charter also underpins the regulation of veterinary nurses, and contains provisions for new allied professions to be regulated by the RCVS. However, it made no provisions for delegation to these allied professions, as this requires primary legislation.

21. In 2016, the RCVS submitted a petition to Defra containing over 10,000 signatures calling for statutory protection of the title 'veterinary nurse'. While Defra was not prepared to legislate for this at that time, it suggested a review of Schedule 3 of the VSA to explore whether the veterinary nursing role should be expanded. This led to the RCVS establishing a working party that undertook a survey of both the veterinary surgeon and veterinary nurse professions, which confirmed an appetite for veterinary nurses to be able to undertake more tasks than at present, ensuring increased utilisation of existing skills.

22. Between 2016 and 2018 the RCVS also undertook a review of the VSA's 'Exemption Orders', which allow certain minor acts of veterinary surgery to be undertaken by non-veterinarians. The subsequent report was

published in January 2019, and recommended historic reforms to add the work of several paraprofessions to Schedule 3, while bringing those paraprofessions under the regulatory umbrella of the RCVS.

23. Following the UK's 2016 referendum on European Union membership, it was decided to broaden these reviews into a full analysis of the VSA in order to help ensure that veterinary regulation could continue to be fit for purpose in a changing world. The LWP drew on reform suggestions from staff and Officers of the RCVS, as well as suggestions made by the British Veterinary Association and British Veterinary Nursing Association, who were represented on the Working Party. The main recommendations are presented below, grouped by theme. A full list of recommendations is presented in Annex A.

24. When considering these recommendations, at all times, the LWP and subsequently RCVS Council have sought to examine what other regulators do, both at home and abroad. This is not because others always have it right and the RCVS does not. Each recommendation has been made on its own merits. However, there is a reason why 'best practice' is regarded as such. While there may be a case for the regulation of the veterinary profession to differ from other professions, even in the healthcare sector, the RCVS has taken the view that such exceptions need to be carefully justified. On the whole this set of reforms would bring the RCVS more into line with current regulatory standards, and ensure that this is done in a way that allows regulation to be more responsive to future changes.

Part 1.
Embracing the vet-led team

25. The RCVS is the regulator of both veterinary surgeons and veterinary nurses. Under Schedule 3 of the existing VSA, veterinary nurses are able to undertake medical treatment and minor surgery, not involving entry into a body cavity.

Recommendation 1.1:
Statutory regulation of the vet-led team

26. The RCVS reaffirms the recommendations found in the 2019 RCVS report to Defra on the Review of Minor Procedures Regime (RMPR report). Among the recommendations was a two-fold approach to veterinary paraprofessionals:

27. First, legislation should be amended to underpin the work of those paraprofessions who are currently working in a legal 'grey area' as their work amounts to acts of veterinary surgery too substantial to be underpinned by an exemption order: in particular equine dental technicians, musculoskeletal therapists, and cattle foot trimmers.

28. Second, the RCVS should seek to bring the vet-led team under its regulatory umbrella in order to be able to assure standards and protect animal health and welfare – this is particularly necessary for those paraprofessionals who carry out acts of veterinary surgery, and would enable the veterinary professions and the public to identify suitable practitioners.

29. The RMPR report attempted to address the issue of paraprofessionals by making proposals that could potentially be achieved by reform of the existing VSA. However, the legal advice on whether this could be achieved in practice is inconclusive – it is likely that it would 'stretch' the VSA too far from its original purpose to be acceptable to legislators. Further, it would be a somewhat inflexible measure that does not provide for future-proofing. Any new paraprofession requiring legislative underpinning (such as the proposed formal vet tech role) would require significant further legislation to achieve. This contrasts with regulatory regimes such as that of the General Dental Council (GDC), who are able to add new paraprofessions to their regulatory remit via Section 60 Orders under the Health and Social Care Act.

30. As part of this, paraprofessionals would only be considered for regulation by the RCVS if they met the criteria previously approved by RCVS Council, which are:

- that their work would have to be underpinned by evidence
- that they would not be a reputational risk to the RCVS
- that they would need to be self-funding

31. These paraprofessionals would be governed in a similar way to veterinary nurses. This means that they would have a voice on the relevant decision-making bodies, and that standards of qualifications and conduct would also be similarly assured.

32. The RCVS therefore recommends that new legislation should provide flexibility to allow the RCVS to give legal and regulatory underpinning to new paraprofessions whose work amounts to veterinary surgery without recourse to further additional legislation in the future.

This should be full statutory regulation, and may include measures to allow 'grandfathering' to ensure that no-one is denied the right to a livelihood, much as existing practitioners were grandfathered by the early Veterinary Surgeons Acts.

Recommendation 1.2:
Flexible delegation powers

33. The RCVS reiterates that, by default, acts of veterinary surgery should be reserved to veterinary surgeons. At present, new legislation is required if Council determines that additional acts of veterinary surgery can be undertaken by a properly regulated and supervised paraprofession. The RCVS feels that this is too restrictive, and, in accordance with Principle 4 and modern regulatory regimes such as those for social workers under the Social Workers Regulations 2018, recommends that the RCVS should be able to determine which tasks should be eligible for delegation by a veterinary surgeon where such delegation can be fully justified and evidenced, subject to rules concerning consultation requirements and approval by the Secretary of State.

Recommendation 1.3:
Separating employment and delegation

34. The RCVS believes that some paraprofessionals could be part of the vet-led team without necessarily being employed by a veterinary surgeon. While the legal underpinning for their activities is not yet in place, this is already the case with some paraprofessions such as equine dental technicians whose work can consist of veterinary surgery requiring delegation by a veterinary surgeon.
35. At present, Schedule 3 of the VSA restricts such delegation to allied professionals (currently only veterinary nurses) who are in the employ of the delegating veterinary surgeon. The RCVS believes that this restriction should be removed. In practice, this would allow a 'district veterinary nurse' model, in which VNs could help clients to administer treatment to their pets at home under the direction of a veterinary surgeon who was not their employer. The veterinary nurse would be working 'with but not for' a veterinary practice. Decoupling direction from employment would avoid a potential double-standard relative to other paraprofessions, and help to better use VNs to their full potential in the interests of animal health and welfare. The RCVS Code of Professional Conduct and Supporting Guidance is in place to ensure that the relationship and communication with the veterinary surgeon in instances where tasks are delegated are robust. An example of this can be seen in new guidance which was added to the Code of Professional Conduct in November 2020 for musculoskeletal therapists.

Recommendation 1.4:
Statutory protection for professional titles

36. The RCVS already has a longstanding recommendation that the title 'veterinary nurse' should be protected to prevent its use by unqualified, unregulated individuals. The protection of professional titles gives clarity and assurance to the public. The RCVS recommend that protection of the VN title should be part of new legislation and should be extended to any new paraprofessions that fall under the RCVS's regulatory umbrella.

Part 2.
Enhancing the VN role

37. In addition to separating employment from delegation rights, and giving statutory protection to the title 'veterinary nurse', the RCVS also recommends a number of specific expansions of the VN role:

Recommendation 2.1:
Extending the VN role in anaesthesia

38. In 2015, following extensive consultation and discussion, RCVS Council approved a recommendation to increase the role of veterinary nurses in the induction and maintenance of anaesthesia via reform of Schedule 3. These proposals would allow the veterinary nurse to "assist in all aspects of anaesthesia under supervision" - meaning a vet must be on the premises. This recommendation would increase the utilisation of veterinary nurses while freeing up veterinary surgeons' time. The RCVS supports the retention of this recommendation, which could be linked to an advanced qualification.

Recommendation 2.2:
Allowing VNs to undertake cat castrations

39. At present, Schedule 3 explicitly prohibits veterinary nurses from carrying out cat castrations. Having reviewed the history of the VSA, it is clear that this provision was introduced in 1988, as the last in a series of Statutory Instruments that prohibited untrained lay people, including farmers, from carrying out numerous acts that should be reserved to veterinarians for animal welfare reasons. Prior to this, cat castrations had been carried out legally by laypeople (including the precursor to veterinary nurses, Animal Nursing Auxiliaries) under both the 1948 and 1966 Acts.

40. When the 1988 Statutory Instrument (SI) was introduced the term 'veterinary nurse' had only been in use for four years, and the reforms to Schedule 3 to formally recognise their role and allow them to undertake minor acts of veterinary surgery was still three years away. The non-statutory Register of VNs would not be introduced for another 19 years. Since then, things have moved on considerably. Veterinary nurses are now a fully-fledged allied profession, associates of and regulated by the RCVS under its Royal Charter powers. They are not the 'laypeople' whom the SI targeted in 1988. Notwithstanding the debatable question of whether castration is 'entry into a body cavity', the RCVS recommends that veterinary nurses should be able to undertake this task under veterinary direction and supervision.

Future recommendations

41. The RCVS is also exploring additional options for enhancing the VN role that do not require changes to the Veterinary Surgeons Act. Research is currently being carried out into the risks and opportunities of a potential 'VN prescriber' role that could allow VNs to prescribe certain routine medicines that are currently restricted to veterinary surgeons. Recommendations may be brought to Council for decision in due course, based on the results of this research. Implementation of any recommendation would involve legislation to amend the Veterinary Medicines Regulations.

Part 3.
Assuring practice regulation

Recommendation 3.1:
Mandatory practice regulation

42. Unlike other sectors, there is no body responsible for regulating veterinary practices. In human healthcare the Care Quality Commission fulfils this role, and some overseas veterinary regulators such as the Veterinary Council of Ireland have this responsibility. At present, the RCVS has no mandatory powers to regulate veterinary practices. This is increasingly at odds with a world in which practices may not be owned by the individual veterinary surgeons whom the RCVS does regulate. It is reasonable for the public to expect that all practices are assessed to ensure that they meet at least the minimum requirements, and at present this assurance is not in place for all practices.

43. The RCVS Practice Standards Scheme (PSS) has been very successful in assuring standards, and a recent 'reboot' of the Scheme has increased membership to 68% of veterinary practices. Whilst non-PSS practices might be meeting core standards, there is no guarantee or assurance that this is the case – this is not consistent with our aims with regards to animal welfare and public protection. The RCVS has sought to address this via the Code of Professional Conduct. However, as the Code only applies to individual veterinary surgeons, this does not necessarily sit easy with responsibilities at practice level where individuals will have varying degrees of control over practice decisions and policies, and therefore creates a greater responsibility for more junior members of staff than might be considered reasonable.

44. The RCVS therefore recommends that it be given the power to implement mandatory practice regulation, including powers of entry (see below).

Recommendation 3.2:
Powers of entry for the RCVS

45 The RCVS has no power of entry, meaning it does not have the right to enter a veterinary practice without consent. In most cases, this does not pose a problem in terms of investigating allegations of serious professional misconduct. However, where there are allegations that a veterinary surgeon has breached paragraph 4.3 of the RCVS Code of Professional Conduct, which states that 'veterinary surgeons must maintain minimum practice standards equivalent to the Core Standards of the RCVS Practice Standards Scheme [PSS]', powers of entry would be useful. At present, if a veterinary surgeon refuses entry, it is extremely difficult, if not impossible, for the RCVS to investigate allegations of this nature.

46. While it is rare for other regulators to have powers of entry (one exception being the General Pharmaceutical Council), human healthcare premises, for example, hospitals, GP surgeries and care homes, are regulated by the Care Quality Commission (CQC) which has powers of entry and may carry out unannounced inspections. The RCVS recommends that it be given powers of entry in order to remedy this omission in the veterinary sector, and to ensure that regulation of practices can be underpinned and enforced. If a mandatory practice standards scheme (as outlined in 3.1) is to be implemented, the public would expect the regulator that upholds these standards would have the appropriate and requisite powers to support it. It is important however to reiterate that the RCVS would only use powers of entry if there was a failure to comply with reasonable requests in a timely fashion, and as a last resort.

Recommendation 3.3:
Power to issue improvement notices

47. The RCVS recommends that it be granted the power to issue improvement notices when a person or a business is failing to fulfil a legal duty, and where improvement is required to ensure future compliance. Improvement notices would be subject to a robust appeals process. The RCVS Strategic Plan 2020 – 2024 committed to greater clarity on appeals across all the areas where the RCVS make decisions, this would be the case with improvement notices. This power to issue them would provide better protection for the public, while being a more proportionate response than pursuing a disciplinary case. Improvement notices provide practices with a clear and concrete action plan to remedy any deficiencies.

Part 4.
Introduce a modern 'Fitness to Practise' regime

48. Under the VSA, the RCVS may only take action where there has been 'serious professional misconduct' (SPMC). The definition of SPMC is widely accepted as conduct which falls far below the standard expected of a veterinary surgeon. As such, the RCVS can only deal with the most serious of allegations, and negligence (ie conduct falling below the standard expected) falls outside the scope of the RCVS' powers.

49. Almost all human healthcare regulators operate a variant of the 'Fitness to Practise' ('FTP') model . The key characteristic of the FTP model is that it focuses on whether or not a registrant's fitness to practise is 'currently impaired', rather than whether they have been guilty of SPMC in the past. Prior to FTP, the prevailing model for regulation was the 'unacceptable professional conduct' ('UPC') model (a concept very similar to disgraceful conduct/SPMC); however, this model is now considered to be outdated as it is backward-looking, ie focusing on past misconduct. By way of contrast, the emphasis of FTP is forward-looking, ie focusing on whether there is any risk to the public or the public interest. Moving the focus away from SPMC would also allow the RCVS to consider matters where a practitioner's fitness to practise is impaired for other reasons (such as those currently addressed by the existing RCVS Health and Performance Protocols) which in turn would better protect animals and the public.

50. In a recent paper , the Professional Standards Authority (PSA) called for a number of reforms of the FTP model, and the RCVS recommendations take these latest proposals into account.

51. It is recommended that any new legislation should include measures with a view to achieving the following:

    a. A 'forward-looking' process with the protection of animals and the public at its heart
    b. An enhanced suite of powers available to enable more effective investigations and case management
    c. A reduction in the length and cost of investigations/ proceedings wherever possible
    d. The ability to amend/update legislation more easily in the future as systems and thinking develops.

52. In addition to these broad objectives, there are also a number of specific matters that require attention. All of these matters, broad and specific, are explored in more detail below.

53. A 'forward-looking' process with the protection of animals and the public at its heart: Legislative changes in a number of areas would assist the RCVS in achieving this objective:

a. Recommendation 4.1:
Introducing the concept of 'current impairment'
Under the current system, if a veterinary surgeon or veterinary nurse is found guilty of serious professional misconduct the Disciplinary Committee (DC) proceeds straight to the sanction stage, and the sanction is determined on the basis of that past misconduct. The RCVS recommends that this is changed in line with the fitness to practise model. Under this system, DC would need to be satisfied that the veterinary surgeon's or nurse's fitness to practise is currently impaired before it could proceed to the sanction stage. This means that in circumstances where the veterinary surgeon or nurse has taken steps to remediate their failings and shown significant insight into what has gone wrong, the DC may conclude that there is no (or very low) risk of repetition of similar behaviour and as such, the veterinary surgeon's or nurse's fitness to practise is not currently impaired. If the DC comes to this conclusion, it must dismiss the case without proceeding to sanction, even though the veterinary surgeon or nurse has been guilty of misconduct in the past. It should be highlighted that the purpose of sanctions is to protect the public rather

than to punish the individual, however it is understood that sanctions may have a punitive effect. This approach is more consistent with the aims of regulation, because it focuses on whether the veterinary surgeon or nurse currently poses a risk to animals and the public, rather than whether he or she has posed a risk in the past. The power to impose conditional or restricted registration (also known as 'conditions of practice orders'), a power almost all other regulators have, would allow the DC to adequately protect animals and the public by imposing a less onerous sanction. However, the most serious of cases would almost always proceed to the sanction stage.

b. Recommendation 4.2:
Widening the grounds for investigation
At present, the RCVS may only investigate where there is an allegation that could amount to serious professional misconduct. This means that the RCVS may not intervene in cases where a practitioner might pose a risk to animals, the public or the public interest for other reasons. For cases involving allegations of poor performance or ill-health affecting a veterinary surgeon's or nurse's ability to practise safely, the RCVS has devised the Health and Performance Protocols, which provide a framework for the RCVS to work with an individual towards the common aim of becoming fit to practise, however these can only be engaged with the consent of the individual concerned. Where there is no consent, the Preliminary Investigation Committee (PIC) has no option but to refer the matter to the DC. A more satisfactory situation might be the option to refer such cases to dedicated 'Health' or 'Performance' Committees that have a range of appropriate and proportionate powers designed to support the veterinary surgeon or nurse in regaining their fitness to practise. Members of the Health and Performance Committees would be selected in the same, independent way as the current Disciplinary Committee. The Health and Performance Committees would have a range of appropriate and proportionate powers designed to support the veterinary surgeon or nurse in regaining their fitness to practise.

Where there have been allegations that a veterinary surgeon or nurse might pose a risk to animals, the public or the public interest for reasons other than serious professional misconduct, all grounds for investigation would be subject to the same, robust process, based on breaches of the Code and Supporting Guidance and subject to the same burden and standard of proof.

c. Recommendation 4.3:
Introducing powers to impose interim orders
The RCVS recommends that it should have the power to impose interim orders, ie a temporary restriction on a veterinary surgeon's or nurse's right to practise pending a final decision by DC where a veterinary surgeon or nurse poses a significant risk to the public or to animals. The current lack of power to impose interim orders is not only problematic during the investigation stage, it is also an issue in cases that have been through the full hearing process and DC have decided to suspend or remove a practitioner's registration. In such cases, there is a statutory appeal period of 28 days and, as such, the sanction does not take effect until that time has elapsed (and if an appeal is lodged, not until that the appeal is dismissed or withdrawn). The result of this is an illogical situation where DC have determined that a practitioner is not fit to practise and yet they are permitted to practise for 28 days or significantly longer (sometimes up to a year) depending on whether or not an appeal has been lodged.

d. Recommendation 4.4:
Introduce reviews of suspension orders
At present, DC has no power to review the suspension orders it imposes; in other words, if a practitioner is suspended for six months they are automatically restored to the Register once that time has elapsed, whether or not they are fit to be restored. The practical effect of this is that where DC has concerns regarding a respondent's fitness to practise, it has no choice but to remove them from the Register completely as it is the only way to retain any control over that person's restoration to the Register. The RCVS recommends that DC be empowered to review suspensions and, if necessary, extend the suspension or impose conditional registration as part of that review; they would then be able to ensure protection of animals and the public and, at the same time, impose a less onerous sanction on the veterinary surgeon or nurse. Ensuring the individual is no longer impaired, and therefore fit to practise, before they are restored to the Register is essential for protecting the public and ensuring the reputation of the profession is upheld.

e. Recommendation 4.5:
Introduce a wider range of sanctions
The range of sanctions available to DC is very limited, in that it may only issue a reprimand or warning, suspend or indefinitely remove an individual from the Register . The RCVS recommends that DC be given the power to impose conditional or restricted registration (also known as 'conditions of practice orders'), a power almost all other regulators have. This recommendation intends to broaden the range of sanctions available when a person's fitness to practise is found to be impaired. This proposal would not result in a larger number of hearings as the threshold for referral to the Disciplinary Committee would remain the same. Again, the

power to impose conditions of practice orders would allow DC, in suitable cases, to adequately protect animals and the public by imposing a less onerous sanction.

54. An enhanced suite of powers available to enable more effective investigations and case management: There are a number of additional powers that would enable the RCVS to better achieve this objective. These are outlined below:

a. Recommendation 4.6:
Introduce the power to require disclosure of information
Other regulators, including the healthcare regulators, have statutory power to require disclosure of information where that information may be relevant to a fitness to practise investigation. By way of contrast, the RCVS has no such power and instead must rely on the cooperation of the relevant parties, which is not always forthcoming. In recent times, the RCVS has had particular difficulty in obtaining information from a number of organisations, which has resulted in difficulties with investigations. This situation is unsatisfactory as it hinders the RCVS from effectively carrying out its investigative duties; it is recommended that this is remedied.

55. A reduction in the length and cost of investigations/ proceedings wherever possible: There are a number of areas where legislative change could reduce the length and cost of investigations and disciplinary hearings:

a. Recommendation 4.7:
Formalise role of Case Examiners and allow them to conclude cases consensually
At present the RCVS does have a 'case examination' stage, but it does not operate a true Case Examiner (CE) model. In the case of other regulators that use the CE model (eg the General Medical Council (GMC), General Dental Council (GDC), Nursing and Midwifery Council (NMC) and General Optical Council (GOC)), CEs make decisions in pairs (one registrant and one lay) and, in some cases, one or both are employees of the regulator. CEs also have powers that allow them to dispose of suitable cases consensually where the threshold for referral is met (so long as the wider public interest can be satisfied by disposing of the case in this way). This model is more cost effective than convening the PIC for all decisions (for example, the NMC has recently reported a year-on-year decrease in FTP spending and has attributed this, in part, to the introduction of CEs). It also allows for quicker and more consistent decision making, and is less stressful for the respondent if the case is subject to consensual case conclusion. The CE model may be particularly useful in health and performance cases where undertakings or conditions are used (similar to the result achieved by the RCVS Health and Performance Protocols).

56. The RCVS has also made recommendations in relation to restoration periods, the appeal process and case management conferences: see Annex A for details.

Recommendation 4.8:
Future-proofing of the disciplinary process
57. The RCVS' disciplinary process derives directly from the VSA, which is a piece of primary legislation. As a general principle, primary legislation is not easy to amend and doing so usually requires a lengthy, drawn-out process. In recent years, the RCVS has twice amended the VSA by Legislative Reform Order (LRO), however the scope of amendment that can be achieved by LRO is limited and so it is unlikely to be the correct instrument for achieving the degree of disciplinary reform recommended in this report.

58. New primary legislation via an Act of Parliament is likely to be required to achieve the disciplinary reforms proposed above (and in this report in general). The RCVS therefore recommends that disciplinary reform is implemented predominantly through secondary legislation, with primary legislation serving only to enable that secondary legislation. An example of how this could work is the Health and Care Act 1999 (HCA) which, at section 60, enables the named healthcare regulators to modify their regulatory processes in any way 'that is expedient for the purpose of securing or improving the regulation of the profession or the services which the profession provides or to which it contributes' through an Order in Council.

59. However, even an Order in Council in not necessarily a straightforward process and may still take a significant amount of time (for example, it took the GDC just over two years to obtain an order in relation to case examiners). As such, the RCVS recommends that if other legislative mechanisms exist that would allow more flexibility and enable the RCVS to amend legislative provisions more quickly as time moves on and attitudes change, then these should be considered. These could include a mechanism similar to those in the new Social Workers Regulations 2018, allowing reform subject to rules concerning consultation requirements and approval by the Secretary of State.

Standard of proof

The RCVS is in a small minority of regulators – and the only major regulator – that still applies the criminal standard of proof (ie beyond all reasonable doubt/so as to be sure), when deciding the facts of a case. The majority of other regulators have now moved to the civil standard, ie on the balance of probabilities/more likely than not. In light of the primary purpose of regulation, the civil standard is considered to be the more appropriate standard of proof. As the Law Commission explained in its 2014 report on the regulation of health and social care professionals in England, 'it is not acceptable that a registrant who is more likely than not to be a danger to the public should be allowed to continue practising because a panel is not certain that he or she is such a danger'. The standard of proof is set out in the 2004 rules and, as such, can be amended without the need for a change in primary legislation. However, RCVS Council concluded that it would not be appropriate to change the standard in isolation, and instead agreed that it should be introduced as part of a full fitness to practise system in any future legislation.

Part 5.
Modernising RCVS registration

Recommendation 5.1:
Introduce provisions to allow limited licensure in principle, including for those with a disability

60. In the context of the veterinary profession, 'limited licensure' refers to the concept whereby a suitably-qualified individual would be licensed to undertake less than the full range of activities that could be considered to be acts of veterinary surgery, or work that would otherwise require someone to be registered as a veterinary surgeon. In principle such limitations could range from being restricted from undertaking a specified act or area of practice, through to only being licensed to undertake a specific procedure or area of employment.

61. Where a disability prevents a person from being able to undertake all aspects of a veterinary degree and veterinary practice, limited licensure could permit such candidates to complete the relevant education for a branch of veterinary surgery, and allow them to join the Register of Veterinary Surgeons and become Members of the RCVS. For instance, if an individual may not be able to work in practice due to a disability, they may still be able to teach, undertake research, work in pathology, veterinary regulation, politics or policy. This would widen access to the profession and ensure that it would foster an inclusive and supportive culture within the profession. At present individuals in this situation are unable to undertake the veterinary degree as any 'reasonable adjustment' would not meet the RCVS Day One Competencies; this cannot be remedied without legislative reform to allow limited/restrictive licensure, which in turn would allow the Day One Competencies to be adapted for a limited/restricted licence to practice.

62. This recommendation would mean that a veterinary surgeon with a restricted/limited licence to practice could still be a vet in every meaningful sense, and with the same 'status'. It is worth highlighting that veterinary surgeons already tend not to practise in every area of veterinary medicine they have trained for; the distinction would be that, by necessity, they were formally restricted from practising in one or more areas so as to be able to join the Register and hold the title 'veterinary surgeon'. It is pertinent to point out that is distinct from how a veterinary surgeon might continue to hold full registration if they develop a disability after qualification and initial registration, as they can choose to restrict their own practice as required without pursuing formal limited/restricted licensure.

63. There is no provision for UK-qualified veterinary surgeons to operate under limited licensure. The general licence for veterinary surgery is considered an international standard (particularly for the purposes of certification, for instance in international trade of animal and animal products) therefore at the present time there is limited appetite for a general introduction of limited licensure for domestic graduates, but this may change in future. Further, in future there may be an appetite for RCVS Council, after due consultation, to introduce limited licensure for overseas veterinary graduates whose degree does not qualify them for a general UK licence. This could allow the RCVS to help to address workforce shortages without undermining the assurance of standards.

Recommendation 5.2:
Empower the RCVS to introduce revalidation

64. The First Rate Regulator report noted that "Most regulators already have a role in ensuring that, once registered, registrants remain up-to-date with evolving practices and continue to develop as professionals". In 2007, a Department of Health report proposed that all the statutorily-regulated health professions should have arrangements in place for 'revalidation', to ensure that health professionals remain up-to-date and demonstrate that they continue to meet the requirements of their professional regulator as they are now, rather than when they first registered. The professional standard against which each is judged is the contemporary standard required to be on the Register, and not the standard at the point at which the individual may have first registered.

65. The GMC became the first UK health regulator to implement a system of revalidation; the five-year revalidation cycle

takes into account a local evaluation of a doctor's practice through annual appraisal. The appraisal is carried out by an experienced independent doctor, and then referred to a 'responsible officer' who has a statutory responsibility for making a revalidation recommendation to the GMC. The responsible officer makes a recommendation about the doctor's fitness to practise to the GMC based on the outcome of the doctor's annual appraisals over the course of the five years, a portfolio of supporting information that meets the GMC requirements, and whether there are any outstanding concerns for any part of the doctor's scope of work. Following the responsible officer's recommendation, the GMC decides whether to renew the doctor's licence to practise. Revalidation aims to give assurance that individual doctors are not just qualified, but safe. It also aims to help identify concerns about a doctor's practice at an earlier stage and to raise the quality of care for patients by making sure all licensed doctors engage in continuing professional development and reflective practice.

66. Under the VSA, providing that conditions of registration are satisfied, a person may continue to be registered for the whole of their life (providing they pay their fees and are not removed by DC or for lack of response); there is no requirement to revalidate as there is with other professions. The RCVS should be empowered to introduce a system of revalidation in future, should RCVS Council decide to do so.

Recommendation 5.3:
Underpin mandatory continuing professional development (CPD)

67. The First Rate Regulator report noted that "CPD is a requirement for all professionals wishing to register with the health professional and legal services regulators." However, the VSA does not give the RCVS the power to enforce this requirement, except through the disciplinary process. Members of the RCVS are asked to certify that they have satisfied the CPD requirement as part of the annual renewal process. However, if they do not, there is no power to refuse renewal of registration. Therefore, the RCVS should be empowered to refuse renewal of registration if a veterinary surgeon fails to meet their minimum CPD requirement.

Conclusions

68. This historic report and the consultation that was undertaken before its publication is the end result of the most comprehensive review of the Veterinary Surgeons Act since its inception in 1966. It sets out a coherent set of principle-based reforms which, if enacted, would allow the RCVS to function as a modern, flexible regulator fit for the 21st century. Many of the key reforms require primary legislation, and it is difficult to avoid the conclusion that the time for piecemeal change is over, and that a new Veterinary Surgeons Act is now required, one that is itself sufficiently future-proof to one day beat the current VSA's half-century on the statute book.

RCVS LEGISLATION REVIEW

Royal College of Veterinary Surgeons

Recommendations for future veterinary legislation

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	Recommendation for legislative reform	Reasons for reform
	Part 1: Embracing the vet-led team	
1.	**Recommendation 1.1: Statutory regulation of the vet-led team** Legislation should underpin the work of those paraprofessionals who are carrying out acts of veterinary surgery. Empower the RCVS to bring additional paraprofessions under its regulatory umbrella without additional legislation; this should be a requirement for those carrying out acts of veterinary surgery. These paraprofessionals would be governed in a similar way to veterinary nurses. This means that they would be represented on the relevant decision-making bodies, and that standards of qualifications and conduct would also be similarly assured. May include measures to allow 'grandfathering' to ensure that no-one is denied the right to a livelihood, much as existing practitioners were grandfathered by the early Veterinary Surgeons Act.	Ensure that all paraprofessionals are working legally Assure the standards of conduct and education of all members of the vet-led team.
2.	**Recommendation 1.2: Flexible delegation powers** By default, acts of veterinary surgery should be reserved to veterinary surgeons The RCVS should be able to determine which tasks should be eligible for delegation by a veterinary surgeon where such delegation can be fully justified and evidenced.	Potential to free up veterinary surgeons to do work that only they can do, with lower-risk tasks being undertaken by paraprofessionals under veterinary direction. Future-proofs delegation regulation.
3.	**Recommendation 1.3: Separating employment and delegation**	This is already a reality for many paraprofessions.

	Recommend that direction by a veterinary surgeon to a paraprofessional (including veterinary nurses) should no longer require the paraprofessional to be employed by the veterinary surgeon. This would enable, for instance, a 'VN practitioner' role to develop.	Would empower veterinary nurses and potentially increase their reach, benefitting animal health and welfare as well as clients.
4.	**Recommendation 1.4: Statutory protection for professional titles** Protection of paraprofessional titles including 'veterinary nurse' and any new paraprofessions who fall under the RCVS's regulatory umbrella.	Ensures that unregulated individuals are not carrying out acts of veterinary surgery. Better clarity for the public.
	Part 2: Enhancing the VN role	
5.	**Recommendation 2.1: Extending the VN role in anaesthesia** Allow veterinary nurses to "assist in all aspects of anaesthesia under supervision", pursuant to an animal-specific protocol.	Increasing utilisation of veterinary nurses while freeing up veterinary surgeons' time.
6.	**Recommendation 2.2: Allowing VNs to undertake cat castrations** Veterinary nurses should be able to undertake this task under veterinary direction and supervision.	Increasing utilisation of veterinary nurses while freeing up veterinary surgeons' time.
	Part 3: Assuring practice regulation	
7.	**Recommendation 3.1: Mandatory practice regulation** The RCVS be given the power to implement mandatory practice regulation, should RCVS Council decide to replace or underpin the PSS with a more comprehensive scheme.	Ensure that all practices meet at least the basic minimum legal requirements.

8.	**Recommendation 3.2: Powers of entry for the RCVS** The RCVS be given powers of entry into order to remedy this omission in the veterinary sector, and to ensure that mandatory regulation of practices (see Recommendation 3A) can be underpinned and enforced.	Makes evidence gathering easier and more efficient. Better protects the public.
9.	**Recommendation 3.3: Power to issue improvement notices** Introduce a power to issue improvement notices when a person or a business is failing to fulfil a legal duty and improvement is required to ensure future compliance.	Better protection of the public. More proportionate response than pursuing a disciplinary case Provides practice with a clear action plan.
	Part 4: Introduce a modern 'Fitness to Practise' regime	
10.	**Recommendation 4.1: Introducing the concept of 'current impairment'** Change the trigger for considering sanction to whether the practitioner's fitness to practise is '*currently impaired*'.	More consistent with the primary purpose of regulation Using current impairment as the gateway to sanction means that the test becomes forward-looking and more in line with the primary purpose of regulation (i.e. protecting the public). By way of contrast, disgraceful conduct is a backward-looking concept that may skew the emphasis away from public protection/current risk of hard to punish for past wrongdoing.
11.	**Recommendation 4.2: Widening the grounds for investigation**	Better protection of the public/animal welfare Would allow the RCVS to intervene earlier when issues involving health and performance are raised and take action

	Allow the RCVS to investigate for reasons other than serious professional misconduct, e.g. poor health, knowledge of English or sustained poor performance.	that may prevent the issues from escalating – benefitting both the practitioner, the public and animal welfare.
	Recommendation 4.3: Introducing powers to impose interim orders Introduce a temporary restriction on a veterinary surgeon or nurse's right to practise pending a final decision by DC where a veterinary surgeon or nurse poses a significant risk of harm to the public or to animals.	Better protection of the public/animal welfare where there is a significant risk of harm. Remedies the appeal period anomaly when DC impose suspension or removal.
12.	**Recommendation 4.4: Introduce reviews of suspension orders** Introduce the power to review a suspension order to ensure that the practitioner is in fact fit to practise before they are restored to the Register (would also apply to conditions of practice orders, see Recommendation 4.5).	More proportionate sanctions with more robust safeguards.
13.	**Recommendation 4.5: Introduce a wider range of sanctions** Introduce conditions of practice orders (or otherwise restrict a practitioner's practice short of suspension).	More powers to deal with matters appropriately.
14.	**Recommendation 4.6: Introduce the power to require disclosure of information**	Speed up investigative process. May allow RCVS to bring cases where previously it would have been restricted by lack of cooperation Bolster public confidence in the RCVS' processes.

	Introduce the power to require the disclosure of information where that information might assist in carrying out the RCVS's regulatory functions.	Members of the public and organisations may feel more comfortable providing information if there is a statutory basis.
15.	**Recommendation 4.7: Formalise role of Case Examiners and allow them to conclude cases consensually** Introduce the power to dispose of suitable cases consensually where the threshold for referral is met (so long as the wider public interest can be satisfied by disposing of the case in this way). See also Recommendation 3.3: Improvement notices.	In-line with other healthcare regulators. More cost effective than convening PIC for all decisions (NMC has recently reported a year-on-year decrease in FTP spending and has attributed this, in part, to the introduction of CEs). Quicker decision making. More consistent decision making. Less stressful for respondent if case is subject to consensual disposal. More flexibility in terms of CE powers. May be particularly useful in health and performance cases using undertakings/conditions (similar to the result achieved by the RCVS Health and Performance Protocols.
16.	**Recommendation 4.8: Futureproofing of the disciplinary process** In line with the Health & Care Act 1999, allow future reform of the DC process via Ministerial Order or a less onerous mechanism.	
17.	**Recommendation 4.9: Statutory underpinning for the RCVS Health and Performance Protocols**	

	Introduce a formal procedure for dealing with health and performance cases.	
18.	**Recommendation 4.10: Reduce the DC Quorum to three** Reduce the quorum in line with other regulators.	Speed up proceedings. Reduce costs. Easier to list hearings as fewer diaries to manage. Less intimidating for respondents.
19.	**Recommendation 4.11: Reformed restoration periods** Extend range of options for minimum period before which a veterinary surgeon or nurse can apply can apply to be restored to the register following removal. Enable restoration to be subject to conditions or restrictions of practice (see also Recommendation 4.5).	Currently the VSA sets restoration application limit to 10 months. For other regulators, length of time is much longer (e.g. the Nursing and Midwifery Council (NMC) has five years). Longer restoration periods would increase public confidence in the RCVS as a regulator.
20.	**Recommendation 4.12: Allow voluntary removal** Allow voluntary removal of practitioners under investigation for disgraceful conduct in certain circumstances	Currently, the practitioner must remain on the Register so that the disciplinary processes can be completed. Other regulators, e.g. the GMC, have the power to grant applications for voluntary removal even where fitness to practise concerns have been raised. Applications of this nature would be considered by the Case Examiners (or equivalent) and may only be granted in circumstances where public protection and wider public interest can be satisfied by this disposal. It is a form of consensual disposal. At present, a similar effect is achieved by the practitioner giving undertakings to DC that they will voluntarily remove

		themselves from the Register and, in some circumstances, not apply to re-join. However, this requires a hearing to be convened.
21.	**Recommendation 4.13: Case Management Conferences** Formalising the role of Case Management Conferences (CMCs)	Identifies issues that may hinder the progress of a hearing at an early stage and allows time to resolve those issues. More accurate time estimates/less wasted time and cost. Avoids unnecessary witness attendance by identifying and narrowing issues in dispute in advance. Directions made at the CMC would be enforceable by DC.
22.	**Recommendation 4.14: Recommend that DC should be given power order costs.** Provision to allow DC to make costs orders, for instance for unsuccessful restoration applications, as per other healthcare regulators.	Other regulators have this power but use it sparingly, only where absolutely necessary Examples of where the power might be useful are to discourage repeated applications for restoration where circumstances have not changed or as an incentive to engage in proper and timely case management.
23.	**Recommendation 4.15: Appeals against DC decisions to be heard by the High Court instead of the Privy Council** DC appeals to the Privy Council against suspension or removal should be moved to the High Court.	More in-keeping with other regulators. Regulatory processes are more familiar to the High Court and therefore appeals likely to result in predictable decisions. High Court process more familiar to those representing the parties. Likely to speed up process.
24.	**Recommendation 4.16: Appeals mechanism for reprimands and findings of misconduct**	At present, the only way to challenge these decisions is by way of judicial review.

	Introduce a right of appeal against a decision to reprimand or a finding of disgraceful conduct.	A more proportionate remedy for those wishing to challenge DC decisions.
25.	**Recommendation 4.17: Automatic removal offences** Introduce a presumption in favour of removal from the register if a vet or veterinary nurse is convicted of certain extremely serious criminal offences, e.g. rape and murder.	Swift conclusion, with no hearing, to cases with (usually) one inevitable outcome. Can be appealed. Bolster public confidence in the profession and in the RCVS. Social Work England has this power. Also supported by GMC consultation, Law Commissions, and PSA.
26.	**Recommendation 4.18: Power to appeal unduly lenient decisions** Right of appeal if RCVS believes the DC has made a decision that is too lenient.	Provides an addition safeguard to animals, the public and wider public interest. The PSA hold this power. There is no equivalent of the PSA for veterinary practice and so we are the only body that would be in a position to appeal where a sanction (or lack of) was unduly lenient.
	Part 5: Modernising RCVS registration	
27.	**Recommendation 5.1: Introduce powers to create limited licensure provisions, including for those with a disability** Limited licensure should be permitted for UK graduates where disability prevents them from being able to undertake all aspects of a veterinary degree and veterinary practice. Other provisions could be used for overseas graduates.	Increasing access to the profession. Ensuring compliance with human rights legislation. Ability to address workforce shortages with greater assurance of standards.
28.	**Recommendation 5.2: Empower the RCVS to introduce revalidation**	Ensure that veterinary surgeons and nurses remain up to date and continue to demonstrate that they continue to meet the requirements of their professional regulator as they are now, rather than when they first registered.

	Empower the RCVS to introduce a system of revalidation in future, should RCVS Council decide to do so.	
29.	**Recommendation 5.3: Underpin Mandatory Continued Professional Development (CPD)** Empower the RCVS to refuse registration if a veterinary surgeon fails to meet their minimum CPD requirement.	Ensure that veterinary surgeons and nurses cannot practice if they are not keeping their knowledge and skills up to date.
	Part 5A: Further registration issues NB: These are mainly technical issues requiring relatively minor legislative change to the existing VSA. The RCVS recommends that these be remedied via legislative change. The spirit of these recommendations would need to be reflected in any new Act.	
30.	**Recommendation 5.4: UK graduates** The VSA stipulates that any person who passes 'examinations in veterinary surgery' from a UK university with a recognition order in place *'shall be entitled to be registered in the register [of Veterinary Surgeons] and shall on being so registered become a member of the College'*. This leaves no discretion for the Registrar to refuse registration in any circumstances (e.g. if the individual has a previous conviction or if there is any other issue that might call into question his or her fitness to practise), as so long as person passes their exams (they do not even have to graduate) they are entitled to be registered.	
31.	**Recommendation 5.5: EU nationals** If a person is a 'European Union rights entitled person' and they are an 'eligible veterinary surgeon' according to Schedule, they are entitled to be registered and become a MRCVS. The Registrar does	

	have some discretion in that they *may* refuse registration where the applicant has been convicted of a criminal offence, if an 'alert' has been received under Article 56a of Directive 2005/36/EC[1] or there are 'serious and concrete doubts' regarding English language ability. However, this discretion is limited and does not, for example, enable them to refuse Registration if the applicant is subject to a conditional discharge. This limitation has caused problems in the past (e.g. RCVS v Lown). No reference to restoration following further proceedings, suspensions running their course, etc.	
32.	**Recommendation 5.6: Non-EU qualifications: Lack of formal route in the Act for registration by individuals with 'acquired rights'** This relates to non-EU applicants with non-EU qualifications who have the right to register under the MRPQ by virtue of their 'acquired rights'. The lack of right to appeal negative decisions under S.6 of the VSA is inconsistent with the provisions relating to European Union Rights Entitled Persons (EUREPs) in that there is a right of appeal for those refused registration under s.5A (EUREPs with European qualifications) and s.5B (EUREPs with acquired knowledge and skill) and a right of appeal against decisions under S.5BA (decision to remove a person who ceases to be a EUREP).	

[1] This is where one member state issues an alert concerning a particular individual that can be viewed by all other member states, the alert will usually be to notify others that the individual has been found not fit to practise by the relevant competent authority.

33.	**Recommendation 5.7: Recognition of qualification and registration** The recognition of qualification and registration is currently one process. This is problematic for the purposes of complying with the English language provisions that came into force in January 2016. Where a competent authority has 'serious and concrete doubts' about a person's English language ability, it is required to recognise the individual's qualification (if it meets the requirements set out in the MRPQ) before refusing registration on language grounds. Due to the way the VSA is drafted, if the RCVS recognises a qualification, it technically means that person is automatically entitled to be registered. The RCVS recommends underpinning this separation in legislation.	
34.	**Recommendation 5.8: Separation of registration and licence to practise** Once an individual is registered by the RCVS, they are automatically allowed to practise. In other professions, registration and a licence to practise are distinct. Separating these two stages would be essential if, for example, the RCVS wished to introduce revalidation. It would also mean that the 'non-practising' register was no longer necessary as individuals could be registered but not have a licence to practise. This issue applies to all registrants regardless of their registration route (i.e. whether they were UK graduates, EU nationals, statutory examination). The RCVS recommends underpinning this separation in legislation.	Recommendation to separate registration and licence to practise. This could replace the existing 'period of supervised practice' and VN temporary student enrolment status.

35.	**Recommendation 5.9: Temporary registration - nomenclature** The heading of S.7 is “Temporary registration” is misleading in that it suggests that the section relates to registration that is limited in duration. In fact, S.7 has a much wider application in that it allows RCVS Council to restrict registration in a number of ways, e.g. the place a person may work, the “circumstances” in which a person may practice veterinary surgery. Further, “Temporary registration” suggests registration under S.7 must be for a limited period of time but in fact, the section permits a person to be registered indefinitely (albeit with restrictions upon their practice). Internal policy currently limits temporary registration to five years. The RCVS recommends that legislation need to underpin both temporary and limited registration. Provisions should be clearer than at present. See also recommendation 5.1: limited licensure.	
36.	**Recommendation 5.10: Restoration following voluntary removal/removal for non-contact** Where a person voluntarily removes themselves from the register or is removed by the registrar following six months without response that person is entitled to be restored to the register if they apply to do so (unless the original entry was incorrect or fraudulent). There is no requirement for the applicant to show that they are in good standing/of good character and given that a number of years may have passed since their removal this is unsatisfactory.	

	The RCVS recommends that this discrepancy is remedied. See also Recommendation 5.8	
37.	**Recommendation 5.11: Restoration following voluntary removal/removal for non-contact** Where a person wishes to restore in these circumstances but there is a concern about them, for example another competent authority have raised an issue or they have disclosed a conviction, the RCVS has no power to refuse restoration, or any formal power to delay until the issue is resolved/investigated. In practice, registration is delayed as long as possible whilst the matter is investigated, but there is no formal power to do this. The RCVS recommends that it should have the power to suspend restoration in these cases.	
38.	**Recommendation 5.12: Annual renewal – declared convictions** If someone discloses a conviction as part of their annual renewal, the RCVS cannot refuse to renew their registration even where the conviction is very serious. Instead, the RCVS must register the individual and then initiate disciplinary proceedings so that action may be taken. It should be noted that as the RCVS has no power to issue interim orders, the individual is permitted to practise while the disciplinary investigation takes place.	

	The RCVS recommends that it should have the power to allow suspension of registration where a conviction has been declared during annual renewal.	
	Part 6: Education issues	
39.	**Recommendation 6.1: Powers to revise the Statutory Examination** The RCVS Statutory Membership Examination provides a route for overseas-qualified veterinary surgeons whose degrees are not recognised by the RCVS to register in the UK. At present amendments to the content of the exam, and the fee that can be charged for it, are contained within a schedule to the VSA and therefore require parliamentary time to amend. The RCVS recommends that powers to amend the examination fees and format are delegated to the RCVS.	
40.	**Recommendation 6.2: Ability to charge UK vet schools for accreditation visits** At present, the cost of accreditation visits is born by the RCVS membership fee. There is an argument that the RCVS should have the power to charge the veterinary schools for these visits, should RCVS Council decide to do so in future. This power would also guard against the possibility that future models of delivery of veterinary education would be onerously expensive to assess.	
	Part 7: Governance issues	

41.	**Recommendation 7.1: Power for the Minister to make further changes to size/composition via Ministerial Order** This measure was originally intended to be part of the 2018 Legislative Reform Order which modernised RCVS governance, but was considered too substantial a delegation of power to be achieved by that mechanism.	Would provide future-proofing by reducing the administrative burden and Parliamentary time required should the decision b made to reform RCVS governance again in future.
	Part 8: Miscellaneous measures	
42.	**Recommendation 8.1: Revised Exemption Orders (EOs) as recommended by the Exemption Orders and Associates (EO&A) Working Party.** As per RCVS RMPR Report of January 2019. If measures are taken via primary legislation then the RCVS should be empowered to more easily amend EOs to allow for flexibility and future-proofing.	
43.	**Recommendation 8.3: Empower the RCVS to set the annual renewal fee** At present the RCVS requires Privy Council approval to amend the annual renewal fee. Other regulators are not required to do this. The requirement is burdensome and makes budgeting uncertain. The RCVS recommends that powers to amend the annual renewal fee and format are delegated to the RCVS.	

44.	**Recommendation 8.4: Preserve the Royal College/Regulator relationship** The RCVS Recommends that 'Royal College that regulates' model continues.	Allows a holistic approach from a public assurance perspective Ensures that Royal College functions are properly funded Allowing a more proactive and supportive approach to regulation through Charter-based activities such as mental health, leadership etc