



## Practical exams: bandaging advice

*“Nearly one in five practical exam candidates fails the bandaging task. We give tips on passing this and other tasks.”*

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**In this issue:** European update, age limit dropped, new fees, referencing, PSS and TP interface, meet the team, get registered, exam tips, your new EV, exam dates.

# Over in Europe...

## PEPAS project kicks off

**W**e have been busy with veterinary nursing matters in Europe this autumn, starting with an ACOVENE visitation to a VN programme in Iguelada, Spain in September. It's early days for veterinary nurse training in Spain, so the ACOVENE board, which met in October to consider the annual reports of the nine accredited schools, was particularly pleased to visit this school, now working towards accreditation.

In September, we received confirmation that the VETNET proposal for a project to develop OSCE examinations for use in the European VN schools had been awarded Leonardo da Vinci funding. This project – known as PEPAS – will be using the RCVS practical examination



system as its basis and we are delighted to be assisting in this way. The inaugural conference for the project was held at Belgravia House in October and was attended by VN programme representatives from ten EU countries as well as Federation of European Companion Animal Veterinary Associations (FECAVA) and Federation of Veterinarians of Europe (FVE) delegates. During 2009, our RCVS team will be visiting Denmark, Ireland and Slovenia to deliver examiner training for the project partners, who in turn will be busy composing items for piloting in the OSCE task pool as the year progresses. Watch this space for further updates!

# Age-barrier removed for VN trainees

## No lower age limit for student VNs

**T**he lower age limit for student veterinary nurses – previously set at 17 – has been removed in order to comply with age discrimination legislation. There was no compelling reason to retain the age limit on Health and Safety grounds as 16-year-olds are legally in the same position as 17-year-olds in this regard. Some centres have expressed a concern about radiography, however, trainees of 16 or over are permitted to undertake this work and the Ionising Radiation Regulations (IRR) stipulate the permitted dose limit (6mSv per year). It is highly unlikely, as highlighted in our recent *Survey of the Veterinary Nursing Profession*, that any veterinary nurse undertakes sufficient radiography work to warrant being a “classified person” (who must be 18 or over) under the IRR.

***“It is highly unlikely that any veterinary nurse undertakes sufficient radiography work to warrant being a ‘classified person’.”***

The entry requirements remain unchanged: five GCSEs at grade C or higher, or five Scottish Standards at grades one to three (including English Language, Maths and a Science subject).

Candidates must also have a place with an RCVS-approved training practice or on a recognised veterinary nursing degree course. Employers remain free to recruit student nurses to meet the needs of their practice as they see fit. However, the ability to

start school leavers on their VN awards earlier will give much better access to age 16-19 funding, and means that some Level 3 candidates can be funded at this higher rate, previously unavailable to many because of the enrolment-age requirements.

New veterinary nursing careers leaflets have been produced to reflect the change and are available from [veternursing@rcvs.org.uk](mailto:veternursing@rcvs.org.uk) / 020 7202 0711, or to download from RCVSonline: [www.rcvs.org.uk/publications](http://www.rcvs.org.uk/publications).



# Awarding Body fees 2009

## Some up, some down...

**W**e are pleased to announce that our fee structure for 2009 includes a reduction in the Level 2 examination fee. This reflects the discontinuation of the £10 levy previously payable to the Qualifications and Curriculum Authority. We have also introduced a discounted examination fee for those candidates who elect to sit both MCQ papers at one sitting, rather than two different appointments. Last year we assumed that most candidates would do this and structured our fees accordingly. However, a significant number of candidates (around a third this winter) are opting for separate appointments and this

raises our costs somewhat. Our standard exam fee reflects this and the discounted fee is available to candidates who opt for one, longer, appointment.

Other changes include a new enrolment extension fee for candidates who need up to an additional year to complete an award. Previously, candidates were required to pay half the standard enrolment fee. The new fees, along with a reminder about registration fees for qualified nurses, can be found in the boxes on this page. NB these prices take account of the recent decrease in VAT, where applicable.

AWARDING BODY FEES 2009			
Candidate fees	£	Candidate fees	£
Enrolment	190	Level 3 MCQ standard fee	100
Enrolment extension (1 year)	63	Level 3 MCQ discounted fee	90
Level 2 MCQ standard fee	155	Practical examination	190
Level 2 MCQ discounted fee	145	Unit certificate	39
Centre fees	£	Centre fees	£
Approval/re-approval fee	1,100	EV additional visit per day (in cancellations)	328
Annual fee	520	Developmental consultancy (up to two days including site visit)	1,014
Course approval/amendment (no site visit)	416		
Training events	£	Training events	£
Examiner training course	328	IV standardisation event (whole day)	40
Assessor development course	250	IV standardisation event (half-day)	20

RCVS VETERINARY NURSING FEES 2009			
Registration fees	£	Registration fees	£
Initial registration or re-entry to the Register or List	98	PSP* registration	63
Annual retention fee	60	Overseas nurse qualification evaluation	98
Late payment fee (between 1 November and 31 December)	36	Replacement badge or certificate	39
DipAVN fees	£	DipAVN fees	£
Indexing fee (annual)	50	Final assessment (university-conducted)	130
Certification of modules	39	Final assessment (RCVS-conducted)	416
Examination (old scheme)	352		

\*Period of Supervised Practice - for RVNs returning to the Register after a break of five years or more in registration, valid for one year.

# Meet the Awarding Body team



**Jenny Orme**  
VN Awards Secretary

### What's your background?

After graduating with a BA Hons degree in Fine Art, I worked in retail before taking a year out to travel. I joined the RCVS in 2005 as Careers and Admissions Officer, and took over the post of Awards Secretary in 2007.

### What do you do?

I work for both the RCVS Awarding Body and the regulatory side of RCVS activities. I issue NVQ certificates to student veterinary nurses who have passed their examinations, and I request portfolios for quality monitoring.

I register newly-qualified nurses and organise admissions ceremonies for the presentation of badges and certificates by the President of the RCVS. I also transfer Listed Nurses on to the Register of Veterinary Nurses, and in the New Year I will be auditing RVNs' CPD Record Cards.

### What's been your biggest challenge?

We have been experiencing some problems with our database, the majority of which, thankfully, have now been overcome. I am once again able to see the top of my desk!

### Surprise us....

Whilst travelling I spent three months working in Australia for the University of Central Queensland enrolling new students.

## Farewell and hello!

### Changes in the EV team

**In September, we said farewell to our most senior EV, Susan Newham. Susan had been with us from the early days of NVQ training in 2002 and has now hung up her satnav and diary in order to chase the sun in Cyprus and have a well-earned break from all things veterinary nursing.**

Hot on Susan's heels, we welcomed Juliet Whatley (pictured) to the team in October. Juliet recently returned to the UK following a grown-up gap year spent teaching English in Sri Lanka, having previously been the Head of Centre at Hartpury College. It's actually more of a "welcome back" - Juliet was an RCVS EV back in the days when we

had a team of 17 sessional external verifiers, and has also sat as a college representative on various committees, so she knows us well!

We aim to change EVs' centre allocations periodically so that relationships can stay fresh and objective.



Juliet's arrival has led to a review of the various centres covered, which has resulted in several changes. The new territories will take full effect in the New Year.

#### Vicky Hedges

Royal Veterinary College  
University of Bristol

#### Alison Rengert

Edinburgh's Telford College  
Barony College  
Bottle Green Training  
Bridgewater College  
Canterbury College  
College of West Anglia  
Duchy College  
Earls Hall Veterinary Group  
Easton College  
Filton College

#### Goddard Veterinary Group

Hadlow College  
J Boness  
Kynoch & Partners  
Moulton College  
Myerscough College  
Norton Radstock College  
Plumpton College  
Sparsholt College

#### Liz Troman

Abbey Veterinary Practice  
Abbedale Vetlink Training  
Beech House Veterinary Centre  
Buckley House Veterinary Surgery

#### CAW (Edinburgh)

CAW (Huntingdon)  
Hartpury College  
Lynwood School of Veterinary Nursing  
North Highland College  
Nottingham Trent University  
Pencoed College  
ProCo NW Ltd (AC Training)

#### Juliet Whatley

Askham Bryan College  
Bicton College  
Brinsbury College  
Cerberus Training

#### Greenmount College

Harper Adams University College  
Holme Lacy College  
LITE Ltd  
Medivet (Pet Health Education)  
MYF Training  
Northumberland School of Veterinary Nursing  
Pershore College  
Rodbaston College  
Rowe Veterinary Group  
RSPCA  
Warwickshire College  
Writtle College

# Who said that?

## A quick guide to citing and referencing

**A**lbert Einstein once said, “The secret to creativity is knowing how to hide your sources.” Some students who complete the unit VNT1 communication assignment have obviously taken this advice to heart. The standard of citation and referencing observed by the external verifiers is far from good, and it doesn’t necessarily follow that these assignments are the most creative either...

In producing academic work, all students now have unprecedented access to sources of information, some of it credible and some less so. This makes it even more important that they are taught, and expected, to signpost their sources accurately. Poor citation and referencing, in addition to making work obscure, can lead to accusations of plagiarism.

There are many excellent student guides to simple referencing and citation so we will not reproduce one here. However, there are one or two pointers that may be useful:

- No matter what system of referencing is used (Harvard is the most common), follow it carefully and consistently

- Know and understand the difference between a reference list and a bibliography
- Know how to reference a book, journal and internet site (all slightly different) at the very least
- Do not cite ‘course notes’; the assignment isn’t about regurgitation. Students need to read other sources to support, and gain a greater understanding of, their course notes.

Lastly, should a course tutor suspect plagiarism, this must be investigated. The copying of large chunks of published texts or websites isn’t acceptable, doesn’t test the student’s own knowledge and ability to reflect – and the bottom line is, it’s illegal.

### Suggested reading:

Pears R, Shields G (2008): *Cite them right: the essential referencing guide*, Pear Tree Books

McMillan K, Weyers J (2007): *How to write essays and assignments*, Prentice Hall

Sinfield S, Burns T (2008): *Essential study skills*, Sage Publications

# Qualified or Registered?

## Are your qualified VNs working legally?

**T**here are some veterinary nurses who go through all the stress and hard work of training, complete their portfolio and pass their exams... and never register! There are currently almost 150 such nurses who have completed their training since 2000. This seems a terrible waste to the profession!

When student VNs gain their Level 3 vocational qualifications (or their qualifying degree) they are eligible to become Registered Veterinary Nurses (RVNs). However, registration doesn’t happen automatically: newly-qualified nurses need to apply to become registered and pay a fee. Information about this process, and the forms to fill in, are sent to every student VN when they achieve the last piece of the qualification jigsaw (usually Level 3 NVQ).

Newly-qualified nurses remain on the RCVS student database for up to three months. If they have not registered by then, they (and their employer) receive notification that they will be

removed and can no longer legally undertake Schedule 3 procedures under veterinary supervision. This means that, unless they join the Register, such nurses are not legally entitled to undertake any veterinary procedures over and above what any member of the public may do.

If your practice has student VNs about to qualify, please ensure they know that having their NVQ Level 3 certificate is not the same thing as being an RVN; they need to join the Register! You can check the VN List/Register online at [www.rcvs.org.uk/vnlist](http://www.rcvs.org.uk/vnlist).

### Admissions ceremonies

The RCVS holds ceremonies several times a year at Belgravia House to celebrate the admission of new RVNs to the profession.

**If your students are about to qualify, please encourage them to come along! The dates for 2009 are: 17 March, 24 June and 5 October.**

# Keeping up standards

## Do verifiers and PSS inspectors talk to each other?

**A significant number of VN training practices are also registered under the RCVS Practice Standards Scheme (PSS). As the PSS and the RCVS Awarding Body are administered under one roof, we are often asked what the interface is between PSS and training practice (TP) approval, and what happens when things go wrong.**

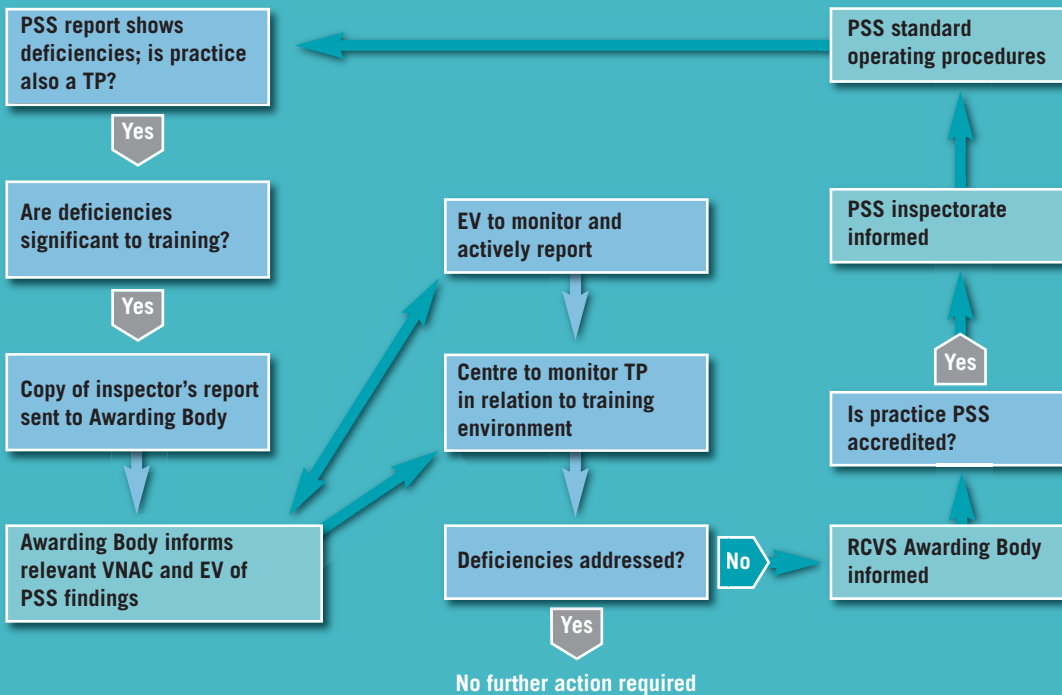
First, it's important to appreciate that the two types of 'approval' – TP and PSS – are in place for quite different purposes. The main focus of TP approval is to ensure a practice can offer a suitable training environment for veterinary nurses, whereas PSS accreditation focuses primarily on clinical facilities and the management of the practice. There are, of course, overlaps, and where these occur centres (VNACs) are encouraged to take PSS

accreditation into account when approving a practice for affiliation as a TP, just as training practices have been encouraged to join the PSS under 'grandfathering' arrangements without a prior inspection.

However, there are very significant factors that are not PSS requirements that a centre must determine before it can approve a TP, and which are crucial to a good training environment. In essence, these concern the staffing of the practice, trainee resources and the patient caseload. In terms of staff, there must be sufficient suitably-qualified vets and nurses available to train, supervise and assess student VNs, and this function needs to be clearly written into appropriate job descriptions. A centre will also look for a tangible induction programme

## Interface between RCVS Practice Standards Scheme

### PSS finds deficiencies



for students and materials, such as VN reference textbooks and practice-specific guidance information that will support practical training. The patient caseload must be sufficient, and varied enough, to allow a student VN to meet required training objectives - ie the National Occupational Standards.

### If problems occur...

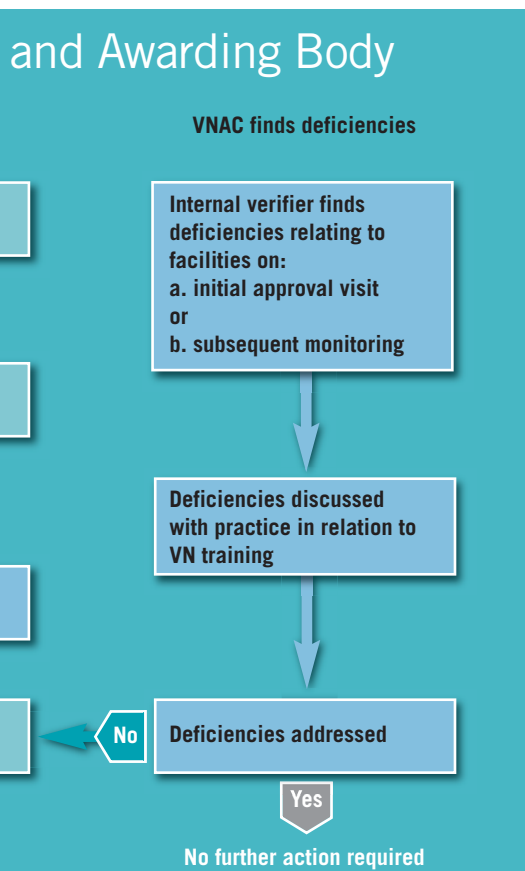
Occasionally things go awry and either a PSS inspector or a centre's internal verifier will observe something in a practice that potentially impacts on both the PSS and TP status of the practice. Such things usually concern the practice facilities, or the way in which they are being used. A good example of this is the need for a TP to have a separate operating theatre, set aside for aseptic surgery, and a written protocol for maintaining a surgically-clean environment. This is both a PSS Tier 2/3 and a TP requirement and it is important that students are trained to maintain a surgical environment according to accepted best practice. Several times during the last year both PSS inspection reports

and IV reports have observed departure from this requirement. In such an instance, where TP and PSS criteria overlap, both the PSS and the RCVS Awarding Body are made aware to ensure matters are followed up. In the case of a TP, the purpose is to ensure the training of student VNs is not compromised.

***“More often than not, the problem can be discussed constructively and swiftly resolved.”***

We recognise that situations such as the operating theatre example above rely upon good communication if they are to be resolved effectively and without ill-feeling. Where internal verifiers (or RCVS External Verifiers) find a potential problem with practice facilities they should always ensure this is communicated quickly and clearly to the TP principal (the designated vet responsible for VN training within a practice). More often than not, the problem can be discussed constructively and swiftly resolved. However, in a small number of cases this isn't possible and the centre should then notify the RCVS Awarding Body. We will try to help resolve the matter and, at the same time, liaise with the PSS inspectorate if the problem appears relevant to accreditation. Similarly, where a PSS inspector observes problems that may impact on VN training, the PSS inspectorate informs the Awarding Body so that we may advise the responsible VNAC to monitor the impact on training.

The diagram depicts a typical flow of information in the event of deficiencies being found in a TP.



# Success – all wrapped up

## Feedback from the practical examinations

After every practical examination, the RCVS receives feedback on the performance of each exam task and the candidates who undertook it. This gives us, among other details, a general profile of the commonly-made mistakes, and we share these with centres to help with candidate training.

### Bandaging

In September, 17% of students who took the practical examination failed to apply a bandage acceptably (task SB07) using a distal-to-proximal approach. Bandaging is a key nursing skill, yet is often poorly understood (Nelson, 1995). Students often commenced the bandage application distally but when they reached the proximal joint they continued to bandage down the limb, stopping part-way down the leg, presumably in order to use up the surplus bandage. This technique runs a risk of creating excessive or uneven pressure which does not promote venous return and may even impede it. Examiners therefore mark students who revert to bandaging from proximal to distal limb for any layer of the bandage as 'not achieved'. A safe and effective methodology can be found in the box opposite.



### Other feedback

We found that 41% of candidates did not demonstrate safe, effective and aseptic technique in task SP01 (drawing up insulin). For candidates to achieve this criterion they should have demonstrated the following, without contaminating the syringe at any point:

- Select the correct insulin vial
- Gently invert the vial to mix contents
- Introduce the needle to vial in an aseptic manner

- Draw back calculated volume of insulin required
- Select an appropriate injection site
- Record injection details

However, it is good to see there has been a marked improvement in this task, with only 5% failing to draw up the correct dose of insulin.



In the fluid therapy task (SF00), the general technique of setting up the fluid for administration was good. Only 5% left significant air bubbles in the line, with a similar number breaking asepsis. However, 18% of candidates were unable to carry out the ml per hour calculation and 24% were unable to calculate the correct drops per minute.

***“Recognition of parasites was poor, with 39% of candidates failing to name both parasites correctly.”***

A number of candidates demonstrated poor use of the microscope as required for lab task SL06. For example, 34% did not “adjust the height of the substage condenser to a few millimetres below the stage”. Furthermore, 33% failed to “record both Vernier scale readings correctly”. A tip for candidates is to remember to indicate which Vernier reading is for which axis by either using H for horizontal or V for vertical (X and Y axis would



also be acceptable). It will then be clear to the examiner which reading relates to which axis. Recognition of parasites was also poor, with 39% of candidates failing to name both parasites correctly.

### **“Only 41% of candidates were able to position correctly the model dog for a radiograph.”**

In the other laboratory task (SLO3 urinalysis), 44% of candidates did not “invert tube to gently mix the urine sample”, and 22% were unable to “read and record the actual urine specific gravity reading”. A similar number (21%) were also unable to “read and record dipstick measurements correctly”. The positive aspect of this task is that most candidates are able to carry out the remainder of the procedures correctly. The incorrect recording of the results is likely to be caused by earlier failure to mix the sample.

Only 41% of candidates were able to position correctly the model dog for a radiograph to be submitted for the BVA Kennel Club Hip Dysplasia Scheme (SR02). In addition, 30% failed to ensure that the ‘hind limbs were tied firmly into position’ and 39% were unable to centre and collimate the model dog correctly. A similar number were also unable to express verbally where to centre and collimate.



The key to success in the practical examinations is for tutors, assessors and other practice personnel to observe all aspects of their students' practical performance and not just the outcome. The quality of performance – ie a safe and effective technique – is as important as the end result. It is clear from comments made after the examinations that students often think they are prepared for the examination and genuinely do not understand why they have failed. The examples above identify many areas of poor practice that may need to be observed more frequently.

## **Principles of effective bandaging:**

Principles of effective bandaging:

1. Start each layer of the bandage at the distal end of the limb (the foot is usually enclosed).
2. Using a spiral pattern, wrap the bandage material around the limb. Uniform pressure should be applied to promote venous return without restricting the circulation to the limb. The overlap should be consistent. It is advisable to overlap the bandage by at least half a width. Continue this technique until the limb is bandaged to the proximal joint (Potter & Perry, 1989).
3. At the proximal joint, snip off any unused bandaging material. If a subsequent layer of the same bandaging material needs to be applied this should be commenced at the distal limb. This will prevent uneven pressure (Narrow & Buschler, 1987).
4. Use the correct tension for the type of bandage; check regularly and do not over-stretch.
5. If a bandage is applied using the correct amount of tension it should remain in place without the need to stick the bandage directly to the skin.

This method should be followed for all layers of the bandage to achieve the criteria.

### **References**

Narrow BW & Buschler KB (1987): *Fundamentals of Nursing Practice*, Wiley & Sons, New York

Nelson EA *et al* (1995): *Improvements in bandaging technique following training*, Nursing Management 7588

Potter PA & Perry AG (1989): *Fundamentals of Nursing*, 3rd edition, Mosby Yearbook

## **Practical exam success**

**An overall pass-rate of 63% was achieved by candidates in the September round of veterinary nursing practical examinations (small animal): 282 candidates took the examinations and of the 177 who passed, 152 had already passed their VRQ theory examination and so were immediately eligible to apply to become registered.**

# Apply yourself

## Some advice on exam applications

**W**e are delighted with the way that the new computer-based MCQ exams and the weekend practical exams are being received by candidates. We have had lots of very positive feedback and are pleased that the new systems for entering candidates are working so well. The candidates seem to have got the hang of it too; most of them had booked online for the November exam-week well before the deadline.

Just a few reminders to help things go even more smoothly:

- Booking – whilst the majority of candidates booked in very good time, we did have to ring and remind a handful of students who appeared to have forgotten! One or two of these hadn't really grasped that they needed to make this booking in order to sit the exam. If you have students about to take the written exam, do make sure they have remembered to book their slot online (or by phone) in good time. Otherwise, they may miss the exam or have to travel a long way for a last-minute appointment.
- Identification – candidates absolutely must have valid photo-identification (a valid UK driving licence or passport) to be admitted to a test centre. An out-of-date passport isn't acceptable. If one of your candidates cannot obtain valid ID in time for the exam, please advise him/her to contact the RCVS immediately the problem arises. We can authorise alternative acceptable ID for a candidate but need at least five working days in order to make the arrangements with Pearson Vue.

### Fourth-attempt candidates

Thankfully, we see fewer fourth-attempt exam candidates nowadays. However, given how upsetting this situation is for candidates, we do need to ensure that they apply for this final attempt at an examination correctly. Candidates are not automatically accepted for a fourth and

final attempt at either the MCQ or practical exams. In order to enter for a fourth attempt, a candidate must apply for "special permission". This entails proposing a comprehensive programme of re-training and a proposed date for re-examination. The RCVS will ask to see evidence of this agreed programme of study being completed before the candidate is entered for his or her exam.

Unfortunately, we are seeing a significant number of fourth-attempt special-permission applications that have been drafted by the candidate alone, with little or no apparent input from their training practice or centre. While independent study and revision is commendable, candidates in this situation are always in need of expert guidance and support. This especially important if they are preparing to re-sit a failed practical examination.

### No more late entries!

From 2009, we shall no longer be accepting late entries for examinations. We introduced this facility two years ago in order to offer a lifeline to the less-well organised, providing they paid a fee to cover the last-minute additional administration. Now that we offer three theory and four practical exam sessions annually we can no longer extend our deadlines in this way. Candidates whose applications arrive late will, as in the 'old days', miss the boat and have to wait until the next available examination. Only these days it isn't such a long wait...

### EXAM REMINDERS FOR STUDENTS

- Remember to take your official ID to the exam
- Check it will still be in-date by then
- Book e-test appointments early
- Read your exam guidance notes and keep them for reference!



## More choice for DipAVN

We have approved the Royal Veterinary College (RVC) to deliver new modules that can be taken towards the Diploma in Advanced Veterinary Nursing ([www.rcvs.org.uk/dipavn](http://www.rcvs.org.uk/dipavn)). The RVC is offering three of the core modules and three optional modules in anaesthetic nursing, diagnostic imaging and theatre practice. The RVC modules add to those already available from Myerscough College. Anyone wishing to enrol with the RVC should contact Perdi Welsh at [vnschool@rvc.ac.uk](mailto:vnschool@rvc.ac.uk).

# Getting certified

## Smoothing the way to NVQ certification

Last year we introduced new arrangements for the practical examination which meant that a candidate's portfolio had to be 100% complete before he or she could apply to take the practical exam. This has had a very positive effect on Level 3 NVQ certification and is speeding up the qualification of nurses for registration. So far this year, 401 students have passed the practical examinations and have received their NVQ certificates. Provided they have also passed their MCQ exam, they are all set to begin their careers as qualified nurses. Under the previous arrangements it often took students up to a year to complete their portfolio (and therefore their NVQ award) after passing the practical exam.

However, there are a few things that can be done to smooth the way and speed up the NVQ certification process, and these are largely down to centres. To prevent errors that slow up the issue of certificates, check the following before posting the claim to us:

- Are the unit numbers on the final IV report correct (ie VetN for the 2006 award and VN for the 2002 award)?
- Does the final report confirm that the standards have been met (has the box been ticked)?

- Has the internal verifier signed the final IV report? (It is not acceptable for this to be PP'd.)
- Has the correct claim form been used (full certificate not unit certificate)?
- Has your candidate been given a copy of the claim form to take to the practical examination?

The earliest that a Level 3 NVQ certificate claim should be submitted to the RCVS is with a candidate's practical examination application. All claims for those sitting the examination must be received a minimum of ten days prior to the examination. We will not chase claims that have not been received in time.

Providing that we receive a valid claim, we will issue a Level 3 NVQ award certificate (posted to the candidate's centre) within two weeks of a successful practical examination result. In future, we will issue a unit certificate automatically to any candidate who fails the practical exam in order to recognise their completed work-based assessment. There will be no charge for this. A full NVQ certificate will be issued automatically once the practical examination has been achieved.

### Are you using the right NVQ claim form?

Level 2 award claim	Completion of Level 2 NVQ portfolio of evidence + Pass Level 2 theory examinations + Pass VNT1 assignment
Level 3 pre-practical examination claim form	Completion of Level 3 NVQ portfolio of evidence <i>To be sent to the RCVS with a candidate's practical examination entry or a minimum of ten days prior to the examination.</i> <b>All candidates must also take a copy of this form (or a copy of a unit certificate) to the practical examination or they may be refused entry.</b>
Level 3 award claim*	Completion of Level 3 NVQ portfolio of evidence + Pass Level 3 practical examinations
Level 2 & 3 unit claims	Use to claim individual completed units when a candidate is taking a break in training, usually due to illness, maternity leave or multiple theory exam failure. <i>Please ensure that the correct award is being claimed - 2002 or 2006.</i>

\*candidates not covered by the new practical examination arrangements

# We need you!

## Nomination time for VN Council

**D**o you feel passionate about the future of your profession? Do you have a vision for the future of VN training and education?

### Why not consider standing for election to VN Council?

In 2009, there will be two vacancies for elected VNs on VN Council, each to serve for a four-year period. To stand, you must be a Registered or Listed Veterinary Nurse and be supported by two proposers, also Registered or Listed VNs. Candidates need to be prepared to spend at least six days per year on VN Council business and be able to travel to meetings in London. Loss of



earnings is available for employers and travel expenses are paid. Nomination packs are available from Annette Amato on **020 7202 0713** or **a.amato@rcvs.org.uk**. They must be completed and returned by 31 January 2009.

### Written examinations (e-assessment)

#### Spring 2009

Closing date for entries	23 January	Exam week	23 - 28 March
Appointment booking window	23 February - 20 March	Results published	23 April

#### Summer 2009

Closing date for entries	8 May	Exam week	6 - 18 July
Appointment booking window	8 June - 3 July	Results published	27 August

#### Winter 2009

Closing date for entries	11 September	Exam week	16 - 21 November
Appointment booking window	19 October - 13 November	Results published	7 January 2010

### Practical examinations

#### Spring 2009

Closing date for entries	6 February
Exam weekend	13 - 15 March
Results published	16 April

#### Autumn 2009

Closing date for entries	14 August
Exam weekend	18 - 20 September
Results published	22 October

#### Summer 2009

Closing date for entries	15 May
Exam weekend	19 - 21 June
Results published	28 July

#### Winter 2009

Closing date for entries	6 November
Exam weekend	11 - 13 December
Results published	21 January 2010

**CONTACTING US | T: 0207 202 0788 | F: 0207 222 2004 | E: [vetnursing@rcvs.org.uk](mailto:vetnursing@rcvs.org.uk)**

### Who does what...

Libby Earle  
*Head of Veterinary Nursing*

Annette Amato  
*Deputy Head of Department,  
Awarding Body Management  
Board Secretary*

Julie Dugmore  
*Quality assurance and EV liaison*

Vicky Hedges  
*Examinations and higher  
education quality assurance*

Alex Gould  
*Centre approvals and monitoring*

Christine James  
*Student enrolments, careers advice*

Jenny Orme  
*Award certificates, registration for  
newly-qualified nurses*

Ben Myring  
*Examinations*



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