BVA Regulatory reform working group meeting – Modernising RCVS registration

Thursday 5 November 2020, 13.00-16.00
Zoom

Attendees
Sally Everitt - Chair
Ruth Layton - EWAP representative
Daniella Dos Santos – BVA Officer
Izzie Arthur - AVS
Charlotte Commins – Farm representative
Claire Hodgson – Veterinary Spoonholders
Andreia Dias – UK Vet Move/ Overseas representative
Gudrun Ravetz - BVA LWP representative
Clare Owen – Medical education
Liz Mossop – Veterinary education
Renate Weller – Veterinary education
Collin Capner – Veterinary Spoonholders
Lewis Grant - VPHA

BVA
Hayley Atkin – Policy Officer
Amelia Findon – Head of Policy and Governance

Apologies
Jason Aldiss - VPHA

Welcome and introduction
1) S. Everitt welcomed attendees to the first meeting of the working group to discuss the RCVS Legislation Working Party looking at recommendations on modernising registration.

2) It was noted that the working group’s discussions were going to inform the development of the BVA response to the RCVS consultation on legislative and disciplinary reform, and the group would meet up to three times:
   - Meeting 1 (4 November): Limited licensure and revalidation
   - Meeting 2 (10 December): Mandatory CPD
   - Meeting 3 (TBC): if necessary, to refine the response and iron out any contentious issues

3) It had been agreed that transparency and open lines of communication with the wider membership would be important throughout the process, particularly given some of the concerns circulating around some of the recommendations. It had been proposed that details of working group activity, including membership, minutes, and emerging themes would be published on the BVA website, and promoted via BVA’s weekly roundup and social media channels. There would also be a dedicated email address for members to get in touch with views. The proposed approach was supported and, subject to agreement across all five of the working groups, would be progressed in house

Scope and objectives
4) Attendees noted that the scope, remit and wider context of the working group. It was noted that the group formed part of a series of BVA working groups convened to develop the BVA response to the RCVS consultation on legislative and disciplinary reform, including
   - Embracing the vet-led team
   - Enhancing the VN role
   - Assuring practice regulation
   - Fitness to practise and standard of proof
• Modernising RCVS registration

5) D. Dos Santos reiterated that the chairs of all five working groups will convene regularly to discuss common themes and ensure a cohesive final output.

**Limited licensure**

6) The working group were asked to consider and discuss the RCVS proposal to introduce provisions to allow limited/restricted licensure in principle. It was noted the proposal appeared to be motivated by a desire to achieve two key outcomes:

- Enabling UK graduates where disability prevents them from being able to undertake all aspects of a veterinary degree and veterinary practice to qualify; and
- Maintaining the veterinary workforce by enabling overseas veterinary graduates whose degree does not qualify them for a general UK licence to have limited licensure for specific tasks.

7) On the general principle of limited licensure, it was noted that:

- The RCVS Graduate Outcomes working party had been clear that the RCVS should not develop any proposals for general limited licensure.
- BVA responded to the RCVS Graduate Outcomes consultation and agreed that it is currently neither viable nor desirable to move to a general system of limited licensure, and that it is important that students are trained across all species and graduate able to work in all areas.
- There was a lack of clarity as to whether the RCVS proposal would apply at graduation or post-graduate.
- Limited licensure may present an option to reduce the cost of the veterinary degree by reducing the breadth of what is taught and widen access. However current evidence suggests the UK fee and loan structure has increased accessibility to the veterinary degree.
- Limited licensure may result in a two-tier system of veterinary surgeons.
- Limited licensure may limit career opportunities and impact on retention in the profession if vets are less able to diversify their career paths.
- The omnicompetence/omnipotential of veterinary graduates should be maintained.

8) Attendees then discussed the motivations for the RCVS proposal and considered their potential impact.

**UK graduates where disability prevents them from being able to undertake all aspects of a veterinary degree and veterinary practice.**

9) Overall, the group strongly supported the motivations behind the RCVS recommendation. All attendees agreed that registration and licensure should be modernised to enable people with disabilities and health conditions to complete the veterinary degree, qualify as MRCVS and work within their area of competence within the veterinary profession. However, it was felt that the RCVS proposal to introduce limited licensure was too simplistic and the wrong mechanism through which to achieve this outcome and the proposal could have negative unintended consequences. Instead, the aim should be to widening participation and facilitate access to the veterinary profession, as opposed to limiting licensure.

10) In discussion it was noted that:

- Attendees were very uncomfortable with the current system which limits veterinary schools from admitting students with disabilities or health conditions who would be able to bring many attributes to the profession but are unable to meet all of the Day One Competences.
- It was recognised that under the Equalities Act 2010 vet schools are required make reasonable adjustments to enable protected group eg. people with disabilities to access to education. However, there were concerns as to what extent vet schools are currently enacting these duties.
It was noted that the current system underestimates the positive contribution that people with disabilities can bring to the veterinary profession, and there should be a shift towards a more social model of disability in the profession. The current system focusses on the negatives eg. physical impairment, as opposed to what other competencies and qualities an individual could bring.

Under the RCVS Code of Conduct, all veterinary surgeons must work within their own area of competence. At present, individuals are good at self-policing this, not wanting to work unsafely outside of their skills and expertise. However, under the current system of registration, vets must qualify and meet all of the Day One Competences before they can work within own area of competence. This represents a barrier for disabled people who would first need reasonable adjustments to meet all of the Day One Competences, and then would be able to work safely in their own area of competence post-qualification.

While the RCVS proposal was well-intended, attendees were concerned that it had the ability to further discriminate against people with disabilities by requiring someone to declare a disability sooner than they legally have to eg. at what point would you be required to disclose to the employer that you’re working under a limited license? It was noted that the proposal did not take into account veterinary disciplines that are cross-species and do not necessarily result in professionals working directly with animals eg research, pharmacology, parasitology.

The group were concerned that differentiating between licensure could result in differentiation in remuneration and professional respect for those with limited licensure. The group questioned whether it would be more beneficial for the RCVS to consider this issue in the context of widening participation, and reconsider the way which students to demonstrate their Day One Competences by focussing on making reasonable adjustments eg. using simulation.

The group questioned whether the proposal would be applied to all students with disabilities and health conditions, noting that it was important for the RCVS proposal to be considered in the context of all disabilities and health conditions eg. mental health conditions, neurodiversity, and not just physical disability.

It was noted that in the veterinary profession there is no separation of registration and license to practise, and separating these two stages alongside introducing revalidations may be a more appropriate than limiting licensure.

11) Attendees identified the following additional evidence for RCVS to consider:

- GMC Welcome and valued guidance
- GMC Practical skills and procedures guidance
- GMC Outcomes for graduates
- Higher Education Occupation Physicians/Practitioners (HEOPS) guidance on veterinary students and standards of medical fitness to train

Maintaining the veterinary workforce by enabling overseas veterinary graduates whose degree does not qualify them for a general UK licence to have limited licensure for specific tasks.

12) Overall, the group agreed that limited licensure was not an acceptable way to maintain the veterinary workforce and could result in a two-tier system. The following concerns with the proposal were raised:

- The introduction of limited licensure for specific skill sets could result in wage deflation
- Limited licensure could result in differentiation between how those with a full license and those with limited licensure are treated in the workplace
- It would be useful to check if a similar system of limited licensure for overseas graduates is used in midwifery
- Consideration should instead be given to how the veterinary team can be reformed to allow paraprofessionals to take on additional tasks and in turn create additional veterinary capacity.

Revalidation
13) The working group were asked to consider and discuss the RCVS proposal to empower the RCVS to introduce revalidation.

14) Overall, attendees supported the principle of revalidation and recognised that the RCVS proposal presented an opportunity to learn from the revalidation experiences of other professions and design a system that was appropriate for the unique context in which the veterinary profession works. The detail of any revalidation proposals should therefore be subject to further consultation with profession.

15) However, the group strongly cautioned against implementing revalidation models from other healthcare professions without considering the specificities of what would be practical, proportionate and represents good practice for the veterinary profession.

16) In discussion it was noted that:

- The introduction of revalidation would enable the separation of registration and license to practise. Individuals would be required to revalidate their current area of practice after a set time interval or if changing their area of work.
- It was important to recognise that revalidation would not necessarily only apply to clinical practice.
- Defining which areas of veterinary work require a license to practice may be difficult. It was felt that license practice should not just be limited to roles where veterinary surgeons have direct contact with the public as other roles eg. veterinary public health or veterinary education and research, have a direct impact on the safety of the public despite their being no face-to-face interaction.
- When the GMC separated registration and license to practice, the registration fee for the GMC was reduced.
- Any system of revalidation would need to be carefully designed and the design would need to consider how it would be administered. The veterinary profession doesn’t have specialist colleges to lead on the revalidation process as in the medical profession.
- If the revalidation process becomes too bureaucratic it will not be workable in such a small profession.
- There are questions over who would carry the cost, and the onus and frequency of revalidation.
- It was noted that the dental profession has not moved to a full system of revalidation, but a model of enhanced outcomes-based CPD.
- The RCVS should use the results of its outcomes-based CPD project to inform the development of any system of revalidation.
- Veterinary specialists are already required to revalidate. They have to submit two references, a signed self-declaration that they practice the specialty over 60 per cent of the time, submit evidence of publications, and a statement outlining how they contribute to the development of the profession.
- Any proposed system of revalidation should ensure transparency and maintain trust if vets are signing each other off, or where revalidation is undertaken by employer.
- It is important to understand why the RCVS would be introducing a system of revalidation ie. Is it to safeguard the public and maintain public trust and confidence, to keep the profession up to date with good practice, or both? Once this is clearly articulated, a system can be designed to achieve the desired outcome.
- It was questioned whether introducing revalidation would impact on retention in the profession, or whether it would instead root out those who shouldn’t be practicing. In the medical profession there is a distinction between those who choose not to revalidate and those who are working in areas that do not require revalidation.
- MRCVS is a broad qualification with many areas of work (both clinical and non-clinical), consideration would need to be given as to whether, and how, revalidation could cover the whole spectrum of veterinary work and how the areas for revalidation would be defined.
- Steps should be taken to ensure that revalidation does not become too onerous, or costly, particularly for mixed practitioners who may be required to revalidate in multiple areas of competence. This has already been seen with OV panel revalidation.
- Conversely, it was recognised that revalidation should not be a tick box exercise or so unchallenging that it adds little value to professional development and continuing competence.
- Measures should be put in place to enable individuals to transfer their area of competence so career options aren’t limited.
- Revalidation should not be a tick box exercise, instead it should focus on outcomes and reflection on CPD.
- It was important to distinguish between revalidation and performance.
- Any proposed system of revalidation should consider that how vets expand their knowledge and access information has changed. Learning is now not just through textbooks or conventional lectures and practical courses.
- There should be provisions to allow for maternity and paternity leave.
- There should be systems in place to ensure that those who do not meet revalidation requirements are supported to reach the required standard.
- It was important to distinguish between revalidation and fitness to practise.
- As a self-regulating profession, to maintain public trust the veterinary profession should be proactive in introducing revalidation, as opposed to waiting for government to impose it on the profession.

17) Attendees identified the following additional evidence for RCVS to consider:
- Appraisal and revalidation for UK doctors—time to assess the evidence
- Approaches to revalidation by the Nursing and Midwifery Council and the General Pharmacy Council
- Approaches to revalidation in non-state funded professions

**Separating registration and license to practice**

18) Following discussion of both RCVS proposals to limit licensure and introduce revalidation, the working group agreed that separating registration and license to practise, alongside the introduction of revalidation, would represent a more appropriate mechanism to enable people with disabilities and health conditions to qualify as a veterinary surgeon and participate in the veterinary profession.

19) It was noted that if registration and license to practice were separated, veterinary degrees could be awarded to people with disabilities or health conditions which prevent them from safely entering certain areas of practice, with their vet school providing as many reasonable adjustments as required to meet the Day One Competences and qualify as MRCVS. After graduation, vets would therefore either stay on the register without a license in an area of work which does not require one, or obtain a license by demonstrating their competence through education and revalidation processes.

**Next steps**

20) It was noted that at the next meeting the working group would be discussing the RCVS recommendation to underpin mandatory CPD in detail. Members were invited to share any relevant sources of evidence or any other professions for consideration at the next meeting on Glasscubes.

21) BVA Secretariat would circulate the minutes of the meeting and produce a ‘Themes document’ to capture the working group’s discussions and conclusions for circulation on Glasscubes.
Action: Working group members to share any relevant sources of evidence or any other professions for consideration at the next meeting on Glasscubes.

Date of next meeting
   22) Thursday 10 December 2020, 10.00-13.00 via Zoom.