

BVA and BVNA response to RCVS Legislative Reform consultation

Who we are

- 1) The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom. With over 18,000 members, our primary aim is to represent, support and champion the interests of the United Kingdom's veterinary profession. We therefore take a keen interest in all issues affecting the profession, including animal health, animal welfare, public health, regulatory issues and employment matters.
- 2) The British Veterinary Nursing Association (BVNA) is the national representative body for the veterinary nursing profession and exists to promote animal health and welfare through the ongoing development of professional excellence in veterinary nursing. BVNA played a key role in the development of this response, particularly in relation to recommendations on embracing the vet-led team and enhancing the VN role. As such BVNA should be recognised as co-respondents.

Introduction

- 3) We welcome this opportunity to respond to the recommendations of the RCVS Legislation Working Party (LWP) and the interim proposals from RCVS which do not require primary legislation. Having been represented on LWP over the past three years we recognise the enormous amount of work that went in to developing the recommendations, and we strongly support RCVS's commitment to progressing as a modern, fit for purpose regulator.
- 4) We consider that any proposed changes must be based around the principles of right-touch regulation, as identified by the Professional Standards Authority (PSA), and ensure that the level of regulation is proportionate to the level of risk. The eight elements that PSA puts at the heart of right touch regulation are:
 - Identify the problem before the solution
 - Quantify and qualify the risks
 - Get as close to the problem as possible
 - Focus on the outcome
 - Use regulation only when necessary
 - Keep it simple
 - Check for unintended consequences
 - Review and respond to change.
- 5) Many of the recommendations are inextricably linked and careful consideration must be given to a holistic approach and the chronology of change. This must be underpinned by a culture shift at RCVS which fosters trust and ensures that the changes are embraced by all as being beneficial to animal health and welfare and the professions. Accountability and transparency must feature as key principles in the transition.
- 6) Appropriate resourcing must also form a key element of the final package. Some of the proposals are extremely ambitious and will necessitate significant funding and administrative resourcing. It is

essential that the College ensures the proposals can be funded adequately and appropriately such that the desired outcomes are realised. Approaches to funding must also be transparent to the professionals who pay to be on the Registers and should not result in a financial burden for members.

- 7) We understand that most of the proposals are for the RCVS to have powers ‘in principle’ with the details to be agreed by RCVS Council following further consultation, as appropriate. As such we have aimed to respond in principle, highlighting where we feel more information is needed, and working on trust that further consultation on the detail of the most significant proposals will occur before they are progressed.

Embracing the vet-led team

- 8) The existing BVA position on the vet-led team sets out the overarching benefits to realising an efficient and effective vet-led team as including:

- Better animal health, animal welfare and public health outcomes;
- Improved client care;
- Provision of more integrated animal care;
- Improved clinical provision or assurance on food hygiene controls;
- More effective and efficient use of skills within the veterinary professions;
- A strengthened veterinary workforce, with the potential to ease capacity concerns and difficulties recruiting and retaining both vets and RVNs;
- Improved wellbeing for veterinary surgeons, RVNs, and allied professionals; and
- More sustainable veterinary businesses

- 9) We consider that the BVA position remains current and appropriate, including the “Hub and Spoke” model which provides a co-ordinated approach centred on the animal and client. The model seeks to clarify where responsibility sits and how it is shared with allied professionals and, crucially, makes effective and efficient use of skills within the veterinary professions by allowing vets to focus on the functions that can only be undertaken by a vet¹.

RCVS Recommendation 1.1 – Statutory regulation of the vet-led team

At present, RCVS is the statutory regulator of veterinary surgeons, and also regulates veterinary nurses via the RCVS Royal Charter. The LWP is proposing that RCVS should be able to regulate additional allied professions, with their agreement, with the aim of protecting animal health and welfare and public health via the assurance of standards and providing greater clarity for the public and the professions.

- 10) We strongly support moves to improve standards of animal health and welfare through the regulation of allied professions and see this as being an appropriate primary driver for progressing the regulation of some groups.

- 11) Recommendation 18 of our existing position on the vet-led team states that “...RCVS structures should be utilised to regulate where it is considered to be the most appropriate body and the following criteria are met:

- *There is evidence that the activities carried out by the group are beneficial to animal health, animal welfare or public health;*

¹ <https://www.bva.co.uk/take-action/our-policies/the-vet-led-team/>

- *Association with the group will not damage the reputation of the veterinary profession;*
- *The professionals within the group will only practise under appropriate veterinary oversight*
- *The regulation of the group will be self-funding.*
- *The professionals within the group present as cohesive and established.”²*

12) The activities of any group of allied professionals brought under the regulatory umbrella of the College, either via the Associate model or the Accreditation model³, must be evidence-led such that their activities demonstrably make a positive contribution to animal health and welfare or public health, and are underpinned by sound rationale based on the available science. It is critical that the regulation of allied professionals by RCVS does not, by association, undermine the reputation of vets as one of the most trusted of UK professionals.⁴ As such, appropriate prerequisites for regulation by the College, via either model, should include:

- demonstrable competence underpinned by appropriate knowledge and understanding through successful completion of a qualification accredited by Ofqual (or equivalent in the devolved nations), or a degree awarded by a recognised body
- continued education through completion of appropriate CPD

13) When we originally developed our position on the vet-led team we considered that the accreditation model being proposed at the time represented a lower risk in relation to cost and the potential for reputational damage. Notwithstanding this, we support the current rationale for bringing some groups in as Associates under Schedule 3 (or new legislation to the same effect), recognising that some activities carried out by allied professionals are acts of veterinary surgery but are not sufficiently minor to qualify for an Exemption Order (EO), making the group ineligible for accreditation.

14) We consider that the accreditation model remains appropriate for some groups of allied professionals. We support moves by the Association of Meat Inspectors (AMI) towards accreditation, recognising the anticipated benefits which could be gained for the competent authority with a formal professional recognition for Meat Hygiene Inspectors (MHIs), particularly post Brexit. We also support the intention to progress discussions with the Animal Behaviour and Training Council (ABTC) regarding accreditation.

15) For groups regulated via the accreditation model a concerted campaign aimed at the animal owning public and consumers, communicating the value of regulation, will be essential in order to realise the stated aim of improved animal health and welfare and public health. Under the accreditation model there will always be individuals who choose not to join but will continue to work in their chosen profession and offer unregulated services of varying degrees of quality to the animal owning public. This is potentially confusing for those seeking the services of an allied profession and may also act as a disincentive for those supporting and pursuing regulation and incurring the associated costs of additional professional recognition. As such, RCVS must ensure effective communication on the importance of choosing a regulated professional is a key consideration.

16) We understand that RCVS is proposing that three specific groups of allied professionals are brought under the RCVS regulatory umbrella via the associate model – cattle foot trimmers, musculoskeletal therapists, and equine dental technicians (EDTs). We support this in principle and recognise the argument that these groups are currently working in a legal grey area where some of their activities

² <https://www.bva.co.uk/take-action/our-policies/the-vet-led-team/>

³ NOTE: the models are detailed at para 54 of Annex F of the RCVS Report to Defra on the Review of Minor Procedures Regime January 2019 <https://www.rcvs.org.uk/document-library/report-to-defra-on-the-review-of-minor-procedures-regime-and/>

⁴ <https://www.rcvs.org.uk/news-and-views/news/vets-amongst-the-most-trusted-professionals-according-to-rcvs/>
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stray into acts of veterinary surgery.

- 17) There is currently no requirement for cattle foot trimmers to be trained or be a member of a particular body. The Cattle Hoof Care Standards Board has positioned itself as a regulator for foot trimmers and aims to define a robust set of standards for professional cattle foot trimming. However, without a statutory underpinning the benefits to animal health and welfare are limited. The National Association of Cattle Foot Trimmers has positioned itself as the representative body for foot trimmers and aims to increase the credibility and professionalism of foot trimming within the industry. We consider that there could be significant animal health and welfare benefit to bringing cattle foot trimmers under the RCVS regulatory umbrella.
- 18) In human healthcare, physiotherapists must be registered with the Health and Care Professions Council and there is a public expectation that physiotherapists are qualified. The Register of Animal Musculoskeletal Practitioners (RAMP) requires members to complete Level 6 training (equivalent to a full-time three-year BSc degree) for automatic entry onto the register, and complete annual revalidation via CPD. There is also provision for entry through recognition of prior learning/experience. Although registration may provide some confidence that members are competent it is unclear how aware clients and vets are of qualification requirements and registration status of practitioners. In fact, the BVA Voice of the Veterinary Profession survey 2018 found that vets ascribed similar levels of confidence to lay TB testers and animal physiotherapists (69% and 64% respectively) despite there being no legal requirement for animal physiotherapists to hold a qualification, contrasting with lay TB testers who must register with the Animal and Plant Health Agency (APHA) and meet requirements under the Veterinary Surgery (Testing for Tuberculosis in Bovines) Order 2005 (the Exemption Order). This suggests a degree of misunderstanding amongst the veterinary profession and it is likely that the general public, who will be less engaged on this issue, will have a lower level of understanding
- 19) We strongly support the recommendation that EDTs are regulated as associates of the College. Lay people should not be carrying out equine dental work, and we support the principle of developing a legitimate basis on which EDTs can carry out 'Category 2' procedures as outlined in the RCVS report to Defra on the Review of Minor Procedures Regime. We agree that 'category two' procedures have the potential to cause serious harm if carried out by untrained EDTs and that the potential for harm and level of qualification required is inconsistent with the procedures being categorised as minor and therefore suitable for an EO.
- 20) The cost of regulation is an extremely important consideration. The regulation of allied professions must not incur a cost to the veterinary profession and although we recognise there will inevitably be an upfront cost to putting regulatory structures in place for new associate groups there needs to be absolute clarity and transparency on how those costs will be covered, and at what point the College anticipates regulation will become self-funding.
- 21) We broadly support the principle of grandfathering rights for individuals who find themselves being brought under Schedule 3 (or equivalent new legislation), recognising that such rights have previously been granted to vets and more recently vet nurses, as well as being a feature of the changes to the training and regulation of Official Veterinarians. However, although individuals have a right to a livelihood it is not appropriate to allow unqualified individuals to continue to work indefinitely. As such, a transition period with a fixed end point where individuals are supported to achieve the necessary standard is appropriate, and this must be clearly communicated to those affected as early as possible, with clear guidance on requirements.
- 22) It is currently unclear how the newly formed RCVS Veterinary Technicians Working Party dovetails with the LWP recommendations. We recognise that there are individuals already working as 'veterinary technicians' and with the role currently ill-defined there is likely some merit in granting

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professional recognition to technicians carrying out tasks on farm. However, we are concerned that the role will disincentivise creating pathways for farm animal RVNs and seems to be a workforce 'solution' which will formalise a new group of allied professionals working to a lower standard. We consider that there needs to be equivalence at an educational level (ie minimum diploma level 3) on anatomy, physiology, welfare etc rather than creating a task based role. The proposed approach risks creating a two-tier system based on species and exposes the profession to challenge. It is essential that the role works within the context of the vet-led team, is extremely well defined in order to avoid creep into acts of veterinary surgery, and does not undermine efforts to enhance the role of Registered Veterinary Nurses (RVNs) and champion their value to the animal owning public.

RCVS Recommendation 1.2 – Flexible delegation powers

By default, acts of veterinary surgery are reserved for veterinary surgeons. LWP is recommending that 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.

23) We consider that this proposal seems pragmatic given that amendments through primary legislation are cumbersome and limited by parliamentary time. It is appropriate to future-proof the system to be more agile, however, flexibility must be supported by appropriate checks and balances, including full, timely, and transparent consultation with the professions on any proposed changes. Subject to these caveats, we support the proposal.

RCVS Recommendation 1.3: Separating employment and delegation

At present, Schedule 3 of the Veterinary Surgeons Act 1966 (VSA) restricts delegation to veterinary nurses who are employed by the delegating veterinary surgeon. LWP is recommending the removal of this restriction.

24) We agree that there is no longer justification for requiring RVNs to be employed by the directing vet, and parity with other allied professions being brought under Schedule 3 (or equivalent future legislation) seems pragmatic. Although the current requirement represented an appropriate means of protecting animal health and welfare prior to the regulation of RVNs, requiring employment is an anomaly which is no longer needed now that RVNs are regulated professionals in their own right.

25) However, we can only support decoupling direction from employment providing veterinary nursing remains genuinely vet-led. Although delegation and direction from a vet is only legally required for Schedule 3 procedures, and RVNs should only be carrying out Schedule 3 procedures following referral from a vet, the delegation of an appropriate treatment plan is also important from the point of view of continuity of care, regardless of the tasks involved.

26) We have some concerns that RVNs will be approached directly by owners, as is already the case in other allied professions. Whilst scrupulous allied professionals will work as part of the vet-led team and insist on referral from a vet, this is challenging to enforce, especially where it brings an extra cost to the animal owner. Although we consider that the risk of RVNs choosing to work outside the vet-led team model is low as they are professionally responsible and accountable for their own actions, risk mitigation must be considered by the College if the recommendation is to be progressed. Clear guidance for both vets and RVNs on the approach to 'direction', how it is documented, and how deviations from that direction should be addressed will be required, alongside clarity in relation to accountability.

27) The recent guidance issued by the College relating to musculoskeletal practitioners is clear that they can work on healthy animals without referral. Diagnosing health or diagnosing the absence of disease, is an act of veterinary surgery, and the creation of such grey areas should be avoided if

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the recommendation to separate employment from delegation is to be progressed without consequences for animal health and welfare.

- 28) Recent moves to trademark the title 'District VN' and create a separate register is a clear indication that a minority of RVNs are willing to forego the vet-led team model. This risks animal health and welfare and public health, and in doing so has the potential to bring the veterinary nursing profession into disrepute. We strongly urge the College to distance itself from the term 'District VN' and that progression of this model should not be put forward as a primary driver for the recommendation.
- 29) Veterinary nursing in the community is not a specialism nor does it require a dedicated title. This type of veterinary nursing work already takes place in the form of home visits, a reasonably well-established offering available via many veterinary practices. Veterinary nursing provision in the community is to be supported and should be championed as an added-value service which may also help support workforce retention by increasing flexibility. Whether or not the RVN providing those services is employed by the directing vet is of little consequence providing the delegation does not become purely nominal.
- 30) We support the proposal to separate employment and delegation, subject to all RVNs continuing to work under the direction of a vet as part of the vet-led team.

RCVS Recommendation 1.4: Statutory protection for professional titles

RCVS already has a longstanding recommendation that the title 'veterinary nurse' should be protected to prevent its use by unqualified, unregulated individuals. LWP is reaffirming this recommendation and recommending that protection of title should be extended to any new allied professions who fall under the RCVS regulatory umbrella.

- 31) In August 2015 RCVS launched a petition asking Government to protect the title "veterinary nurse" by legally restricting it to RVNs, therefore, making it an offence for unqualified and unregistered laypeople to refer to themselves as a veterinary nurse. The campaign was strongly supported by BVA and BVNA. We have continued to maintain that the title should be protected, reiterating the position as part of our policy on the vet-led team - *Recommendation 8: The title 'veterinary nurse' should be protected in legislation in the interests of animal health, animal welfare, public health and to underline confidence in the professionalism of veterinary nurses.*
- 32) The lack of protection for the title 'veterinary nurse' remains an issue, with lay people in veterinary practice still describing themselves as nurses. There is a lack of understanding amongst animal owners that only veterinary nurses registered with the College can call themselves Registered Veterinary Nurses. As such, we maintain that protection of the title 'veterinary nurse' is long overdue, and the campaign should be revisited. We plan to work jointly with BVNA on ensuring appropriate foundations for a successful campaign.
- 33) We also support the LWP recommendation that protection of title should be extended to any new allied professions regulated by the College. Statutory protection of titles should underpin the regulation of Associate groups and should ideally be introduced alongside that regulation in order to aid clarity for professionals and animal owners, as well as avoid a repeat of the confusion seen for the veterinary nursing profession. For groups regulated under the accreditation model, although the protection would not be statutory, similar benefits could be worked towards through the creation of recognisable titles which are well-communicated via a concerted campaign.

Enhancing the VN role

- 34) It seems at odds with the rest of the LWP report that the recommendations on veterinary nursing relate to specific tasks rather than principles. However, we understand that although the LWP **BVA and BVNA response to RCVS legislative reform consultation**

discussions were principle-based at the outset, during the course of discussions it became clear that there were unresolved questions relating to specific tasks for RVNs which predated LWP and could reasonably be progressed as part of the package.

- 35) As such, we have reviewed the specific proposals as the first in a longer-term commitment to developing the RVN role and communicating the value of RVNs to the professions, the wider vet-led team, and animal owners.

RCVS Recommendation 2.1: Extending the VN role in anaesthesia

LWP is supporting the retention of a previous RCVS Council-approved recommendation to increase the role of RVNs in the induction and maintenance of anaesthesia via reform of Schedule 3. The proposal would allow RVNs to “assist in all aspects of anaesthesia under supervision”.

- 36) We support the proposal in principle although further clarity is needed in relation to accountability, and further work is needed in relation to RVN training. We do not support the stated driver of ‘freeing up veterinary time’, which is inappropriate and devalues RVNs. However, from a practical perspective we recognise that an enhanced role for RVNs in anaesthesia could ‘free up veterinary time’ in the context of the particular surgical or diagnostic procedure taking place.

- 37) RVNs are central to safe anaesthesia and vets often rely on their expertise and experience. Anaesthesia is an area in which RVNs can act as advocates for the patient, uniting theoretical knowledge with practical patient care, bringing potential animal health and welfare benefits, particularly in small animal practice. On that basis, the proposal represents a positive step forward which could offer those RVNs already working in anaesthesia greater flexibility to utilise their skills and could support retention, particularly where the value of RVNs in such roles is well communicated and championed.

- 38) However, it is essential that RVNs do not feel pressured to work outside their area of competence. An enhanced role for RVNs in anaesthesia should only occur where all parties involved support it, with the decision taken at a practice team level. A well-run team where everyone is clear on roles and responsibilities is key to good anaesthesia outcomes, and as such we strongly support the principle of protocol driven anaesthesia, tailored to the individual case. A pre-operative discussion between vet and RVN enables potential deviations from the animal-specific protocol to be explored and authorised so that the RVN is empowered to make changes within predefined parameters. This helps to address any concerns around lack of prescribing powers for RVNs delaying action in the event of an anaesthetised patient becoming unstable.

- 39) There is currently significant variation in veterinary nurse pre-registration training. The Diploma route requires 5 GCSEs (or equivalent) includes a 2yr practice-based course and leads to a level 3 Diploma (with some level 4 elements). There is also the option of a 3yr foundation degree (FdSc) full time, or a 4yr full time BSc (both with placements in practice). Clearly the amount of training, both theoretical and practical, that is possible with each of these pathways is very different, including in relation to anaesthesia care. The disparity is further confounded by differences in approach across Training Practices (TPs), which can also impact on the way in which RVNs view involvement in anaesthesia.

- 40) VN Day One Competences in anaesthesia should include tasks such as maintenance, intubation, and placing an intravenous line, whereas incremental anaesthesia induction, nerve blocks, and placing more advanced lines should be subject to post-registration training. Although Day One Competences for RVNs are the same regardless of the route to qualification, and we support this, the route to achieving post-registration qualifications is different for those who qualified via the Diploma route, with some Cert AVN programmes requiring BSc as a prerequisite. All RVNs should be enabled to pursue post-registration qualifications in anaesthesia care regardless of their original

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route to qualification.

- 41) Pre- and post-registration training in anaesthesia needs bolstering in order to fully realise the value of RVNs in anaesthesia care. The recently launched BVNA learning pathway in anaesthesia should be part of veterinary nurse training more widely, and there should be specific post-registration training and qualification available for RVNs in mixed practice who may be required to control the anaesthetic for food producing animals, and for those RVNs wishing to work in equine anaesthesia. Although it is currently standard for hospital based equine anaesthesia to be led by MRCVS, regardless of duration, in theory there is no reason why RVNs could not be trained and gain the necessary experience to progress a step-change in the sector.
- 42) More autonomy for RVNs as a highly trained and regulated profession is a positive move and should be supported. However, ultimate oversight and responsibility of the vet is important, and this should continue to be the case. As such, greater clarity is needed in relation to accountability of the vet for decisions taken by an RVN working more autonomously. Although in theory we recognise that RVNs are regulated and professionally accountable, and if they act irresponsibly then the vet cannot reasonably be held responsible for such actions, there are and will be concerns amongst vets regarding lines of accountability. For the proposal to work and for both vets and RVNs to embrace the opportunities it presents, RCVS must accompany any change with additional clarity on accountability. This could usefully be achieved via an enhanced series of case studies illustrating a wider range of scenarios than currently.
- 43) Lay persons, who are unregulated and have no accountability, are currently involved in anaesthesia monitoring. This is no longer acceptable from an animal health and welfare perspective and would likely be totally unacceptable to clients if they were aware. The City & Guilds Veterinary Care Assistant (VCA) qualification in anaesthesia was broadly supported by the veterinary profession at the time of its development. The qualification was originally intended as a stop gap when the recruitment landscape was very different and RVN numbers were low. In recent years, the veterinary nursing workforce has grown⁵ and could be further bolstered by extending the role of RVNs in anaesthesia, protecting the activity, and driving demand.
- 44) The City & Guilds VCA qualification in anaesthesia should be rendered obsolete. Although we recognise there could be unintended consequences for practices struggling to recruit RVNs, efforts to enhance the role of RVNs will be negated if lay persons continue to be permitted to carry out skilled nursing tasks. Protecting some tasks for RVNs, including anaesthetic monitoring, is an important element of enhancing the role. A transition period, including grandfather rights with a clear end point to allow lay persons to qualify as RVNs and practices to recruit as required, should be factored in.

RCVS Recommendation 2.2: Allowing VNs to undertake cat castrations

RVNs are currently prohibited from carrying out cat castrations as a direct result of a provision introduced to prevent lay people from undertaking acts of veterinary surgery. LWP is recommending that RVNs should be able to undertake cat castrations under veterinary direction and/or supervision on the basis that as regulated and extensively trained professionals the restriction is not appropriate.

- 45) We recognise that the proposal is emblematic of how much the veterinary nursing profession has progressed. However, the primary driver must not be the historical context, there must be clear animal welfare benefits. The proposal is unlikely to represent a net benefit to the distribution of workload across the team in first opinion practice, although there could be a benefit to the animal

⁵ VN Council data shows that the number of RVNs has increased from 13,164 in 2016 to 18,882 by January 2021.

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welfare charities. As previously discussed, cost-saving as a driver is inappropriate and devalues the VN role, however, we recognise that cost-saving is a relevant consideration for charities and is directly linked to animal welfare.

- 46) We have some concerns that support for domestic cat castrations might lead to RVNs taking on more advanced surgical procedures. Although Schedule 3 specifically excludes the entering of body cavities, the definition of body cavity is not explicit and remains open to some interpretation, with variation across species which further contributes to the term being misunderstood. We understand that LWP discussed the issue at length and having made further attempts to define body cavity within our own working group we recognise this difficulty.
- 47) The RCVS supporting guidance on delegation, which aims to assist veterinary professionals in interpreting Schedule 3, is helpful and appropriate, explains the necessary decision-making, and is clear that RVNs cannot carry out Schedule 3 tasks independently of vet direction. Any attempts to provide more granular guidance is likely to create more problems than it solves, and attempts to produce a definitive list of tasks appropriate for delegation to RVNs would not be future-proof. However, we do consider that the term 'minor surgery' could be better defined or underpinned by principles to aid interpretation, such as:
- RVN having enhanced knowledge and understanding of the surgical task to be performed
 - Minimum risk of complications (recognising that defining this presents challenges and should be supported by a risk assessment which forms part of the clinical notes)
 - Task will be carried out under direction and supervision of an MRCVS
 - Task does not require prescribing by the RVN
- 48) RVNs are regulated professionals who are required by the Code to only work within their competence, and this requirement in theory empowers RVNs to refuse tasks where they do not feel comfortable. The current wording of Schedule 3 read with accompanying RCVS guidance and in the context of the Code is adequate, providing it is applied in a working environment which supports a culture of compassion and the principles of the BVA good veterinary workplaces position. However, there is inadequate protection for RVNs who might be pressured into working outside their competence. We would like to see the addition of similar wording on decision-making from the RVN perspective, which would more clearly capture that it is a joint process.
- 49) Case studies could help support vets to better understand the accountability of RVNs – there is a need for a better understanding amongst vets of how to delegate responsibly. Although RCVS already provides some Schedule 3 case studies there is a need for a greater range, including more complex examples. VDS scenarios are also helpful.
- 50) On balance, there is no reason not to support the proposal to allow RVNs to carry out domestic cat castrations as there will be no obligation for individual RVNs to carry out the task, or for practices to support it, even if the option is there. However, cat castrations should not be a Day One Competence and should instead be part of a post-registration surgery certificate. Informed consent is an important consideration and practices should be clear in the terms of business that any team member with appropriate training and competence might carry out certain procedures, and the information should be available on the practice website and included in consent forms.
- 51) Although we broadly support the proposal, we feel strongly that an opportunity has been missed to develop a framework for the enhancement of the role post-registration, which would include domestic cat castrations as one example of additional tasks RVNs could be permitted to do with additional training.
- 52) Although there is already a wide range of additional training available post-registration, much of it is theoretical and there is a need for increased practical application, beyond cadaver work. BSAVA

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Merit Awards are a good model, as is the Veterinary Technician Specialist (VTS) model from the US. Employers need to better understand the importance and benefits of creating well considered training and development plans for all team members. The RCVS Veterinary Graduate Development Programme recognises the need for proper transition and mentorship for vets, and a minimum basis employer provision, with a move to compulsory over time, could also be beneficial for RVNs.

- 53) There are opportunities to develop the role for RVNs in a range of other disciplines including, but not limited to: ultrasonography, nutrition, and rehabilitation/mobility. Crucially, post-registration pathways must be open to all, regardless of their route to initial qualification.
- 54) It is also essential to champion primary care nursing and the creation of specialist qualifications should not suggest that RVNs in general practice are of a lesser status (this point is also true of vets and GPs in human healthcare). There is, however, scope for developing specialist status for RVNs. For example, it is appropriate that RVNs working in oncology referral practices are able to train and be recognised as specialist oncology nurses. This opportunity has already been identified as part of VN Futures and a working group is being convened to take it forward, and we strongly support this move.
- 55) There needs to be better understanding and recognition amongst vets, the wider vet-led team, and the animal owning public, of what RVNs are capable of, as highly trained regulated professionals. A clearly defined framework for post-registration training would help to support this understanding.

Assuring practice standards

- 56) The issues associated with non-vet ownership of veterinary practice under the current regulatory framework need addressing, and one objective for practice regulation should be to create a means of recourse when there are failings in the system that do not sit with individuals regulated by RCVS. There is a culture shift needed from a punitive system to an approach which fosters a culture of care, and the approach should be designed with that aim in mind. LWP has not clearly articulated how the proposals will achieve these outcomes, and communication will be an important consideration if mandatory standards are to be progressed effectively and with buy in from the professions and those who own or manage veterinary practices.

RCVS Recommendation 3.1: Mandatory practice regulation

There is currently no body responsible for regulating veterinary practices in the UK. RCVS considers this is increasingly at odds with a world in which practices are owned by those not regulated by the College. RCVS also considers it is reasonable for the public to expect that all practices are assessed to ensure that they meet at least the basic minimum requirements. LWP is recommending that RCVS should be given the power to implement mandatory practice regulation should RCVS Council decide to complement the existing RCVS Practice Standards Scheme (PSS) with a universally-applied scheme.

- 57) PSS assessments are now a much more collaborative and positive process, and we support the changes that have been made in recent years to develop the scheme and make it more accessible for a wider range of practices. There are still some improvements to be made, including steps to make the scheme appropriate for specialist veterinary practices, and whilst accreditation does not entirely remove the risk of sub-standard practices, we are satisfied that PSS has done much to raise standards.
- 58) We consider that the voluntary nature of PSS helps with perception and therefore engagement, and we have some concerns that this will be lost if the scheme becomes mandatory. We recommend that RCVS carefully consider how a transition to a compulsory, and therefore conceptually adversarial, approach will be communicated and managed such that the achievements of PSS over the years are not set back.

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- 59) Although it has been useful looking at approaches to regulation of premises in the human healthcare sector, business models are not entirely comparable, with the veterinary sector which is in the majority privately owned. The cost associated with setting up a Care Quality Commission (CQC) equivalent for the veterinary profession would likely be prohibitive, and although a mandatory scheme run by an independent organisation could help allay fears associated with RCVS, the separation of the functions would mean the profession was no longer fully self-regulating. We raised concerns during LWP discussions regarding mirroring approaches in the human healthcare sector and take the view that ultimately any decision to introduce mandatory regulation for veterinary practices, including practical application, must be based on what is right for the veterinary professions, their patients, and their clients.
- 60) We understand that LWP considered approaches to veterinary practice regulation overseas as part of their deliberations. Most examples available appear to be voluntary schemes, which have significantly lower membership than the RCVS PSS, illustrating how successful PSS has been in garnering support.
- 61) The exception is the Veterinary Council Ireland (VCI) accreditation scheme, which started as a voluntary scheme and became mandatory in 2007. In order to offer veterinary services, the premises must be accredited, and the certificate displayed at all times. There are four types of veterinary premises within the scheme:
- Registered Veterinary Office (RVO)
 - Registered Veterinary Clinic (RVC)
 - Registered Veterinary Hospital (RVH) - Companion Animal (CA) Equine (EQ) Food Animal (FA)
 - Registered Mobile Veterinary Unit (RMVU)
- 62) VCI inspects and licenses “veterinary premises at and from which veterinary services to the public are provided”. Defining a practice is complicated as it goes beyond a physical building, as shown by the VCI recognition of a RMVU. We consider that the term ‘public’ could allow for loopholes in providing services to professionals, such as farmers, or businesses (eg vets offering consultancy work to other practices), and as such it could be better to refer to ‘clients’, meaning anyone who has a transactional relationship with the service provider or business entity.
- 63) RCVS must ensure a clear definition of a practice before proceeding with mandatory regulation, in order to ensure fair treatment across veterinary businesses and avoid loopholes which might allow some to operate outside of the framework. A clear definition is important and must take into account the range of business models that could be offering veterinary clinical services.
- 64) We support the principle of mandatory regulation, although detail on practical implementation is needed. The introduction of mandatory practice standards should be phased in as an evolutionary process from the current PSS in order to increase the achievability for all practices. It is essential that mandatory practice standards are equally achievable for small independent practices as well as those supported by large corporate groups, and there must be appropriate and accessible guidance available to practices to support compliance.
- 65) Practice regulation must not be a tick box exercise, costing money without supporting and improving animal health and welfare, public health, and the welfare of the veterinary team. The relationship between the veterinary team and practice assessors will affect how successful mandatory regulation is in achieving its desired outcomes. There are parallels with Ofsted where a collaborative focus has shifted over time and a culture of fear has bedded in. It is essential this is not replicated for the veterinary sector and that the creation of poorly considered KPIs and the pursuit of targets does not detract from quality of care. More detail is needed on exactly how mandatory regulation might be

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implemented in a way that fosters a culture shift, supports a culture of care, and does not jeopardise the good work of the existing PSS.

- 66) Mandatory practice standards should be developed around principles of right-touch regulation, balancing the level of regulation to the level of risk and avoiding wasted effort. Overly burdensome regulation has significant unintended negative consequences. The 2014 RAND Europe report on regulatory systems in health care in six different countries, including England, found that the evidence of regulation contributing to better quality of care in different systems is scarce. Evidence on specific interventions such as publishing performance information, accreditation and allowing users to participate more in the design of services is weak, and the evidence on inspections contributing to better quality of care was inconclusive with some studies noting a negative impact on quality of care.
- 67) Effective communication with the profession and the wider team will be critical to success, as will careful communication with animal owners who are likely to already assume that practices are regulated.
- 68) We support practice regulation, as part of a holistic approach alongside the wider regulatory reforms. There must be a shift in culture, ensuring all members of the team are involved at a level appropriate to their responsibilities and feel they have a similar level of accountability and influence within the practice. The regulations must not be a blunt tool and must make a positive impact on quality of care.
- 69) There should be a whistle-blowing process available to support a mandatory-standards approach such that employees can raise concerns anonymously without fear of reprisal.

RCVS Recommendation 3.2: Powers of entry for the RCVS The RCVS currently has no power of entry and considers this a problem in terms of investigating allegations of serious professional misconduct, including where there are allegations that a vet has breached the rules in relation to minimum practice standards under the existing PSS. LWP is recommending that RCVS should be given powers of entry in order to remedy this perceived omission in the veterinary sector, and to ensure that regulation of practices can be underpinned and enforced, in the interests of animal health and welfare and public health.

- 70) Granting powers of entry for the College will perpetuate the culture of fear and undermine its efforts to establish as a compassionate regulator. The rationale for granting powers of entry, as outlined in the LWP report, appears to include both support for mandatory standards and investigation of allegations of serious professional misconduct. We consider that the proposal represents a solution to an issue that does not exist, or at least has not been clearly articulated and evidenced, and would erode confidence in a system that vets and practices should be supported and encouraged to engage with.
- 71) There are already powers of entry for the police, Veterinary Medicines Directorate, the Health & Safety Executive, and other bodies concerned with the most serious of offences such as significant health and safety breaches, drug misuse, or major animal welfare concerns. On that basis it is unclear what granting powers of entry for RCVS would add.
- 72) Of the human healthcare regulators overseen by the PSA, only the General Pharmaceutical Council (GPhC) has powers of entry in relation to the regulation of the premises. Powers of entry also exist in a number of other healthcare settings, however, the reasons for this vary from the protection of public health to safeguarding. Although the CQC has powers of entry this is in relation to the prevention of suffering rather than compliance with mandatory standards, so is not directly

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comparable.

- 73) Even with additional safeguards in place, such as those which underpin powers of entry for the GPhC (ie it can only be sought in limited circumstances and can only be granted by a justice of the peace) we consider that powers of entry would be an unnecessary overreach for RCVS and would not fit with the principles of right-touch regulation. Practice regulation should instead be underpinned by short-notice interim inspections as a condition, where non-compliance with mandatory standards ultimately leads to withdrawal of the premises' license. This would represent a more appropriate and proportionate solution. The ability to withdraw a premises' license for ongoing failure to comply with mandatory standards is more powerful and effective mechanism for enforcing practice regulation. We do not support powers of entry.

RCVS Recommendation 3.3: Ability to issue improvement notices

LWP is recommending that RCVS should be granted the ability to issue improvement notices when a business is failing to fulfil a legal duty, and where improvement is required to ensure future compliance. LWP considers that this would provide better protection for the public, while being a more proportionate response than pursuing a disciplinary case against an individual. Improvement notices would be intended to provide practices with a clear action plan to remedy any deficiencies.

- 74) We support the principle of improvement notices as part of mandatory practice standards, underpinned by appropriate guidance and curative support, with a defined end point.
- 75) RCVS must take care to ensure that the system encourages improvement by galvanising activity. There is evidence that special measures in the education system lead to a loss of trust and a breakdown in the team, making it difficult for a school to improve. We broadly support a tiered approach to the application of improvement notices. This could take the form of a first written improvement notice, a second written enforcement notice, followed by closure in the event of failure to comply. An approach to reinstating closed practices subject to compliance with requirements must also be considered, but the system should prevent practices which have been required to close from simply re-opening under another name. It could be useful for RCVS to look at how other regulators approach improvements notices (eg HSE, FSA, or VMD). Improvement notices should not be in the public domain.

Introducing a modern 'Fitness to practise' regime

- 76) The current disciplinary process is cumbersome, and backward looking, with the focus being on whether or not a vet should be punished for a mistake which happened in the past—possibly several years previously. The current system does not take into account whether a vet is currently impaired, whether they have taken remedial action since the event, nor does it address systemic issues in the workplace which may have contributed to behaviours. We support the principle of modernising the system, in line with the principle of right-touch regulation, to focus on remedial action in relation to the individual and the wider context within which they work.

RCVS Recommendation 4.1: Introducing the concept of 'current impairment'

Under the current system, if a vet or RVN is found guilty of misconduct the Disciplinary Committee (DC) proceeds straight to the sanction stage, and the sanction is determined on the basis of that past misconduct. LWP is recommending a change where DC would need to be satisfied that the vet or RVN's fitness to practice is currently impaired before it could proceed to the sanction stage. This means that in circumstances where the vet or RVN has taken steps to remediate their failings and shown significant insight into what has gone wrong, DC may conclude that there is no (or very low) risk of repetition of similar behaviour and as such their fitness to practise is not currently impaired. If DC comes to this

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conclusion, it must dismiss the case without proceeding to sanction. LWP consider that this approach is more consistent with the aims of regulation, because it focuses on whether the vet or RVN currently poses a risk to animals or the public, rather than whether he or she has posed a risk in the past.

77) The proposal represents a fundamental change, which we welcome. In human healthcare, patients and their families tend to value measures to ensure the same mistake will not reoccur, over and above punishment of an individual. Introducing the principle of current impairment is a step towards this and is likely to result in better and more satisfactory outcomes for patients, clients, and the veterinary professions.

78) We support the proposal in the context of the wider package of measures being proposed, but for the package to achieve real change a significant shift in culture will be needed, underpinned by adequate resourcing. Effective application of a system focused on current impairment requires a level of efficiency that ensures identified impairment is acted upon promptly such that the impacts of that impairment are reduced as far as practicably possible.

RCVS Recommendation 4.2: Widening the grounds for investigation

At present, 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 vet or RVN's ability to practise safely, RCVS has devised the Health and Performance Protocols, which provide a framework for working 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, PIC has no option but to refer such matters to DC. It is being proposed that a more satisfactory solution might be the option to refer such cases to a dedicated 'health' or 'performance' committee that has a range of appropriate and proportionate powers designed to support the individuals in regaining their fitness to practice.

79) We support the principle but more detail on practical application is needed. There needs to be absolute clarity on the circumstance under which investigation on health grounds might be triggered, recognising that some health problems might not have any bearing on competence. Poor performance needs to be better defined - widening the RCVS jurisdiction to include poor performance is fraught with issues. The majority of such matters should be dealt with as civil matters to be settled outside the regulatory framework by consensual arrangement, mediation or, if necessary, through the civil courts. If the RCVS widens its jurisdiction in this area, then claimants are likely to precede their civil claim with an RCVS complaint.

80) Details on how health issues will be assessed and managed are needed. RCVS is not qualified to make health assessments on individual vets or design support packages for the vast range of health issues that could be factors in impairment. The National Clinical Assessment Service (NCAS) works towards the resolution of concerns about professional practice in healthcare settings across the UK, and their approach considers the context of practice when looking at the performance of an individual. This could be a useful model to replicate for the veterinary profession. It will, however, be exceptionally difficult for RCVS to implement a proper NCAS style system within its own structures and outsourcing the provision should be considered, although we recognise that funding will likely be an issue.

81) Any package for addressing health issues must be supportive in its focus, particularly where mental health issues or addictions are concerned. Approaches to supporting those who are not neurotypical (including those on the autism spectrum), or who might struggle with interpersonal and communication skills, also needs to be factored in. Early remediation is particularly important, and RCVS should develop approaches to assessment and support which are informed by experts in the

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field.

- 82) Support packages must extend to the environment within which the professional is working as this impacts behaviour. Root cause analysis must feature in the investigation and assessment process. The diversity of working environments complicates the issue, and the regulation of service delivery is closely linked.
- 83) It is essential that the College fully understands the shortfalls with the existing health and performance protocols and considers a system for support funding for those under investigation or placed on a health or performance protocol.
- 84) There is also a gap in the current system for support measures which should be implemented long before investigation by the regulator becomes necessary. Employers should be providing this support and it should not be made too easy for employers to shift the responsibility to RCVS.

RCVS Recommendation 4.3: Introducing powers to impose interim orders

LWP is recommending that RCVS should have the power to impose interim orders (ie temporary restriction pending a final decision by DC). RCVS considers that the current lack of power to impose interim orders can be problematic during the investigation stage, and during the statutory appeal period of 28 days following a full hearing.

- 85) We agree that RCVS has a role in implementing interim orders to mitigate significant risk. It is important that interim orders are issued in a measured and consistent way based on evidence of risk. Although suspension is logical for some types of behaviour (eg a conviction for animal cruelty, or serious animal welfare issues) there should not be a blanket approach, and it should only be used in exceptional circumstances (see also response to recommendation 5.12). Careful governance will be needed as it could have a significant impact on livelihood and mental health, with an added complexity in veterinary work where there is a wide range of business models and approaches to managing time off. In the medical profession suspension would be on full pay (assuming NHS employment), whereas this would be unlikely in veterinary work and the individual under investigation could lose their job.

RCVS Recommendation 4.4: Introduce reviews of suspension orders

At present, DC has no power to review the suspension orders it imposes, which means that a vet suspended for six months is automatically restored to the Register once that time has elapsed. To circumvent this issue DC will remove individuals from the Register completely where there are concerns about fitness to practise, in order to retain control over restoration. LWP is recommending that DC should be empowered to review suspensions and, if necessary, extend the suspension or impose conditional registration as part of that review.

- 86) The proposal is pragmatic. The current system is punitive, and a move towards forward-looking review is appropriate and in line with the proposed fitness to practise regime. We recognise the limitations of the current system in terms of restoration and support the objective of removing the need for unduly harsh penalties where fitness to practise is in question. However, the proposal must be implemented in a way that is genuinely curative and forward-looking, which will require a culture shift at the College.

RCVS Recommendation 4.5: Introduce a wider range of sanctions

The range of sanctions available to DC is limited to reprimand, warning, suspension or removal of an individual from the Register. LWP is recommending that DC should be given the power to impose conditions of practice as a less onerous sanction in suitable cases, whilst still adequately protecting

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animals and the public.

- 87) We support the proposal on the basis that it appears to be in line with a less punitive and more curative approach and will allow corrective measures to be put in place.
- 88) In relation to conditions of practice, it is important to recognise that this will not only impact on the individual concerned but also on the wider team. For the benefits to be realised, employers will need to support both the process and the employee. The profession will inevitably be concerned about the potential of the proposal to impact on livelihoods and this must be considered by the College in its communications.

RCVS 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. RCVS has no such power and instead must rely on the cooperation of the relevant parties which can hinder investigations. LWP is recommending that this issue is remedied.

- 89) We agreed that timely disclosure of information is critical to effective and efficient investigation. We understand from the College that in the past RSPCA and the police have been slow to provide the relevant information, although the extent and impact of these is unclear. Whilst we are content to support the proposal it is highly unlikely to expedite the process, and without a defined requirement on time frames it is unclear whether statutory powers will change much in practice.

RCVS Recommendation 4.7: Formalise role of Case Examiners and allow them to conclude cases

RCVS currently operates 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), the 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 Preliminary Investigation Committee (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). It 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).

- 90) We support the principle of the CE model as part of the long-term strategy for disciplinary reform and support the desired outcome of a more agile process. Long-term, and as part of a package of measures designed to foster remedial action, development towards the model, including consensual disposal, would be a positive move.
- 91) However, there are resourcing and administrative shortfalls in the current system which need to be resolved first, and as a matter of urgency, before structural changes are made. Appropriate infrastructure is critical to the success of any system and it is unclear from the proposal exactly why the current approach cannot be evolved to achieve the desired outcomes. It could be useful to engage an external review to assess culture and resourcing. Consideration should be given to adjusting the threshold for referral and empowering the Case Examiner Groups (CEGs) to conclude, preferably consensually, all but the most serious concerns.

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92) Any new system should be designed with longevity in mind and should be fit for purpose now and in the future. To introduce a true Case Examiner model will require significant investment and human resourcing, and the College should ensure that it has the infrastructure to support the proposal. The GMC approach is a useful model and provides an insight into the resourcing required, including:

- Lay and medically qualified individuals, from a range of disciplines, working in pairs and employed directly by GMC, usually on a part-time basis.
- Access to advice from senior lawyers and doctors, and expert and legal testimony to support the process.
- A rigorous appointment, training, and appraisal process including a buddying system for the probationary period for new CEs.
- Continuity and stability, with CEs generally staying in post for several years.
- Consistency and quality control managed via regular meetings and case-based discussions. As employees of GMC, CEs have access to advice from senior lawyers and doctors.

It is unclear how RCVS would replicate this cumbersome but thorough process effectively and this must form part of the proposal.

Further LWP recommendations

RCVS 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.

93) We support this proposal, which seems pragmatic. However, RCVS should be aware that some will consider the proposal too flexible and open to interpretation. As such careful communication with the profession that consultation will precede any future changes, and that RCVS Council will still need to give their approval, should accompany the change, and care should be taken to ensure that absolute transparency accompanies any future reform.

RCVS Recommendation 4.9: Statutory underpinning for the RCVS Health and Performance Protocols

Introduce a formal procedure for dealing with health and performance cases.

94) Currently the health and performance protocols do not work as well as had been hoped originally, although we recognise the nature of the issues being addressed under the protocols is likely a limiting factor. If referral to a health or performance committee is to become mandatory the committees should be independent of the RCVS and staffed by experts (please see our response to recommendation 4.2). There will be a significant cost implication which must be factored in.

RCVS Recommendation 4.10: Reduce the DC Quorum to three

Reduce the quorum in line with other regulators.

95) We support the proposal in principle as a pragmatic measure for streamlining the disciplinary process. However, the primary objective should be the delivery of a more effective system, not to reduce cost. The current quorum of five allows for some flexibility providing all parties are in agreement. This flexibility will be lost if the quorum is already as low as possible. Even if the change represents a significant improvement in efficiency, the potential for importing delays through illness or other absence should be factored in.

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- 96) Medical panels of three are based on competences and include a mix of medical, lay, and legal. We consider that DC sitting with five is preferable, although a quorum of three is acceptable, providing the defined competences are covered. This is an important consideration which needs to be developed before the proposal can be progressed.
- 97) It is unclear from the proposal whether the proposed quorum of three would still be majority vet, which we consider should be retained.

RCVS Recommendation 4.11: Reformed restoration periods Extend range of options for minimum period before which a vet or RVN can apply to be restored to the register following removal.

- 98) We support the proposal on the basis that an increased range of options for minimum periods will give flexibility to apply proportionate measures.

RCVS Recommendation 4.12: Allow voluntary removal Allow voluntary removal of practitioners under investigation for disgraceful conduct in certain circumstances.

- 99) The proposal is a significant extension of the current application (ie vets approaching retirement). We are concerned that the proposal might not represent an acceptable outcome for the complainant as it could allow individuals to avoid accountability. In some circumstances it might not be appropriate to recommend or allow an individual to step away from the profession at a time of stress when they might benefit from curative support. In the medical profession the GMC can refuse an application for Voluntary Removal if they feel there is a public interest in taking forward a disciplinary hearing. RCVS should consider applying a similar approach.
- 100) If voluntary removal is agreed by both parties then it could be an acceptable option, providing that any vet or RVN subsequently choosing to return to the profession should be required to go through the outstanding disciplinary process before being allowed back onto the Register.
- 101) Consideration should be given to the necessary checks and balances in the event that a vet or RVN choosing voluntary removal goes on to work in another profession where their alleged misconduct might impact on their fitness for that role.
- 102) We support the proposal in principle, providing the removal is consensual, with the caveat that the regulator should retain the right to refer to DC if it is clearly in the public interest to do so.

RCVS Recommendation 4.13: Case Management Conferences Formalising the role of Case Management Conferences (CMCs)

- 103) We support this proposal with the proviso that the respondent is provided with appropriate (possibly independent) advice if not legally represented. This proviso is important as some professional indemnity providers do not provide representation.

RCVS 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.

- 104) We support this proposal in principle however, it should not be a step towards cost recovery as standard for disciplinary hearings. RCVS should be clear on the identified risk they are trying to mitigate, which is assumed to be repeated restoration attempts.

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105) Informal guidance is already provided to vets and RVNs when they are removed from the register in relation to the undertakings which might be expected if they make an application for restoration. This should be formalised if the power to order costs is progressed.

RCVS 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.

106) We support this proposal and have not identified any concerns or additional considerations.

RCVS Recommendation 4.16: Appeals mechanism for reprimands and findings of misconduct Introduce a right of appeal against a decision to reprimand or a finding of disgraceful conduct.

107) We support this proposal and have not identified any direct issues for the profession. However, there is potential for a risk of increased costs to the College.

RCVS 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, eg rape and murder.

108) We support the proposal as being in the public interest. The list should be definitive, not open-ended and it could be useful to consider examples in other professions⁶. In the medical profession there is still a requirement for a tribunal to rubber-stamp the removal.

109) Consideration should also be given to the link with recommendation 5.8 (separation of registration and license to practice) If registration and license are separated, then automatic removal offences would need to be removal of registration as removal of license would only impact on those in clinical practice.

RCVS 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.

110) A right of appeal for the College should not be necessary if the disciplinary system is fit for purpose, and as such we do not support the proposal. It is well recognised that the disciplinary process places a huge burden on respondents. Although we appreciate that appeals would be rare, the possibility of an appeal could significantly and disproportionately impact on those respondents who have already been cleared by DC.

Modernising RCVS registration processes

111) We are strong supporters of widening participation and facilitating access to the veterinary profession. We have identified 'Diversity and inclusion and Timeforchange' as a key priority and have committed resource to promoting the veterinary professions as a career option to under-represented groups, developing a communications plan on the diversity of veterinary careers, and developing resources to help the profession tackle discrimination and promote inclusion.

⁶ <https://www.socialworkengland.org.uk/concerns/how-we-deal-with-concerns/automatic-removal/>
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We support the principle of making the profession accessible to all as well as creating mechanisms to promote and support portfolio careers and lifelong learning.

RCVS Recommendation 5.1: Introduce provisions to allow limited/restricted licensure in principle

In the context of the veterinary profession, 'limited' or 'restricted' 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. LWP is recommending that 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, such that they can complete the relevant education for a branch of veterinary surgery and become MRCVS. The LWP report also notes that 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, as a means of addressing workforce shortage. However, this is not a specific recommendation from LWP.

- 112)** The RCVS Graduate Outcomes working party has already been clear that RCVS should not develop any proposals for general limited licensure. We responded to the consultation at the time, agreeing 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. We welcome acknowledgement that there is currently limited appetite for a general introduction of limited licensure for domestic graduates.
- 113)** We consider that limited licensure may result in a two-tier system, limit career opportunities, and impact on retention in the profession if vets are less able to diversify their career paths. Currently the UK veterinary undergraduate programmes are held in high esteem for the high-quality, omnicompetent veterinary surgeons they produce, and UK veterinary schools are internationally recognised for their global excellence in teaching and veterinary research. Although we recognise that 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, current evidence suggests the UK fee and loan structure has increased accessibility to the veterinary degree. The omnicompetence/omnipotential of UK veterinary graduates should be maintained.
- 114)** On the specific recommendation in relation to those with disabilities, we strongly support the motivations behind the RCVS proposal and the principle that registration and licensure should be modernised to enable completion of the veterinary degree and registration with the College.
- 115)** However, we consider that the proposal to introduce limited licensure is the wrong mechanism through which to achieve this outcome. While the proposal is well-intended, we are concerned that it will foster discrimination against those with disabilities by requiring individuals to make their disability known long before they otherwise might be legally required (ie to a potential employer). It is unclear how 'disability' would be defined and could also result in differentiation in remuneration and professional respect for those with limited licensure.
- 116)** Instead, the aim should be to widen participation and facilitate access to the veterinary profession. Under the Equalities Act 2010 vet schools are required to make reasonable adjustments to enable protected groups access to education. However, the current system limits admissions from students with disabilities or health conditions as they would be unable to meet all of the Day One Competences. This requirement represents a barrier for those with disabilities who would first need reasonable adjustments to meet all of the Day One Competences, before going on to work safely in their own area of competence post-qualification. RCVS should consider this issue in the context of widening participation and reconsider the way in which

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students demonstrate their Day One Competences by focusing on making reasonable adjustments such as using simulation, or demonstration of competence through direction. A review of approaches taken in human healthcare could be useful.⁷

- 117) If recommendation 5.8 (separation of registration and license to practise) is progressed, veterinary degrees could be awarded to those with disabilities or significant health conditions, with their vet school providing as many reasonable adjustments as required to facilitate meeting the Day One Competences. Following graduation those individuals would be able to choose to stay on the register in an area of work which does not require a license to practice, or obtain a license demonstrating their competence. Such an approach would also allow flexibility should health conditions manifest, or known conditions deteriorate, following graduation.
- 118) Regarding the suggestion in the LWP report that there may be an appetite in future for RCVS Council to introduce limited licensure for some overseas veterinary graduates, we do not support this as it could result in a two-tier system. Although we are clear that it is vital that enough vets can be recruited and retained to make sure that essential veterinary work continues, we do not consider that limited licensure is an acceptable solution.
- 119) The introduction of limited licensure for specific skill sets could result in wage deflation, as well as differentiation between how those with a full licence and those with limited licensure are treated in the workplace. Consideration should instead be given to how the veterinary team can be reformed to allow appropriately regulated allied professionals to take on additional tasks and support veterinary capacity.
- 120) Notwithstanding the above, we do consider that there may be some cases where it is appropriate for RCVS to permit limited licensure where there is a very specific need for specialist expertise, equivalent to RCVS recognised specialists, that would not otherwise be available in the UK. At present, specialists that have not graduated from a university with a degree recognised by the RCVS are not able to practise in the UK in their designated field without sitting the statutory examination or applying for temporary registration to provide specialist skills/teach a specific procedure in the UK. Requiring such individuals to sit the statutory exam may act as a disincentive and potentially means the UK profession loses out on valuable and needed specialist expertise.

RCVS Recommendation 5.2: Empower the RCVS to introduce revalidation

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. LWP recommends that the RCVS be empowered to introduce a system of revalidation in future, should RCVS Council decide to do so.

- 121) It is important that RCVS clearly articulates the perceived issue that the proposed system of revalidation seeks to solve. It is unclear from the proposal whether the primary driver is to safeguard animal health and welfare, maintain public trust, or respond to external challenge, and how it relates to compulsory reflective CPD requirements.
- 122) We support the principle that the veterinary profession should be required to demonstrate

⁷ <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued>, https://www.gmc-uk.org/-/media/documents/practical-skills-and-procedures-a4_pdf-78058950.pdf, <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates>

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continued professional competence, and as a self-regulating profession should be proactive in introducing an appropriate system. However, in order to design an effective system, the desired outcomes must first be identified.

- 123) This proposal represents an opportunity to learn from the revalidation experiences of other professions⁸. However, we strongly caution against mirroring revalidation models from other healthcare professions without considering the detail of what would be practical, proportionate and represent good practice for the veterinary profession. The dental profession approach of enhanced outcomes-based CPD could be a useful model, and RCVS should use the results of its outcomes-based CPD project to inform the development of proposals.
- 124) The system must be effective and appropriate for the unique context in which the veterinary profession works, covering the entire spectrum of clinical and non-clinical roles. The key principles of right-touch regulation should be applied, and steps must be taken to ensure that revalidation does not become too onerous, or costly, particularly for mixed practitioners and others who may be required to revalidate in multiple areas of competence. This has already been seen with OV panel revalidation where the costs of revalidation in terms of both time and finance has led to a significant number of the profession not renewing their OV status⁹, and in many cases has resulted in a poor view of 'revalidation' as a principle and a term.
- 125) The terminology used to describe any new system should be carefully considered to ensure support from the profession, and the detail of any proposal must be subject to further consultation.
- 126) The system must be compassionate and versatile in order to take account of professional and personal circumstances and must not disproportionately impact on work-life balance in the profession, contribute to stress and burnout, or impact on retention. Anecdotal evidence suggests that the introduction of revalidation in the medical profession has impacted on retention. There should be provisions to allow for leave required to address ill health, as well as care giving leave. Unintended consequences for those who work part-time or take career breaks must also be avoided, and there must be measures to enable individuals to transfer their area of competence so career options aren't limited.
- 127) The implementation of revalidation would represent a significant cost to RCVS, which would inevitably be passed on to the profession and therefore animal owners. Appropriate resourcing and practical implementation are key considerations.
- 128) Revalidation should not be reduced to a tick box exercise that adds little value to professional development and continuing competence. Instead, it should focus on outcomes and reflection on CPD, as well as accommodating the myriad ways in which vets expand their knowledge and access information.
- 129) It is important to distinguish between revalidation and fitness to practise, as well as distinguishing between performance and revalidation, and there must be systems in place to ensure that those who do not meet revalidation requirements are supported to fulfil the requirement.

RCVS Recommendation 5.3: Underpin mandatory continuing professional development (CPD)

⁸ <https://www.bmj.com/content/370/bmj.m3415>, <https://gmcuk.wordpress.com/2014/03/05/revalidation-gets-its-own-appraisal/>, <https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/earl-ben-impact-mr-report.pdf>,

⁹ <https://www.bva.co.uk/take-action/our-policies/official-veterinarians-revalidation/>

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The VSA does not give RCVS the power to enforce a CPD requirement except through the disciplinary process. Veterinary surgeons and veterinary nurses 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. LWP is recommending that RCVS should be able to refuse renewal of registration if a regulated professional fails to meet their minimum CPD requirement.

- 130)** In principle, we support the proposal to underpin mandatory CPD with legislation to enable the RCVS to refuse renewal of registration (or licensure with reference to recommendation 5.8). We agree that vets and RVNs should be required to demonstrate continuing professional competence.
- 131)** We welcome the recent changes made to the CPD model towards a focus on outcomes, including a 'reflect' element in the 'plan, do, record, reflect' cycle. We agree that CPD should be relevant and impactful and support the move to compulsory reflective practice from January 2022. The impacts of this change should be reviewed and assessed to help inform next steps.
- 132)** It is essential that a mandatory CPD requirement is flexible and compassionate. Although we recognise that the recent move from a rolling 3-year period to annual hours is intended to encourage the completion of regular CPD, the system must be designed to take into account individual circumstances where CPD requirements are not fulfilled in the designated time period. We support the introduction of a permitted 'pause' in CPD requirements but consider this should be up to 12 months, without the need to make up the hours, to accommodate care-giving leave. There should be some flexibility built in to accommodate individual circumstances.
- 133)** As with revalidation, there must be systems in place to ensure that those who do not meet revalidation requirements are supported to fulfil the requirement. The power to refuse renewal should only be used in circumstances where the individual has shown repeated disregard for the requirements and no commitment to addressing the shortfall.

RCVS Recommendation 5.8: Separation of registration and licence to practise

RCVS considers that separating these two stages will be necessary in order to introduce revalidation. It would mean that the 'non-practising' register would become obsolete. LWP is recommending underpinning this separation in legislation.

- 134)** In principle we support the proposal to separate registration and licensure. As outlined in our response to recommendation 5.1, we consider that separating registration and licence to practise, would represent a more appropriate mechanism to enable those with disabilities and significant health conditions to qualify and participate in the veterinary profession.
- 135)** Licence to practise should be required for anyone undertaking acts of veterinary surgery, whether in a clinical or non-clinical setting, supported by demonstrable continuing professional competence in their scope of practice. Further consideration would need to be given to how different scopes of practice would be defined, how individuals could transition between areas of work, and how those taking career breaks or care giving leave would be able to return to licensed practice.
- 136)** We consider that registration, however, relates to qualification as opposed to ongoing competence, therefore vets should not have to undertake CPD or revalidation to stay on the register. Instead, to maintain registration, each year after graduation vets should have to submit an annual declaration that they are a fit and proper person to be registered with the RCVS.
- 137)** It is essential that the separation of registration and licensure does not stigmatise those in the

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profession who do not require a licence for their area of work. It must be made clear that licensure is for those carrying out acts of veterinary surgery as defined by the VSA, and does not mean a separation in standards, rather a difference in the way in which some professionals chose to use their veterinary skills.

RCVS Recommendation 5.9: Temporary registration - nomenclature

'Temporary registration' currently has a wide application. LWP is recommending that legislation is needed to underpin both temporary and limited registration.

- 138)** We agree that provisions for temporary registration should be clearer than at present and more tightly defined to ensure that individuals practising in the UK under temporary registration are practising for a clearly defined, limited period of time. We are aware that that temporary registration is currently being used to address gaps in specialist expertise in the UK workforce, where specialists who are unable to register with RCVS as their undergraduate degree is not recognised are given temporary registration for a specific role. Please refer to our comments in relation to recommendation 5.1 around permitting post-graduate limited licensure to address this issue.
- 139)** RCVS should consider adopting a principles-based definition of temporary registration, similar to those adopted by human healthcare regulators, where temporary registration should only enable temporary and occasional service provision, which is infrequent and time limited¹⁰.
- 140)** Future provisions should allow temporary registration to be granted for a maximum of 6 months, with a mechanism to consider requests to extend this on a case-by-case basis.
- 141)** Temporary registration would also have to include temporary licensure for those carrying out acts of veterinary surgery if the RCVS pursued its proposals to separate registration and licence to practise.

RCVS 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. LWP is recommending that RCVS should have the power to allow suspension of registration where a conviction has been declared during annual renewal.

- 142)** In line with our response to recommendation 4.17, we support the principle of the proposal as being in the public interest. However, the list of convictions which trigger suspension should be definitive not open-ended, and there should still be a requirement for a disciplinary investigation.

Additional LWP recommendations

RCVS Recommendation 8.1 RCVS should be empowered to more easily amend EOs to allow for flexibility and future-proofing

- 143)** This proposal seems pragmatic given technological advancements and rate of change in the veterinary sector. Amendments through primary legislation are cumbersome and limited by parliamentary time and it is appropriate to future proof legislation so that the system can be more

¹⁰ https://www.gmc-uk.org/-/media/documents/guide---ia---guidance-for-doctors-practising-on-a-temporary-and-occasional-basis---dc8017_p-64147110.pdf, https://www.gdc-uk.org/docs/default-source/apply-for-temporary-registration/temporary-registration-guidelines.pdf?sfvrsn=63a4e4c5_6

agile and adapt to change. Any flexibility in the system must be supported by appropriate checks and balances, including consultation with the profession on proposed changes to EOs. EOs must remain narrow, specific, and clearly defined. We support the proposal subject to assurances that future changes to EOs will be in consultation with the profession.

RCVS Recommendation 8.2: Empower the RCVS to set the annual renewal fee

At present RCVS requires Privy Council approval to amend the annual renewal fee. LWP is recommending that powers to amend the annual renewal fee and format are delegated to RCVS.

- 144) We agree that the current system of Privy Council rubber-stamping the renewal fee is arcane and unnecessary, and as such we support the proposal in principle. However, it is essential that the process for setting the renewal fee is transparent, particularly given the current raft of proposals which will require significant resourcing to progress. Delegation of the function should not grant powers to RCVS to disproportionately increase fees, and absolute transparency of process must accompany the change.

RCVS Recommendation 8.4: Retaining a Royal College that regulates

LWP is recommending that RCVS continues to be a 'Royal College that regulates' on the basis that this unique arrangement allows RCVS to take a holistic approach to public assurance and ensures that the Royal College functions are properly funded.

- 145) We support the LWP recommendation, taking the view that a separation of the regulatory and Royal College functions would be costly, would likely result in the loss of self-regulation in the process, and should not be recommended without good reason. Evolution is certainly needed, but a physical split of functions and multiplicity of organisations, is not necessarily the solution.
- 146) We consider that the different functions of RCVS are not well understood by many within the profession. The workings of RCVS Council and committees are perceived as secretive, and this is perpetuated by the confidential nature of most documents. A culture shift towards a policy of openness and transparency is desperately needed. A culture change would improve perception, foster trust over time, and allow the articulation of the Royal College function as distinct from the regulatory role. Perception and lack of trust are currently key blockers to achieving clarity of role and function.
- 147) The additional powers for RCVS, as recommended by LWP, necessitate transparent accountability when considered in the context of a single regulatory body. The College must build in an appropriate mechanism for ensuring accountability as part of the package.
- 148) Over the years we have made a number of requests to RCVS for a breakdown of statutory and non-statutory income and expenditure, with RCVS stating that there is overlap which means that meaningful figures cannot be produced. It is essential that this "overlap" is now clarified as part of providing greater clarity of functions.

Additional comments

- 149) Although not strictly part of the consultation, we take this opportunity to raise the issue that the definition of animals in the VSA is outdated and does not align with more recent legislation. The VSA defines "animals" as including birds and reptiles, whereas in the Veterinary Medicines Regulations 2013 "animal" means all animals other than man and includes birds, reptiles, fish,

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molluscs, crustacea and bees. In the Animal Welfare Act 2006 “animal” means a vertebrate other than man.

- 150) We consider that this wholesale review represents an opportunity to review the definition of animal in the VSA and align it with modern understanding of the term. Defining the term appropriately will help ensure the package of measures being proposed, insofar as they relate to the relationship between vets and animals, are not subject to interpretation.
- 151) We also have serious concerns regarding the growth of canine fertility clinics and services and consider there should be a mechanism in place for investigating the legality of their activities. Although we accept that this is outside the scope of the LWP recommendations we ask that consideration is given to this issue in future.

Interim proposals not requiring primary legislation

RCVS Recommendation - Standard of proof

RCVS is in a small minority of UK regulators – and the only major regulator apart from the Scottish Solicitors’ Discipline Tribunal – that still applies the criminal standard of proof. RCVS considers that the civil standard of proof is an integral aspect of a Fitness to Practise regime. Changing the standard of proof can be achieved without the need for a change in primary legislation, therefore LWP did not make a recommendation on this issue beyond asking RCVS Council to consider it. RCVS Council subsequently agreed that changing the standard of proof should be consulted on.

- 152) Although it is unclear what issue or perceived issue RCVS is trying to solve, and for whose benefit, we recognise the possibility of external challenge and the potential for the civil standard to be imposed on the profession. With that in mind it is right and appropriate to consider the issues and be able to demonstrate the rationale for whatever approach is settled on. Any decision not to align with other regulated professions must be based on sound reasoning as there is a potential reputational risk.
- 153) The proposal to change the standard of proof to the civil standard needs to be considered in the context of the other recommendations from LWP. Although the change could be implemented without legislative change, the context of the package of measures is significant and it would be inappropriate to change the standard of proof in isolation.
- 154) RCVS appears to be overly focused on alignment with other regulators, and we do not support this as an appropriate primary driver for change. The key driver of protection of the public, as was the case for the medics in the wake of Shipman, is not, on its own, a strong argument for introducing the civil standard for the veterinary profession.
- 155) The Law Commission statement on the regulation of healthcare professionals states that the primary purpose of professional regulation is to ensure public safety. Vets do not usually represent a risk to public safety, however, the protection of animal health and welfare is a valid argument. There is a conflict of duty for vets, who are working for their clients but bound by the RCVS Code to put animal welfare first. A comparable conflict does not exist in human healthcare, (although some parallels can be drawn when the patient is a child and the wishes of the parent or guardian are in conflict with what is best for their health and welfare.) A fit for purpose disciplinary process should be able to recognise and unpick this conflict. Other distinctions of note include the absence of focus on human counselling in veterinary undergraduate training, which is embedded for the human healthcare profession. Veterinary

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work also incorporates a significant amount of business focus which is generally not present in human medicine in the same way.

- 156)** Before progressing the recommendation it's important to better understand the impact the change has had in human healthcare, what the desired outcomes were at the time of the change, and whether they were achieved. Changes to the standard of proof for medics were introduced in 2008, four years after fitness to practise, and following six reports from Dame Janet Smith between 2002 and 2005 as a result of her independent enquiry into Shipman. The move to a civil standard represented a significant change for the medical profession and at the time many doctors expressed concerns as it was perceived that it would make it easier to be sanctioned (although the legal view was that the civil standard still required proof - a burden which rests with the regulator). By the time the change to the standard of proof was made, the fitness to practise regime had been in place for four years and continuing audit had demonstrated no change in the numbers of medical practitioners restricted, suspended, or struck off. This continues to be the case, with numbers all publicly reported on the GMC website. It is generally agreed that the package of changes has been positive, with improved outcomes for patients. While there are still improvements to be made, and it remains a continually evolving process, the application of the civil standard of proof is no longer the subject of expressed opposition. The approach taken by the GMC appears to represent best practice in terms of chronology of change, and this should be considered carefully by the College.
- 157)** Whole systems thinking needs to feature in the debate. As already covered in our response to recommendations relating to fitness to practise and assuring practice standards the environment within which a professional is working inevitably influences behaviour, and systemic factors are more variable in veterinary work where there is no central employer.
- 158)** An effective disciplinary system should address poor practice. A system focused on punishment represents little scope for this and the current backward looking, punitive approach needs to modernise towards a curative forward looking one. As it stands the criminal standard of proof is appropriate for the current system because a punishment-based approach should be based on certainty.
- 159)** The shortfalls in the current system need to be addressed before a change to the standard of proof can be introduced. A change to the civil standard should not be the first thing to change, particularly when the LWP report has identified other areas for significant regulatory reform. It would be more appropriate to reconsider this once a fitness to practise regime and other associated measures have been introduced and have become established. There are similarities between the RCVS and the Scottish Solicitors Disciplinary Tribunal (SSDT), both of which have identified significant areas for regulatory reform. The SSDT Standard of Proof consultation decision¹¹ states, "It would be unwise to change one part of a whole system which is already under review and which might be altered by legislation in due course."
- 160)** Of all the LWP proposals, standard of proof is the issue that has caused by far the greatest concern amongst the profession. It has become a distraction from many of the other proposals which seek to introduce a modern fitness to practice regime. If it was introduced as an interim measure it could significantly reduce the profession's trust in the bigger picture of disciplinary reform.
- 161)** We do not support a change to the standard of proof being taken forward in isolation. The change should instead be reconsidered after a package of measures which foster a curative rather than punitive disciplinary system, based on whole systems thinking. Chronology of change is

¹¹ <https://www.ssdtd.org.uk/media/425562/standard-of-proof-decision.pdf>

extremely important, as is a transparent and well communicated package which garners trust. A change to the civil standard should be reconsidered as a final step in the process.

RCVS Recommendation - Charter Case Protocol

The CCP is being proposed as a means of dealing with cases which are not suitable for the health or performance protocols and still meet the threshold for a full Disciplinary Committee hearing. However, they are cases that may be concluded without a public hearing and are likely to attract a low sanction such as a finding of misconduct and no further action, a reprimand, or a warning. Public interest and reputation of the profession appears to be a key driver for this proposed protocol.

The examples given in the RCVS Council papers from June 2020 include: failings in CPD; failings in indemnity insurance; minor convictions; minor social media failings; and confidentiality issues. Another important factor mentioned by the RCVS is that suitable cases may include those where factors such as insight or remediation have been shown.

The proposal would give PIC the option to refer cases to the CCP for disposal where the threshold for DC has been crossed. The CCP will require the RCVS to establish a Charter Case Committee (CCC) which will have a defined and limited range of disposals available to it, which could include public, or private, warnings or advice. Prior to making a decision to refer a matter to CCC, PIC would invite representations from the vet or RVN concerned. Views of the complainants could also be sought. While both would be considered, neither would be determinative.

- 162)** We broadly support the principle of finding an alternative approach to dealing with minor transgressions, but the process must be right, with a focus on remedial action. Until there is modernisation of the entire disciplinary process the current approach to dealing with minor transgressions seems proportionate, although we recognise that RCVS consider this 'undesirable'.
- 163)** It does not seem entirely credible that the examples given would cross the threshold for referral to the disciplinary committee, and further clarity on the thresholds is needed. Repeated errors or omissions tend to be broadly limited to clinical issues. It would therefore seem pragmatic, and in the public interest, to address these through advice and training rather than punishment.
- 164)** It is important to develop a coherent package of measures and take the time to get it right, rather than introduce quick fixes which could do more harm than good. We recognise that PIC is currently unable to issue formal warnings and that the CCP could provide an alternative route for disposing of cases. However, it is unclear why Case Examiner Groups are unable to dispose of such cases if it is clear they are unlikely to progress beyond PIC.
- 165)** The CCP proposal seems to be an extension of the existing punitive system and does not offer a curative approach. There is no indication of how CCP would contribute to rehabilitating professionals and keeping them in practice. The proposal does not support remedial action or provide safeguards, and focuses on apportioning blame rather than arriving at consensual outcomes.
- 166)** It is important that the profession can learn from the mistakes of others. However, this could be done through better communication of warnings and advice given without the need to name individuals. Publication of warnings could disproportionately impact on veterinary businesses, meaning the impact might potentially be much wider than the individual vet. The negative impact of social media campaigns against individuals and businesses is an important consideration. Public naming and shaming for low level complaints is associated with suicide, or may lead to mistakes being hidden, which is ultimately worse for patient outcomes. GMC data shows a

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similar correlation¹². Crucially in human healthcare there is a raft of services which may offer support for doctors in disciplinary processes; The BMA's 'Doctors for Doctors' scheme, the GMC's Employer Liaison Service linking the regulator with employers, The Medical Defence Societies offering legal support, the National Clinical Advisory Service (NCAS) and the individual Medical Royal Colleges

- 167)** Until the whole package of measures (and the Case Examiner model) can be introduced, the combination of empowering CEGs along with holding open enquiries to allow remediation seems pragmatic and cost-effective without introducing an additional and potentially confusing additional raft of measures. The proposal seems to be creating a layer of bureaucracy which is unlikely to achieve the desired outcome of expediting the process for minor transgressions, particularly in the absence of appropriate resourcing.
- 168)** The current CEG model works well but requires improved administrative support. There would be costs associated with creating a CCP, which need careful consideration and we consider that it would be better to invest in properly resourcing the existing system of CEGs and addressing existing administrative shortfalls first and foremost.
- 169)** We are unable to support the proposal as it stands. More detail is needed on the perceived issue and the evidence to support it before the appropriate solution can be progressed. The proposal does not seem to support a remedial rather than punitive approach and a stop gap which perpetuates a blame culture is not in line with compassionate regulation, nor does it represent an appropriate use of resources. In particular, we strongly oppose public naming and shaming for minor transgressions and RCVS should carefully consider available research on links between suicide and punitive disciplinary processes.

RCVS Recommendation - Mini-PICs

The College is proposing that the current system of Case Examiner Groups (CEGs), which essentially sift complaints and decide whether to refer to PIC, is removed and instead all cases are referred to one of five new mini-PICs. Each mini-PIC would have all the 'powers' of PIC and could make any and all of the decisions open to the existing larger PIC of five. It has also been suggested that if this was too big a step straight away that a system could be introduced such that 'simple cases' (ie those not involving external statements and input from experts) are dealt with by the mini-PICs; with 'complex cases' being referred by the mini-PICs to a PIC of five members.

- 170)** Many cases which are referred to PIC are referred because there is an arguable case rather than because the issue is serious. On the face of it the proposal seems to be a pragmatic solution to expediting the disciplinary process. However, continued failure to meet KPIs for the disciplinary process is an issue that needs to be addressed, rather than simply transferred to a mini-PIC model, which to all intents and purposes is an evolution of CEGs.
- 171)** It is unclear how decisions will be quality controlled, or peer reviewed, across the proposed mini-PICs. Although we have had reassurance that the current system of peer review for PIC is robust, without the detail it is difficult for us to give full support. It is also unclear whether the training for existing PIC members includes root cause analysis and whole systems thinking. This is critical and would need to apply to mini-PIC members. More detail is needed on how mini-PIC members would be appointed, trained, and appraised. Mini-PIC members should 'look like' the profession, with diversity and inclusion an important consideration which should feature in the recruitment process.

¹² <https://www.gmc-uk.org/news/news-archive/fitness-to-practise-improvements-made>

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- 172)** More groups will necessitate more administrative resources which the College will need to support. Cost is a key consideration, and appropriate resourcing is essential. The implementation of any remedial system is necessarily complex and resource heavy and will be bound to fail without proper provision in place.
- 173)** Although we support the stated objectives, any changes to the existing system must be accompanied by culture change, a modernised approach to ways of working, transparency, and external scrutiny. Without this wholesale shift, piecemeal changes will simply revert to the status quo.