LEGISLATIVE REFORM CONSULTATION

Report of the Royal College of Veterinary Surgeons (RCVS) Legislative Reform Consultation

RCVS SETTING VETERINARY STANDARDS

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Introduction

Background

1. This report presents the findings from the RCVS Legislative Reform Consultation, conducted between 4 November 2020 and 23 April 2021.

2. The consultation covered the recommendations set out in the Report of the RCVS Legislation Working Party (LWP), which was approved for consultation by RCVS Council at its June 2020 meeting, plus proposed interim reforms to the disciplinary system that would bring the RCVS closer to regulatory best practice without the need for primary legislation.

3. The LWP was established in 2017 with a mission to examine the Veterinary Surgeons Act 1966 (VSA), and to make proposals for reform to ensure that the RCVS could be a modern and efficient regulator. The LWP consisted of a membership drawn from across RCVS Council and staff, including veterinary surgeons, veterinary nurses and lay members, as well as representation from both the British Veterinary Association (BVA) and British Veterinary Nursing Association (BVNA). Over the course of three years and twelve meetings the LWP explored over 56 reform proposals, from fundamental questions to relatively minor changes.

4. The LWP recommendations fell into five key areas:
   - Part 1: Embracing the vet-led team.
   - Part 2: Enhancing the VN role.
   - Part 3: Assuring practice regulation.
   - Part 4: Introduce a modern 'Fitness to practise' regime.
   - Part 5: Modernising RCVS registration.

5. Also included in this consultation were several additional interim recommendations.

Consultation process

6. The consultation was initially open for 12 weeks, however RCVS extended this to allow 24 weeks for people to respond as the consultation period fell during a time of national lockdown in the UK in early 2021.

7. Consultation survey responses were completed online via SurveyMonkey and were also accepted by email. This consultation was available for anyone to complete, and members of the following groups particularly encouraged to respond: members of the general public, veterinary surgeons and veterinary nurses, vet & VN students, members of the wider practice team, and representatives of veterinary and wider industry organisations.

8. The consultation was widely publicised – both before and after its deadline was extended - in order to reach out to both veterinary and animal owner audiences. Methods of communication included sending regular consultation reminder emails to all registered veterinary surgeons and veterinary nurses, a series of articles in the Veterinary Record which were then reproduced on the RCVS website and highlighted via social media, and press releases sent to news outlets, including specialist veterinary and animal owner publications. The use of all available sources of information and platforms meant that key stakeholders were notified about, and regularly reminded of, the consultation, including veterinary surgeons, veterinary nurses, veterinary organisations and animal owner groups.

9. Qualitative analysis was conducted on all responses to the consultation. Each response was carefully assessed, and the key themes have been identified and summarised in the following section of this report. Responses were reviewed in relation to arguments supporting and opposing the recommendations, queries or requests for further information, and suggestions for how the recommendations should work in practice.

10. In setting out the analysis in the report below, quotations have sometimes been included where these succinctly

Table 1: Consultation responses, by respondent type

Respondent type	Number of respondents	% of respondents
Veterinary surgeon	714	54
Registered veterinary nurse	335	25
Paraprofessional	93	7
Veterinary nurse student	73	5
Member of the public	58	4
Organisation	40	3
Veterinary student	10	1
Practice manager	7	1
Total	**1,330**	**100**

illustrate common themes. Where these are taken from submissions from individuals they remain anonymous, whereas organisations are named. Additional quotations from organisations have been highlighted throughout.

Summary of responses

11. There were 1,330 responses to the consultation.[1] Table 1 lists the number of consultation respondents by respondent type.
12. Table 2 shows the number of respondents to each of the sections of the consultation. Analysis of the type of respondents at each consultation section shows that veterinary surgeons responded across all sections, veterinary nurses were also represented across all sections, but many responded only to Parts 1 and 2 of the consultation. Most veterinary nurse students responded only the Part 2 of the consultation, and paraprofessional responses were concentrated in Part 1 of the consultation. Members of the public responded to all sections but were most likely to give comments on Parts 1, 3 and 4 of the consultation.
13. As stated in Table 1, there were 40 responses from organisations.[2] Listed below are the responding organisations:

- Animal Behaviour and Training Council (ABTC)
- Animal Health Professions' Register (AHPR)
- Association of Chartered Physiotherapists in Animal Therapy (ACPAT)
- Association of Government Veterinarians (AGV)
- Association of Pet Behaviour Counsellors (APBC)
- British Association of Equine Dental Technicians (BAEDT)
- British Cattle Veterinary Association (BCVA)
- British College of Veterinary Specialists (BCVSp)
- British Equine Veterinary Association (BEVA)
- British Small Animal Veterinary Association (BSAVA)
- British Veterinary Association (BVA) and British Veterinary Nursing Association (BVNA)
- The British Veterinary Union, in Unite the Union (BVU)
- CAM4animals
- Canine Hydrotherapy Association (CHA)
- Canine Massage Guild (CMG)
- Cattle Hoofcare Standards Board and National Association of Cattle Foot Trimmers (CHSB & NACFT)
- Chartered Society of Physiotherapy (CSP)
- CVS Group plc
- European College of Veterinary Diagnostic Imaging (ECVDI)
- Fellowship of Animal Behaviour Clinicians (FABC)
- Fish Veterinary Society (FVS)
- Food Standards Agency (FSA)
- Fortesium Ltd
- Harper Adams University
- IVC Evidensia
- Justo Development Ltd
- Linnaeus Group
- Lynwood vets
- The National Association of Veterinary Physiotherapists (NAVP)
- Nockolds Resolution, providers of Veterinary Client Mediation Service
- People's Dispensary for Sick Animals (PDSA)
- The Pets at Home Vet Group (Vets4Pets & Companion Care)
- Register of Animal Musculoskeletal Practitioners (RAMP)
- The Veterinary Defence Society Limited (VDS)
- Veterinary Public Health Association (VPHA)
- Veterinary Schools Council (VSC)
- VetLife
- VetPartners
- Vets Now
- Working Communities Ltd: VetSurgeon.org and VetNurse.co.uk

Table 2: Number of consultation responses, by consultation section

Consultation section	Number of respondents	% of respondents
Part 1: Embracing the vet-led team	691	52
Part 2: Enhancing the role of the veterinary nurse	786	59
Part 3: Assuring practice standards	527	40
Part 4: Introducing a modern 'Fitness to practise' regime	546	41
Part 5: Modernising the RCVS registration processes	483	36
Additional and interim recommendations	445	33
All sections	**1,330**	**100**

Next steps

14. The Legislation Working Party will consider the results of the consultation, and pass any comments to RCVS Council. Council will also consider the consultation results in light of these comments, before deciding whether to adopt some or all of the recommendations in their original or amended form.
15. The RCVS will retain the consultation responses, which include a great deal of suggestions on how any recommendations should be implemented in practice, for future consideration.

[1] This includes all respondents who commented on at least one of the recommendations listed in the consultation.
[2] This includes all organisations who commented on at least one of the recommendations listed in the consultation.

Consultation responses
Part 1. Embracing the vet-led team

16. The LWP proposed four recommendations to enhance and embrace the vet-led team approach across the veterinary profession. These were statutory regulation of the vet-led team (regulating additional paraprofessionals), flexible delegation powers, separating employment and delegation, and statutory protection for professional titles for veterinary nurses and regulated paraprofessionals.

17. In general, respondents were supportive of the recommendations proposed in this section of the consultation. Key themes that emerged were that these recommendations would support higher standards of care, particularly through ensuring that professionals were suitably qualified, improving working relationships and workflow within the vet-led team, providing clarity on delegation in practice, and enhancing the status of veterinary nurse and paraprofessional roles, as well as making better use of their skills and expertise.

18. Those who were opposed to the recommendations cited a number of reasons, including a negative impact on the quality of care, and increased risks due to more autonomy and delegation for VNs and paraprofessionals, diminishing the role of the veterinary surgeon, and increased costs associated with widening the regulatory umbrella to include additional professions.

Recommendation 1.1
Statutory regulation of the vet-led team

19. The RCVS is the statutory regulator of veterinary surgeons, and also regulates veterinary nurses via the RCVS Royal Charter. The LWP proposed that the RCVS should also be able to regulate additional paraprofessions, with their agreement, in order to protect animal health and welfare and public health via the assurance of standards, and provide clarity for the public and the professions. Having a single statutory regulator for the vet-led team would create a coherent system of regulation, similar to the one implemented by the General Dental Council, with clear rules around delegation.

20. A majority of respondents to the consultation was supportive of this recommendation, and this was true across different groups of respondents including veterinary surgeons, veterinary nurses and paraprofessionals. However, a proportion of respondents made arguments against the proposal, and a number raised questions about how it would work in practice.

21. Respondents in favour of the recommendation gave the following reasons:

   a) **Higher standards of care.** Many respondents said they felt RCVS regulation of paraprofessionals would improve and maintain consistent standards of care, ensure practitioners have an acceptable level of training, and prevent underqualified paraprofessionals from practicing. This would ultimately support better standards of animal welfare and reduce risk of harm.

BVA & BVNA: "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."

   b) **Clarity in accessing qualified practitioners.** Another common response was that this change would help veterinary surgeons and the public in making an informed decision when selecting a suitably qualified practitioner and give veterinary surgeons more confidence when referring patients and working with paraprofessionals. One member of the public said "It can be very confusing to the public to distinguish who is competent and trained and this would add weight to the credentials of those who have invested in their skills, are properly and currently trained and insured."

Linnaeus: "Regulation of paraprofessionals could offer a step forward for animal welfare in addition to providing reassurance to animal owners and confidence for veterinary surgeons delegating certain procedures to these individuals or referring cases to them."

NAVP: "Regulation by the RCVS will provide recognition of appropriately qualified individuals and provide reassurance to vets and the public. It will continue to enhance animal health and welfare by utilising specialists to carry out required treatments to animals as is also the case in veterinary referrals. Regulation will also bring these professionals fully into the vet-led team for the mutual benefit of animals and clients."

   c) **Improved working relationships.** Some respondents said they felt a single regulatory framework would result in improvements in trust, communication and coordination between veterinary surgeons and paraprofessionals. This was viewed as a positive step towards better working relationships and improved outcomes for patients: "Perhaps it may also lead to improved trust and communication between those providing paraprofessional type services and the veterinary profession which may result in more coordinated care plans."

IVC Evidensia: "We believe it is particularly important that any change would be implemented sensitively so as not to disrupt current existing positive relationships between the veterinary community and those working in these areas."

Vets Now: "This would be likely to have an impact on the recruitment and retention challenges the professions currently face, and to improve role satisfaction and collaboration within the team."

   d) **Paraprofessional status.** Some responses, particularly those from paraprofessionals, mentioned that regulation would boost the status and public recognition of these professions, while providing reassurance and instilling confidence in those that use their services.

AHPR: "The Animal Health Professions' Register welcomes the recommendation that the RCVS regulates other allied animal health professions and recognises that the majority of these paraprofessionals are professional in their own right having completed accredited and validated study."

   e) **Prevent illegal activity.** Some respondents mentioned concern around some paraprofessionals currently acting outside of the limits of existing legislation, and that this change would give the RCVS greater control. In a related point, others noted that regulation of cattle foot trimmers, musculoskeletal therapists, and equine dental technicians (EDTs) would be beneficial as these are currently operating in a legal 'grey area' that crosses into veterinary surgery. Regulation would therefore resolve the legal ambiguity and ensure procedures are carried out by suitably qualified practitioners.

CHSB & NACFT: "We welcome this proposal. The current situation involving potentially untrained, unqualified cattle hoof trimmers practicing without any sort of regulation is unacceptable."

22. Respondents who disagreed with or had concerns about Recommendation 1.1 gave the following reasons:

   a) **Resources and cost.** One important issue for those opposing RCVS regulation of paraprofessionals was the cost of this expansion and pressure on RCVS resources. There was concern that this would necessitate an increase in fees for current members of the RCVS or take away resources from other areas. Some also mentioned that paraprofessionals may object to their own increased costs caused by membership fees.

CVS Group Plc: "We believe that the regulation of allied professions must not incur a cost to the existing veterinary professions and that new groups joining the umbrella regulation of the RCVS, and the benefits of trust and reputation that this would bring, must be prepared to pay for this in a full and transparent manner."

b) **Paraprofessionals should regulate themselves.** Another view was that paraprofessionals should be regulated by experts in their own field. Two reasons were mentioned in relation to this view; first, that the RCVS would lack the sufficient subject-specific knowledge necessary to hold this role, and second, that including other professions under the RCVS umbrella would 'dilute' or 'degrade' the RCVS and the veterinary profession.

RAMP: "There is a very serious concern that the RCVS does not sufficiently understand the professions of Chiropractic, Osteopathy and Physiotherapy to be able to reasonably regulate it. MSK practitioners want management to be given by MSK professionals. Reassurance that these professions would be considered as professional partners in the development of this new act would give confidence that the standards would not be lowered or status eroded."

c) **Paraprofessionals may be unwilling to join the RCVS.** Some respondents were concerned that this would be unsuccessful because paraprofessionals may not wish to be regulated by the RCVS. Several reasons were cited for this, including costs, lack of confidence in the RCVS as a regulator and not wishing to be "regulated by vets". This view was largely held by veterinary surgeons, and not paraprofessionals.

d) **Delegation and supervision.** Some were concerned that veterinary surgeons would need to supervise work carried out by all paraprofessionals under the RCVS umbrella, or that veterinary surgeons would be responsible for work completed by paraprofessionals who were likely to work outside of the veterinary practice.

e) **The impact on VN and paraprofessional roles.** Another concern was that this change would have an impact on the role of the VN, by other professionals performing tasks usually conducted by VNs in the practice, and similarly that paraprofessionals would be affected by restrictive regulation.

IVC: "We believe it is particularly important that any change would be implemented sensitively so as not to disrupt current existing positive relationships between the veterinary community and those working in these areas."

f) **Distrust or lack of confidence in the RCVS:** Some expressed concern about the RCVS's ability to regulate effectively and transparently, and while expressing support for regulation of paraprofessionals in general, these respondents felt that the RCVS's powers should not be expanded to include other professions.

BVU: "The BVU does not oppose the regulation of paraprofessionals, but do not feel that the RCVS is in a position to fulfil this function in its current format. Whenever new para-professions will be required to register with the regulator, all currently practicing paraprofessionals should enjoy grandfather rights in order to protect livelihoods. It is in the interest of veterinary workers and the public that regulation of veterinarians and paraprofessionals should lie with an independent regulator."

23. Some respondents had queries or questions on the details of this recommendation and how it would operate in practice. Further clarity was called for in the following areas:

a) **Which professions would be included?** Respondents requested a clear list of which professions would be regulated, and to get further information on how decisions would be made on which paraprofessionals would be included. Several professions were mentioned explicitly as preferred professions to be regulated, these were: trainers, behaviourists, physiotherapists, musculoskeletal therapists, rodentologists, hydrotherapists, acupuncturists, homeopathists, groomers, TB testers, large animal nutritionists, farm consultants, cattle foot trimmers, equine hoof trimmers, farriers, equine dental technicians, practitioners who scale and polish dogs' teeth. Some mentioned a particular concern around regulating/prosecuting canine reproduction 'experts' performing pregnancy scans, artificial insemination, and other fertility treatments.

AGV: "In government vet services there are comprehensive legislative requirements around the roles that support vets (such as Animal Health Officers, Meat Hygiene Inspectors, etc.) so these do not need further statutory regulation. This situation has arisen due to the absence of other regulatory routes under the current Veterinary Surgeons Act. However, in future it may be desirable for these roles to take on the status of allied professions so AGV recommends that the drafting of any new legislation must be flexible to allow this to happen."

b) **How would regulation work?** Some respondents wanted more information on how paraprofessionals would be regulated, and what standards and requirements they would have to meet. There was also some concern around the practicalities of regulating professions that work outside of the veterinary practice.

c) **What would constitute an accredited qualification?** More information was sought on how qualifications would be accredited as acceptable, who would make these decisions, and what evidence would be required to prove qualifications or skill level.

d) **What system would be in place to check individuals' qualifications?** In a related point, some respondents asked whether there would be a system in place for veterinary surgeons and the public to easily check a practitioner's credentials.

e) **Agreement from paraprofessionals.** Some respondents asked what would happen if certain professions did not agree to be regulated by the RCVS, and how the RCVS would deal with professions that continue practising without regulation.

f) **Where would the responsibility lie?** There were some enquiries about whether a veterinary surgeon would be ultimately responsible for a paraprofessional's work under this model, and requests for some clear guidelines on how responsibility and delegation would operate under the 'vet-led team' model. Related to this were questions on whether paraprofessionals would have to become employed by a veterinary practice, or whether they would have to seek permission from a veterinary surgeon to work with a new client.

24. Some respondents made suggestions for how this recommendation could work in practice or proposed alternative solutions:
    a) **Communications and education.** Several respondents felt that this change would require a public awareness campaign and education of veterinary surgeons and vet nurses.
        i. The public would need to be informed that paraprofessionals were regulated, and how to recognise whether a professional was regulated, in order for them to choose suitably-qualified practitioners; "RCVS must ensure effective communication on the importance of choosing a regulated professional is a key consideration" (BVA/BVNA).
        ii. Veterinary surgeons and vet nurses would need more information and about how this would work in practice, and further guidance on delegating tasks to paraprofessionals and where responsibility lies. Some also suggested that veterinary surgeons should receive training on the therapies and treatments offered by paraprofessionals.

CVS Group: "It is essential that the boundaries for paraprofessionals are clear and that there is increased awareness of these boundaries within the veterinary professions and the public at large. Considerable thought will need to be given to consequences for those who may seek to undermine these new regulatory frameworks and continue to exploit any legal grey areas."

BEVA: "BEVA supports Statutory regulation of the vet-led team, however, any regulation/legislation should be easy for the public to understand, and education of the public must take place."

b) **Grandfathering rights.** Many respondents welcomed the suggestion of grandfathering rights where this is appropriate, to ensure that no one is denied the right to a livelihood. However, there were some limitations suggested by respondents.
   i. Some said care should be taken that there were some minimum standards of training or competency before grandfathering of paraprofessionals.
   ii. Some respondents said that there should be a time-limit imposed on grandfathering rights. The BVA and BVNA noted that "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."

BVU: "Whenever new para-professions will be required to register with the regulator, all currently practising paraprofessionals should enjoy grandfather rights in order to protect livelihoods."

ABTC: "ABTC considers that grandfathering is essential. However, there must be some means of assessing the competence of those who might be grandfathered."

BAEDT: "The BAEDT would like to see a stringent qualification criterion for grandfathering rights, for example evidence of length of service and volume of business."

c) **Criteria for inclusion.** Some respondents suggested that there must be defined pre-requisites for including professions under the RCVS umbrella, to ensure that the services they provide are of benefit to animal welfare, The BVA and BVNA suggested the following criteria: "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".

BCVA: "If additional allied paraprofessionals are to be considered by the RCVS in the future then it would be essential to determine that their need and service provision will be an improvement to animal health and welfare and that they will enhance and support the role of veterinary farm practice."

d) **Regulations should be drafted by experts in each field.** Some expressed concerns that RCVS lacks the subject specific knowledge required to regulate paraprofessionals, and suggested that experts should be consulted in order to draft any new regulations.

e) **RCVS should tackle illegal surgery.** Some felt that the RCVS's main priority should be to tackle illegal surgery under the existing Veterinary Surgeons' Act, rather than making changes to this.

f) **Avoid the term 'paraprofessionals'.** Some respondents suggested that the term 'paraprofessional' should be avoided because it was seen as having negative connotations, or that indicates professions are "less than" veterinary surgeons. The term "allied professionals" was suggested as an alternative.

CHSB & NACFT: "We prefer 'allied professional' to be used instead of 'paraprofessional.'"

AGV: "AGV feels that the label 'paraprofessionals' implies a lesser profession. We strongly urge RCVS to amend the wording to refer to 'Allied Professions' or 'Allied Veterinary Professions'. These are professions in their own right and should be recognised as such."

g) **Avoid the term 'vet-led team'.** Another group of respondents said that the term 'vet-led team' was not appropriate and suggested using 'veterinary team' instead. Some of these respondents described the term 'vet-led team' as "overly paternalistic", or said that it followed outdated medical models. One veterinary surgeon said: "The 'hub and spoke model' of 'vet-led team' described by the BVA is neither real nor desirable. It concentrates all the risk on the vet, disincentivises allied professionals from assuming responsibility, and opens a minefield of potential disciplinary confusion. Vets are not and cannot be omni-competent. The veterinary field is vast. Animal health and welfare merge into many other areas outside the classic 'veterinary team'. Any new legislation must enable a forward-looking, high welfare veterinary ecosystem with consensual co-regulation of close allied professionals."

Recommendation 1.2 Flexible delegation powers

25. The LWP recommended that, by default, acts of veterinary surgery should be reserved to veterinary surgeons, but that the RCVS should be able to determine which tasks should be eligible for delegation by a veterinary surgeon where such delegation can be fully justified and evidenced, subject to rules concerning consultation requirements and approval by the Secretary of State. At present, if Council determines that additional acts of veterinary surgery can be undertaken by a properly regulated and supervised paraprofession, new legislation is required every time.

26. Overall a majority of respondents was supportive of this recommendation. Support was higher among paraprofessionals and veterinary nurses than veterinary surgeons, however, veterinary surgeons were more likely to support than oppose the recommendation. Supportive responses were based around the following themes:

a) **Clarity on delegation.** One response to this recommendation was that it would bring clearer guidelines and provide veterinary surgeons with increased understanding and confidence in delegating certain tasks. Some respondents stated that under the current system veterinary surgeons avoid delegation because there is too much of a 'grey area'.

b) **Paraprofessionals and veterinary nurses are capable.** Some respondents highlighted that veterinary nurses and paraprofessionals were skilled professionals, and that these skills could be utilised further. Respondents felt that the lack of delegation to VNs was a barrier to career development, and that increasing VN responsibility and autonomy would have positive effects such as improved job satisfaction. Also mentioned was that it was essential that veterinary surgeons were able to delegate to paraprofessionals who have detailed knowledge and advanced skills in certain areas.

AHPR: "AHPR agrees that flexible delegation of tasks would be an appropriate route to allow veterinary surgeons to delegate relevant treatment of animals where expertise outside the vet's scope of practice exists."

c) **Freeing up veterinary surgeon time.** Some felt this recommendation would give veterinary surgeons more time by passing some tasks to others within the team. Some mentioned that vets were currently overstretched and were in short supply, and that this change would allow vets to 'take the pressure off' their current workload.

d) **Relationships and workflow within the vet-led team.** Another reason for supporting this recommendation was that increased delegation would improve working partnerships between veterinary surgeons, VNs and paraprofessionals, and allow greater flexibility within the vet-led team. This may have other positive effects such

as improving the range of treatment options for owners, and ensuring care is provided by the most appropriate practitioner; RAMP stated that: "This ensures that animals get the best multidisciplinary care demonstrating best practice and properly supporting animal welfare."

e) Flexibility and futureproofing. Some respondents said that this recommendation provided legislative flexibility as new developments and ways of working emerge and would futureproof the regulatory role.

BVA & BVNA: "It is appropriate to futureproof 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."

27. Those in opposition to this recommendation gave the following reasons:
   a) Negative impact on vets. Some veterinary surgeons were concerned that many of the tasks that might be delegated were important for building vet-client relationships, and for early-career veterinary surgeons gaining experience, development, and training. Other negative impacts mentioned were reducing the vet component of the team to the extent that out-of-hours cover would be affected, and reducing work for farm vets.

BCVA: "Any delegation of any aspect of the Veterinary Surgeons Act must not damage the profession and create a situation that the RCVS cannot rectify. By the same thread, the RCVS must hold the power to retract any such changes, if they are deemed to not be successful and threaten farm animal welfare."

   b) Lower quality care. Another concern was that delegating surgery away from veterinary surgeons could lead to lower quality care and surgery being done without proper attention. There was concern that while certain procedures were simple most of the time, complications could occur and a veterinary surgeon was required in those circumstances. There was also concern that this could, in turn, have a negative impact on the reputation of the profession, and lead to an increase in legal cases.

   c) Surgery should only be performed by veterinary surgeons. Some specifically stated that acts of surgery should only be performed by veterinary surgeons, rather than VNs and paraprofessionals.

   d) Inefficient. Another concern was that increasing delegation would introduce inefficiencies because veterinary surgeons would have to complete tasks when complications arose.

   e) New legislation should be required every time. Some respondents felt that the legislation should not be flexible or "futureproofed", and that new legislation should be necessary each time a change is made to delegation powers.

   f) Open to abuse. Some respondents felt that introducing flexible delegation powers would mean these powers were abused or exploited, for example, by private companies looking for loopholes, or corporate employers putting pressure on veterinary surgeons to delegate tasks. Similarly, the VDS expressed concern that decisions on what could be delegated could be swayed or influenced by forces outside of the veterinary profession.

VDS: "Paraprofessionals, veterinary business owners, and animal owners, motivated by economic considerations, may seek to expand the scope of the acts of veterinary surgery to be delegated ... VDS could support a recommendation where a suitably qualified body of veterinary surgeons was constituted and exclusively authorised to recommend to the RCVS which acts of veterinary surgery were appropriate for delegation to which paraprofessionals."

28. The following queries were raised:
   a) Which tasks would be eligible for delegation? Some respondents called for further clarity on which procedures could be delegated, and which paraprofessionals could perform these tasks. Respondents stated that clear guidance was required on the situations that delegation would be acceptable in order for veterinary surgeons to feel confident in delegating, and any ambiguity would lead to vets avoiding delegation altogether.

   b) Where would the responsibility lie? Respondents also asked for further guidance on who would carry responsibility in situations where tasks had been delegated, and how much autonomy veterinary nurses and paraprofessionals would have.

   c) What evidence would be required? Another query from respondents was around the evidence requirements. Some were concerned that requirements had the potential to be restrictive if they were prohibitively stringent.

29. Suggestions about how this recommendation could work in practice were as follows:
   a) Qualifications and safety checks. One common stipulation from respondents was that they would only support flexible delegation powers where there was evidence that professionals were regulated and suitably qualified.

   b) Further consultation on acts to be delegated. Another common suggestion from respondents was that there should be a further, more detailed, consultation on which tasks can be delegated, and to whom. Some said that this would need to be reviewed regularly as new areas and treatments emerge. One veterinary surgeon responding to the consultation said the following: "I recognise that there is a need for flexibility and support this proposal. However, I am concerned that the LWP report lacks detail of the processes that would be used to determine which tasks should be eligible for delegation by a veterinary surgeon. There must be full, timely, and transparent consultations with the professions on any proposed changes. Animal health and welfare must remain the primary concern."

   c) Guidelines on delegation. Many also requested that clear guidelines on delegation be issued by the RCVS, detailing exactly which tasks could be delegated, and to whom they could be delegated. Some went further to suggest there should be training available for veterinary surgeons on delegation.

   d) Adapting to changes. A small number of respondents suggested having a scheduled periodic review of new developments, to ensure this change was adapted to take account of emerging fields. Another suggestion was that any changes must be communicated clearly to the profession.

   e) Only after diagnosis by a veterinary surgeon. Some asked for assurances that delegation could only happen after a vet had diagnosed the problem, and that VNs would not be able to operate outside of the vet-led team. BEVA raised concerns "over the potential risks that may result from removing the current restrictions on the delegation of acts of veterinary surgery to VNs by veterinary surgeons. For example, we would want to ensure that VNs could not set up cat castration clinics, etc., which could potentially affect animal welfare."

PDSA: "PDSA agrees that the regulator should have the flexibility to amend its stance on delegation powers without resort to legislative change. However, PDSA feels that veterinary surgeons, wherever possible, should be empowered to self-regulate within a broad framework based on principles and with clear expectations, therefore PDSA would suggest that the flexible delegation powers should substantively lie at veterinary surgeon level rather than at regulator level."

   f) Recognition of paraprofessionals' skills and knowledge. Some emphasised that paraprofessionals were highly skilled professionals, and that it should be recognised that the paraprofessional may have a higher level of skills and knowledge than vets in certain areas, and care should be taken that these professions were not deskilled as a result of these changes.

Recommendation 1.3
Separating employment and delegation

30. At present, Schedule 3 of the Veterinary Surgeons Act 1966 (VSA) restricts such delegation to allied

professionals (currently only veterinary nurses) who are in the employ of the delegating veterinary surgeon. This is in contrast to some other paraprofessionals who could be part of the vet-led team without necessarily being employed by a veterinary surgeon.

31. The LWP recommended that this restriction is removed. In practice, this would allow a 'district veterinary nurse' model, in which VNs could help clients to administer treatment to their pets at home under the direction of a veterinary surgeon who was not their employer. This could help to better use VNs to their full potential in the interests of animal health and welfare, and bring VNs more into line with other paraprofessions.

32. Respondents were generally supportive of this recommendation. Notably, support was high among veterinary nurses and paraprofessionals, while views were more mixed among veterinary surgeons. Supportive responses were based around the following themes:
    a) **A necessary update to legislation.** One common response was that current legislation in this area was no longer fit for purpose because VNs were, increasingly, not employed directly by veterinary surgeons. Others mentioned that this change would be required if paraprofessionals were brought under the RCVS regulatory umbrella, and the vet-led team was to be fully established in veterinary medicine.

The Pets at Home Vet Group: "We are proud that in our business we have RVNs as Joint Venture Partner business owners, who as a consequence employ veterinary surgeons. As such, the requirement for RVNs to be employed by an MRCVS for the purposes of delegation is archaic, lacks justification and bears no relation to modern business structures."

BVA & BVNA: "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."

    b) **Improved access to vet services.** Many respondents felt that introducing district veterinary nurses could benefit those less able to access veterinary services, such as people in remote locations, those with disabilities and older people, and more generally would provide a good service for the community and would have a positive impact on animal welfare.

    c) **Improved VN job satisfaction.** Another common response was that this change would enhance the veterinary nurse role, give VNs more autonomy and flexibility, and ultimately improve retention of more experienced VNs. Some went further to suggest that this could enable a 'VN practitioner' role to develop.

    d) **Utilise VN and paraprofessional skills.** Some respondents said that this change would enable better use of the skills that VNs and paraprofessionals hold. In a related point some paraprofessionals felt this change was vital for them to perform their job effectively; one paraprofessional said: "I believe removing this restriction would increase our ability to work within the Vet-led team and provide greater legal protection and regulation."

    e) **More flexibility and choice in patient care.** Some respondents were positive about the flexibility and choice that this change would introduce, both for practitioners and for patients. The National Association of Veterinary Physiotherapists said: "[our] members already work under this framework where they are not all directly employed by a veterinary surgeon. This is a framework that works well and allows members of the public to play a role in the choice of the professional whose services they wish to use."

    f) **Relieve pressure on vets and practices.** Another response in support of this recommendation was that allowing VNs to work autonomously would relieve some of the pressure on veterinary surgeons and practices.

33. Responses against the recommendation gave the following reasons:
    a) **Lack of safeguards and risk to animal welfare.** Many respondents expressed concern that separating delegation from employment would create a situation that was difficult to regulate, that could introduce opportunities for abuse of the system, and could result in risk to animal welfare. Some examples of possible negative outcomes mentioned include veterinary surgery being conducted by VNs or paraprofessionals without the oversight of a veterinary surgeon,, veterinary surgeons would prescribing remotely while relying on a VN assessment, VNs working without veterinary direction, and VNs and paraprofessionals being pressured to go beyond their role.

BVU: "The person responsible for the patient should be clearly defined. We are also concerned that the separation of employment and delegation has the potential to negatively impact continuity of patient care."

BVA & BVNA: "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."

    b) **Reduced communication between VNs and practices.** Another common reason given for opposing this recommendation was that introducing district veterinary nurses would result in miscommunication and a negative impact on the relationship between VNs and practices. Practical concerns voiced by respondents included the transfer of medical notes, patients being issued conflicting advice from different sources, VNs not notifying practices of issues and concerns, and how VN holidays would be covered. A related point here was confusion over where responsibility would lie when a task was delegated to individuals outside of the practice, and concerns around veterinary surgeons 'losing control' of work being carried out outside of the practice.

    c) **Lack of knowledge about the individual to whom tasks are delegated.** Some veterinary surgeons were concerned about delegating to individuals who they did not have an existing professional relationship with or did not have knowledge of their skillset and qualifications. In a related point some said that employment provided a useful framework for delegation, and if this was to be removed an alternative must be presented.

    d) **Damaging to veterinary profession.** Some felt that this change represented a "dumbing down" or "whittling away" of the status and reputation of the veterinary profession, and that it would erode the oversight of the vet.

    e) **Financial concerns.** Some were concerned that there would be implications for financial arrangements, particularly how clients would pay for treatments that had been delegated to practitioners outside the practice, and whether this would cause some contention between clients, practices, and practitioners. Others were concerned that this change would increase costs for clients, and reduced incomes for practices.

    f) **Unnecessary.** Another view was that a "veterinary district nurse" role was unnecessary, instead practices could employ nurses to make visits to patients' homes.

34. The following queries were raised about Recommendation 1.3:
    a) **Where would the responsibility lie?** A key concern for respondents on separating employment and delegation was who would be responsible for any actions taken. Respondents requested clear guidelines on responsibility and accountability, and what should be done when things go wrong.

    b) **How would work be overseen?** In a related point, some asked for more information on how work being completed by individuals outside of the practice would be overseen or reviewed.

    c) **Several other queries were raised around the practicalities of the district VN role,** including safety, Disclosure and Barring Service (DBS) checks and insurance, whether clients would need to pay VNs directly, and whether VNs would work for several vets.

35. The following suggestions were made for how this could work in practice:

a) **Guidelines.** As outlined in the "queries" section above, many respondents felt this recommendation would necessitate clear guidelines for professionals in the following areas:
   i. What veterinary surgeons could delegate to others, and in what situations VNs and paraprofessionals should refer back to the veterinary surgeon.
   ii. Where responsibility would lie.
   iii. Safety and safeguarding for VNs working outside of practice.
   iv. Care plans, storage and access to clinical notes and maintaining good communication between all parties.
   v. Managing complaints.

b) **Introduce a district nurse qualification.** Some felt that a separate qualification should be required for district nurses, to reflect the fact that they would have a higher level of autonomy and clinical decision-making capabilities.

BVU: "The union calls on the RCVS to require employers to provide suitable training and support prior to extending a VN's role, and until suitable training is provided and suitable support is in place, the risk and responsibility must remain with the employer or veterinary surgeon."

c) **District nurses or paraprofessionals should be aligned with a practice.** Some suggested that district veterinary nurses should be affiliated with a single veterinary practice. This was for various reasons, such as ensuring their work was overseen, to avoid disputes over blame, or in case an animal needed treatment from a veterinary surgeon. Some also felt that paraprofessionals should be affiliated with a practice who would be responsible for training and monitoring of their performance.

d) **Separation of employment and delegation may not be appropriate for all paraprofessions.** Some, including the BCVA, argued that some roles, such as veterinary technicians, may work so closely with veterinary surgeons that they should always be employed by them.

e) **VNs must work under the direction of a veterinary surgeon.** Some stipulated that VNs must be working within the vet-led team model, under direction of a veterinary surgeon, and should not be working independently. Some also stated that VNs, paraprofessionals and animal owners should not be able to insist that a veterinary surgeon delegate an act of veterinary surgery; it should remain up to the veterinary surgeon whether to delegate. In a related point the BVA and BVNA suggested that RCVS distances itself from the term 'District VN': "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."

VetPartners: "We do not believe that separating employment and delegation is appropriate for procedures that require an RVN to be supervised by a veterinary surgeon."]

VDS: "VDS would not support any recommendation that included the imposition of a duty on a veterinary surgeon to delegate acts of veterinary surgery. Neither the animal owner nor the paraprofessional should be able to require a veterinary surgeon to delegate any specific act of veterinary surgery to any paraprofessional merely because the act of veterinary surgery concerned has generally been deemed an act that is suitable for delegation."

f) **VNs and physiotherapy.** A number of individuals and groups stressed the importance of maintaining distinctions between paraprofessional roles and the importance of only suitably qualified people carrying out the relevant procedures or areas of work. A particular concern was that VNs could carry out physiotherapy treatments outside of the practice and without the oversight of a veterinary surgeon, without having completed the appropriate training.

Recommendation 1.4:
Statutory protection for professional titles

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

37. Respondents were overwhelmingly supportive of introducing statutory protection for professional titles, and this was true across all respondent groups. Supportive responses were based around the following themes:
    a) **Ensure professionals are suitably qualified.** Many of the respondents felt that protecting the titles of paraprofessionals would increase the standard of care and be of benefit to animal welfare, by ensuring those using the title of veterinary nurse and other professional titles were suitably qualified. Protected titles would help to prevent the public from being misinformed or misled by laypeople.

BCVA: "In order to assure good practice, maintain standards and cattle welfare then it would be essential that any paraprofessional role regulated by the RCVS should have a protected title."

    b) **Professional reputation and recognition.** Another common response to this recommendation was that protecting titles would provide recognition for the role that VNs and other practitioners play in the treatment of animals and enhance the value of these professions to the public. Some described the high level of skills and training that veterinary nurses possess, or how hard they have personally worked to achieve their current role and how this should be recognised with a protected title. Some went further to say that untrained or "unregistered nurses" currently devalue the VN role, both in terms of recognition and financially through reduced wages.

CVS: "The protection of the title "veterinary nurse" can only help to elevate the status of veterinary nurses as professionals, therefore increasing public confidence in the profession as part of the vet-led team."

PDSA: "PDSA has always been supportive of the recommendation for protection of the title veterinary nurse and would welcome resolution of this long standing matter. PDSA agrees that this should also relate to other groups that may fall under the regulatory umbrella of RCVS."

    c) **Necessary to enact other recommendations.** Some said that this change was vital to enact many of the other recommendations in this consultation.

38. There was only a small number of responses against this recommendation, and these were based around the following themes:
    a) **Only the veterinary nurse title should be protected.** Some respondents felt that the title of veterinary nurse should be protected, but paraprofessional titles should not. This view was generally linked to disagreement that RCVS membership should be extended to include paraprofessionals (see Recommendation 1.1). Some felt that VN protection should be the priority over any other profession.

    b) **The value of "unregistered VNs".** Another view held by some was that "unregistered veterinary nurses" or "non-qualified nurses" play a valuable role in many practices. There was some concern that protecting the veterinary nurse title would devalue these staff and force practices to stop employing them.

    c) **Paraprofessional scope of practice.** Some paraprofessionals were concerned that regulation and protection of title could be restrictive to their scope of practice and the development of the profession, and could result in becoming deskilled or losing clinical autonomy.

39. The following queries were raised:
    a) **Which professions would be included?** Some wanted further information on which professions

would stand to gain statutory protection. As mentioned in responses to Recommendation 1.1, some also queried how RCVS would manage paraprofessionals that chose not to come under the umbrella of the RCVS.

b) **Qualifications.** There were also some queries around what qualification level would be required to be granted statutory protection.

c) **How would this be enforced?** What would the process be for individuals practising in protected professions without the necessary qualifications?

BCVA: "If titles are protected, there must be a process in place to enable the RCVS to quickly and effectively investigate lay people who are using these titles inappropriately and incorrectly."

40. Suggestions for how this recommendation should work in practice:
    a) **Educate the public and professionals.** Some suggested that the public should be made aware when protected titles were introduced, including why protection was needed, and how to ascertain who was regulated and who was not. Other respondents felt that there should be more information available for the public on the various practitioner roles.

    b) **Futureproofing.** Another suggestion was that there should be a system introduced for newly emerging profession or fields; one veterinary surgeon said: "One can try to predict what the outcome of such wide-spread changes might be, based on historical understanding, but it is highly likely that there will be significant, and unpredictable, emergence, especially as the world rapidly changes. With this in mind it is critical that any new legislation is flexible, adaptable and allows agility, whilst ensuring appropriate surveillance and oversight".

AGV: "New legislation must be outcome focused to allow for future technology or other changes in process to be implemented."

    c) **Need higher standards of education.** Some respondents suggested that protected titles should not be given until the RCVS had more influence on the standards of education and accreditation of higher education (HE) courses for paraprofessional roles.

    d) **'Non-qualified nurses'.** Some suggested that this recommendation may be easier to implement if an alternate, non-regulated title was also proposed, for example "Veterinary care assistant" or "Veterinary Nursing Assistant," and mentioned that the current lack of a standard term was confusing for the profession and the public.

    e) **Prioritise VNs.** Some felt that priority should be given to VNs first before other professions.

    f) **Specific titles mentioned.** Some respondents mentioned specific professional titles that should be protected. These included: physiotherapist, equine physiotherapist, animal osteopath, chiropractor, massage therapist, clinical animal behaviourist, equine dental technician, hoof trimmer, farrier and veterinary technician. Some also felt that there should be further consultation on which titles should be protected.

Consultation responses

Part 2. Enhancing the role of the veterinary nurse

41. Two recommendations were made with the aim of enhancing the role of the veterinary nurse; extending the VN role in administering anaesthesia, and allowing VNs to undertake cat castrations. The responses to these recommended changes were generally positive, in particular in relation to an enhanced VN role in anaesthesia.

42. In general, responses were supportive of an expansion of the VN role, with many responses mentioning a wealth of knowledge and skills among VNs, and the positive outcomes this would bring to both the VN role and the wider practice team through improving efficiency and workflow. Veterinary nurses were most likely to support the proposals, with a large majority of VNs expressing support for both proposals. While support was lower among veterinary surgeons, the responses show that a majority of this group was in favour.

43. Those who were against the recommendations cited a concern about VNs dealing with complications arising during these tasks, and that these changes would not improve efficiency, among other issues. Further clarity was called for on the level of supervision that would be required for VNs conducting anaesthesia or performing cat castrations, and the training requirements involved.

Recommendation 2.1: Extending the VN role in anaesthesia

44. At present, veterinary nurses and student veterinary nurses may be directed to assist veterinary surgeons with the maintenance of anaesthesia and the monitoring of patients under anaesthesia. In 2015, following extensive consultation and discussion, RCVS Council approved a recommendation to increase the role of veterinary nurses in the induction and maintenance of anaesthesia via reform of Schedule 3. These proposals would allow the veterinary nurse to "assist in all aspects of anaesthesia under supervision", pursuant to an animal-specific protocol, increasing utilisation of veterinary nurses while freeing up veterinary surgeons' time. The LWP supported the retention of this recommendation.

45. A majority of respondents was in favour of expanding the veterinary nurse role in anaesthesia. Supportive respondents gave the following reasons:
    a) **VNs have the knowledge and capability.** Many respondents said that VNs were highly trained with extensive knowledge of anaesthesia, and it was appropriate for these skills to be used. Some veterinary nurse respondents said they would like to do more in this area. One veterinary nurse said: "Veterinary nurses are trained to a very high standard and it often feels that this training is out of step with what we are allowed to do, especially as there is a large amount of good quality CPD that allows us to specialise in certain areas."

IVC Evidensia: "We are fully supportive of an enhanced role for veterinary nurses in delivering anaesthesia and believe the current legislation limits, and essentially undervalues, the potential skills and competencies of our excellent veterinary nurses. Equally we would not expect this to be a day one competence for RVNs and clarity on the training required prior to delegation is important."

VetPartners: "We recognise that RVNs are often central to safe anaesthesia and support this recommendation. Many vets rely on their expertise and experience. This proposal represents a positive step forward, which recognises the skills of RVNs and the important contributions they make to the veterinary team. However, ultimate oversight and responsibility of the vet is important, and this should continue to be the case."

b) **Enhance the VN role.** Another common response was that expanding the VN role to include performing anaesthesia would provide more fulfilment and utilise VNs to their full potential. It would allow VNs to advance their role through training and improve job satisfaction and retention. Some veterinary nurses said they felt they had reached a "ceiling" in their role, for example one said: "I have often considered undertaking a certificate or diploma but the financial outlay is often not justified as it would do little to change what I could actually do in practice. I think extending the Veterinary Nurse's role would go a long way to help retain experienced nurses like myself."

c) **More efficient and practical.** Some respondents said that expanding the VN role in administering anaesthesia would improve workflow within the practice. These respondents said that giving VNs more control over anaesthesia would be a more practical way to balance tasks between staff; a surgeon could not be properly responsible for anaesthesia while operating, therefore it was appropriate for VNs to provide the animal with constant anaesthetic supervision, allowing the veterinary surgeon to concentrate on surgery.

d) **This legitimises what already happens.** Some said that this would legitimise or "catch-up" with the way many practices already operate; a veterinary surgeon could not oversee surgery and anaesthesia at the same time, and therefore VNs were already maintaining anaesthesia in practice.

46. There were some negative responses to this recommendation. Reasons given for not supporting this proposal were:

a) **VNs do not have the skills.** Some felt that performing anaesthesia was beyond the scope of a VN's training and expertise. These respondents emphasised the high-risk nature of the procedure and expressed concern that if complications arose a VN would not have the skills or knowledge to deal with this. Some went further to say that allowing VNs to perform anaesthesia would lower the standards for surgery and underplay the skills of the veterinary profession.

b) **Risk to animal welfare.** A related point was that some felt expanding the VN role in this way would reduce standards of care, and result in increased negative outcomes for patients.

c) **Cost-saving.** Some expressed a suspicion that this proposal was driven by a corporate pressure to lower the costs of surgery. One veterinary surgeon said: "The only conceivable drivers for this case seems to be for businesses to save money by employing more nurses to undertake work which has been the responsibility of the vet for decades in order to save money or make greater profits or because some nurses want to undertake work which is more exciting or challenging while leaving the vet still responsible when things go wrong."

d) **Would not improve efficiency.** Some said that this change would not improve efficiency or "free up vet time" because a veterinary surgeon would have to closely supervise the VN's work.

e) **Concern about increased responsibility, without more pay.** While almost all VNs were supportive of this recommendation, a small number expressed concern that this change would result in VNs taking on more responsibility without the necessary support, training, or increased pay.

47. The following queries were raised about this recommendation:

a) **What level of supervision would be required?** Some respondents asked for clear guidance on what level of supervision would be required from the veterinary surgeon, and how this proposal would differ in practice from the current protocol of VNs assisting.

VDS: "the definition of 'under supervision' within the recommendation is important and should be further clarified to ensure its meaning reflects that of 'direct, continuous and personal supervision' rather than the veterinary surgeon simply being 'present on the premises'."

b) **Who would be responsible?** In a related point, some questioned who would be responsible if something goes wrong with the anaesthesia, and whether nurses would be compensated for taking on extra responsibility.

BVA & BVNA: "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."

c) **What is meant by "assist in all aspects"?** Some asked for more detailed explanation of what is meant by "assist in all aspects of anaesthesia".

48. A number of suggestions were made in relation to how this could work in practice:

d) **Training.** Several respondents felt that VNs should be required to undertake postgraduate or advanced training before being allowed to administer anaesthesia, including training on what to do when complications arise.

Linnaeus: "We are supportive of the general principles only where they are allied with an increased focus on pre- and post-registration training in anaesthesia, with consideration given to a specific post-registration qualification."

BEVA: "BEVA fully supports the concept of enhancing the VN role. However, assurances are needed that an expansion of the role of VNs to undertake equine anaesthesia would only be allowed following appropriate post-registration training and assessment."

e) **Supervision.** Various responses were given in relation to the supervision levels required for an extended VN role in anaesthesia. The most common response was that VNs should work "under supervision" from a veterinary surgeon, with a small number saying VNs should be under "direct, continuous and personal supervision".

f) **Responsibility.** A small number of respondents mentioned responsibility; some felt that the overall responsibility for anaesthesia should remain with the veterinary surgeon, while others said they thought it should sit with the VN.

g) **Use of anaesthetic drugs should be decided by a veterinary surgeon.** Some stipulated that a veterinary surgeon should decide on the anaesthetic medications to be used in the procedure.

h) **Further expansion to the VN role.** Some felt that the proposals should go further in expanding the VN role, including in the following areas: prescribing pain relief, teeth removal, prescribing flea and worm treatment, administering catheters and taking blood samples. (See Recommendation 2.2 for further areas of expansion suggested by respondents.) One member of the public stated "I think vet nurses should be able to do this and more! … They should be allow[ed] to do all aspects of anaesthesia as well as be able to prescribe pain killers to avoid welfare issues for a suffering animal if they can't get hold of a vet."

i) **Reasons should focus on VNs.** Some respondents felt that the rationale given for this recommendation focuses too much on how this will help veterinary surgeons (i.e. "freeing up time") rather than providing a path for further recognition, professional status and education of veterinary nurses.

j) **Only VNs and veterinary surgeons should be involved in anaesthesia.** Some said this recommendation should include a stipulation that lay people should not be allowed to monitor anaesthesia.

Recommendation 2.2: Allowing VNs to undertake cat castrations

49. At present, Schedule 3 explicitly prohibits veterinary

nurses from carrying out cat castrations. This provision was introduced when amendments to the Veterinary Surgeons Act 1966 further restricted non-vets from undertaking acts of veterinary surgery. The LWP concluded that this restriction is not appropriate for veterinary nurses, who are regulated and extensively trained professionals, and therefore veterinary nurses should be able to undertake this task under veterinary direction and/or supervision (potentially direct, continuous and personal supervision).

50. The RCVS has defined 'direction and supervision' as follows:
  a) **'direction' means that the veterinary surgeon instructs the veterinary nurse or student veterinary nurse as to the tasks to be performed, but is not necessarily present.**

  b) **'supervision' means that the veterinary surgeon is present on the premises and able to respond to a request for assistance if needed.**

  c) **'direct, continuous and personal supervision' means that the veterinary surgeon or veterinary nurse is present and giving the student veterinary nurse his/her undivided personal attention.**

51. A majority of respondents was in favour of allowing VNs to perform cat castrations. Reasons given for supporting this recommendation were similar to those given at Recommendation 2.1, with many citing VN capability, enhancing the VN role and efficiency within the practice. One additional reason cited for this recommendation was positive impacts for charities and rescue centres:
  a) **VNs have the capability and knowledge.** A common response to this recommendation was that VNs were capable of doing a cat castration; there was a view that this was not a complex procedure, and it required less skill and carried lower risk than other procedures that VNs were allowed to perform.

The Pets at Home Vet Group: "Our own data shows very low levels of surgical complications with these procedures, and recognise that this procedure has historically been carried out for many years by VNs. In addition, it is technically less demanding than many other procedures that RVNs are currently permitted under schedule 3."

VDS: "VDS feels that a cat castration can be delegated to an appropriately regulated and experienced RVN in the same way that any Schedule 3 procedure may be delegated."

  b) **Enhance the VN role.** Another common response was that allowing VNs to perform cat castrations would improve job satisfaction, provide opportunities for further education and career progression, encourage retention, and improve public perceptions of the profession. Some also felt this would lead to enhanced recognition of the VN role, including through improved salaries.

  c) **More efficient and practical.** Some respondents felt that allowing VNs to perform cat castrations would allow for a smoother and more productive day within the practice, by allowing veterinary surgeons to concentrate on other more complex tasks.

  d) **Charities and rescue centres.** Others mentioned that allowing VN cat castrations would allow VNs to assist with population control by contributing to the work done by cat charities and rescue centres and had the potential to provide charity clinics with more affordable care.

52. A higher proportion of respondents gave negative responses to this recommendation compared with Recommendation 2.1 (although note that the majority was supportive). The reasons cited for opposing the proposals suggest that some respondents, while supportive of expansion of the VN role in principle, did not support VNs conducting surgical procedures. Others would prefer that the VN role was reviewed and expanded more widely, rather than one procedure being singled out. Listed below are the reasons given for not supporting Recommendation 2.2:
  a) **VNs do not have the skills.** Many of the respondents against this proposal were concerned that VNs were not adequately trained for the majority of surgical principles that apply for cat castrations and would need extensive additional training in order to take on this responsibility, particularly in the event of complications.

  b) **No improvement to efficiency.** Many felt that introducing VN cat castrations would not improve efficiency within the veterinary practice, as a veterinary surgeon would be required to supervise the procedure, as well as another practitioner to monitor the anaesthetic.

  c) **Blurs the lines between VN and veterinary surgeon roles.** Another key concern about this recommendation was that allowing VNs to perform cat castrations would blur the distinction between the two roles of VN and veterinary surgeon. In some cases, respondents expressed concerns that the role of the veterinary surgeon would be eroded, diluted or limited by this expansion of the VN role, including by taking opportunities for surgical experience from newly-qualified veterinary surgeons. Some respondents felt that the VN role should be strengthened or enhanced in other ways that were seen as more appropriate to the role, such as anaesthesia, wound care, nutrition, and post-operation rehabilitation.

  d) **Veterinary surgeon would be responsible.** Some veterinary surgeons were concerned that they would be held responsible in the event of negative outcomes or client complaints.

  e) **Opens the door for further operations performed by VNs.** Some respondents expressed concern that allowing VNs to perform cat castrations would lead to VNs performing more advanced surgical procedures in the future.

  f) **Cat castrations should not be singled out.** Some felt that cat castrations should be considered alongside other acts of veterinary surgery and questioned why this procedure would be viewed as "lower class", "inferior" or "so simple anyone can do it". Another, more common view, was that the VN role should be reviewed on a wider scale, and that singling out cat castrations was a 'token' expansion of the role rather than developing the role in a holistic way. These respondents said an opportunity was being missed to enhance the VN role, both in surgery and other areas. One VN said: "I think this recommendation is far too limited. Why specifically cat castrates as opposed to this being an example of surgeries RVNs can carry out? … My only concern with being so specific is then nurses lose out on opportunities as the profession and/or technology moves on but restrictive legislation doesn't. It means RVNs are not utilised to the best of their abilities, leads to dissatisfaction and ultimately people leaving the profession."

  g) **Historical reasons are not sufficient.** In a related point, some felt that this recommendation was being proposed because cat castrations were legal in the past, and that this was not sufficient reason to introduce this procedure for VNs now. One veterinary surgeon said: "This is a rather odd, specific, recommendation and appears to be based on historical activity rather than any logical reasoning. Cat castrations could/should be considered alongside other acts veterinary surgery which might be delegated to an RVN".

  h) **Pressure on VNs to do surgery.** Some were concerned that this change would put pressure on VNs to perform surgery even if they did not wish to.

  i) **Public expects veterinary surgeons to perform surgery.** There were also concerns that clients would assume this was performed by a veterinary surgeon, and they would have to be informed in writing and their consent sought before a castration was carried out.

53. The following queries were raised about how this should work in practice:
  a) **What level of supervision would be required?** Some called for further clarity on what level of supervision would be required for a VN performing a cat castration. Some also queried whether the entire process would be undertaken by a VN or would a veterinary surgeon be required to perform certain elements, such as doing a clinical assessment and developing an anaesthetic protocol.

BVU: "The regulator must also clearly define what is meant by supervision and direction and how this relates to the regulation of veterinary nurses as professionals in their own right. The role, relationship and responsibility of the delegating vet and independently employed nurse must be clearly defined."

b) **Where would the responsibility lie?** Another query was whether the responsibility would lie with the veterinary surgeon if they had directed their actions.

c) **What training requirements would be introduced?** Some respondents wanted more information on the training requirements, including whether this would be added to veterinary nurse training courses, or if it would require a separate training course and/or on the job learning.

54. Although there was general support for this recommendation, the proposal attracted many suggestions for how it should work in practice, particularly in relation to training requirements, delegation, responsibility, and supervision.

a) **Training.** A common suggestion from respondents was that cat castrations should require additional training for VNs, rather than be part of the veterinary nurse Day-One Competences. Several respondents suggested that VNs should undertake a number of procedures under personal supervision for a fixed amount of time before being allowed to complete it under direction.

b) **Supervision.** The most commonly-expressed view in relation to supervision was that VNs should be under 'direction', or under 'supervision' of a veterinary surgeon when doing cat castrations. While some felt that 'direction' was sufficient provided the cat had been examined by a veterinary surgeon, a larger group felt it was important to stipulate that a veterinary surgeon be on hand to step in if complications did occur (i.e. 'under supervision'). Most felt that that 'direct, continuous and personal' supervision would only be necessary while a VN was training to do the procedure, otherwise it would not be more efficient for the VN to complete the procedure, and only a small group of respondents felt that cat castrations should only be carried out by VNs under "direct, continuous and personal" supervision.

The Pets at Home Vet Group: "We consider it a reasonable procedure to be carried out under direction. Requiring 'direct, continuous and personal supervision' would frankly be insulting to the nursing profession and would completely negate any of the possible benefits of this change."

c) **Responsibility.** There were differing opinions on whether responsibility should lie with the operating VN or the directing veterinary surgeon. For those who favoured the veterinary surgeon taking responsibility, it was important that the vet ensure the VN was suitably able and qualified; "Responsibility for the welfare of the animal in question should fall to the MRCVS and it fall onto the vet directing to be confident in the capabilities of the relevant RVN before directing their actions."

d) **Delegation.** Some respondents called for specific guidelines on what a VN would and would not be able to do, including an exhaustive list to spell out when a veterinary surgeon would need to step in. Some said that veterinary surgeons would need to have the final say over whether a VN could undertake a cat castration, based on their skills and training. More generally, clear guidelines and/or training was called for to give veterinary surgeons confidence in delegating tasks to VNs. Another point of view expressed in the context of delegation was that protections should be in place so that VNs did not feel pressured into performing cat castrations. The BVA and BVNA expressed concern that this was not built into Schedule 3 and the accompanying RCVS guidance in the context of the Code: "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."

e) **Further expansion to the VN role.** Another common suggestion made by respondents was that introducing cat castrations did not go far enough to expand the VN role. While this was mentioned to some extent at Recommendation 2.1, respondents went into further detail at Recommendation 2.2 about how the VN role should be enhanced.

i. Many suggested that there should be a wider review of the VN role, and that a clearly-defined framework should be established for VN development and training. One veterinary surgeon stated that: "This seems like a very narrow remit. We should use the opportunity to really reform the role of veterinary nurse, with the option to do additional training in a specialist area that allows them to do more - just like in the human field."

ii. Some respondents suggested specific areas that VNs should be able to do with further training, these included: booster vaccinations, dental extractions, prescriptions of certain medications such as flea and worm treatments and pain relief (see VN prescriber section below), ultrasonography, nutrition, rehabilitation/mobility, surgical closures, minor surgeries including dog castrations and lumpectomies. Some also suggested that a VN practitioner, VN surgical specialist, or other specialist roles should be developed.

iii. Some respondents felt there were certain tasks that were already part of the VN role that VNs were not encouraged or empowered to perform, such as dental scale and polishing, wound stitch-ups and x-rays.

f) **Definition of 'minor surgery'.** Some said that further clarity was needed on the definition of 'minor surgery'. The BVA and BVNA suggested that: "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".

g) **Cryptorchid cases.** Several respondents stipulated that cat castrations should not be performed by VNs in cryptorchid cases as this would necessitate "entering a body cavity".

h) **Communication to clients.** Another issue was that of informing clients and gaining their consent. One VN said that: "it should be confirmed if not verbally but also in writing (consent form) that a RVN is to complete the procedure – in case of complication to protect the RVN."

VN prescriber role

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

56. Although the VN prescriber role was not part of the recommendations made by the LWP, many respondents chose to comment on this idea for future recommendations and were largely supportive of the concept. Many felt this would enhance the VN role, streamline workflow in the practice, and cited the success of the introduction of a similar role in human medicine.

Consultation responses
Part 3. Assuring practice standards

57. The LWP made three recommendations in relation to assuring practice standards; mandatory practice regulation, RCVS powers of entry into practices, and the ability to issue improvement notices. Respondents were supportive of the first and third of these proposals, however responses were more mixed towards granting powers of entry, with many opposing this proposal or giving caveats for their support.

58. A number of common themes emerged from the responses in this section. Those who were supportive of the recommendations cited improvements in standards, public confidence and, in the case of improvement notices, taking a constructive and positive approach to the regulation of practices. Many of the supportive responses came with the caveat that these measures should only be used in specific circumstances. Those opposing these recommendations gave reasons including the burden on staff and impact on stress and mental health, costs and resources both for practices and the RCVS, and not trusting the RCVS to use these new regulatory tools effectively or in an unbiased way.

Recommendation 3.1: Mandatory practice regulation

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

60. The LWP therefore recommended that the RCVS be given the power to implement mandatory practice regulation, including powers of entry (see below), should RCVS Council decide to complement the voluntary RCVS Practice Standards Scheme (PSS) with a universally-applied scheme.

61. A majority of respondents was supportive of this recommendation. Positive responses were based around the following themes:
    a) **Improving standards for all practices.** A common response was that compulsory practice regulation for all practices would elevate and maintain standards across the board and ensure good levels of care.

BEVA: "BEVA supports the concept of mandatory practice regulation. We believe that the public would expect that all practices are assessed to ensure that they meet at least basic minimum legal requirements. However, any assessment process should be undertaken by appropriately trained and experienced personnel, and there needs to be adequate support systems in place to assist practices to go through the process."

BCVA: "68% of BCVA members support the LWP recommendation that RCVS should implement mandatory practice regulation."

    b) **Regulating non-vet practice managers/owners.** Another key response was that this would bring all practice owners under the same regulatory umbrella as veterinary surgeons. For practices that are owned by individuals who were not veterinary surgeons, this would ensure that responsibility for practice protocols was placed with managers/owners. Respondents showed concern that the current situation caused conflicts of interests between veterinary surgeons and managers/owners and could place veterinary surgeons in a difficult position as they were regulated but may have little control over how a practice was run. Some said that the increasing number of corporate practices meant this change was a necessity.

BVA & BVNA: "The issues associated with non-vet ownership of veterinary practices 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."

    c) **Public confidence.** Some respondents felt this was necessary to assure clients and the public of standards across the profession. Some thought the public would be surprised to find this was not already the case, as one veterinary surgeon said: "I think mandatory minimum standards are an excellent idea ... I think the public would be very concerned if they were aware of such varying standards between practices." Indeed a small number of the responses from members of the public expressed concern that this was not already in place, along with the other recommendations in this section.

    d) **Staff safety.** Some respondents said mandatory practice regulation was a necessity because the lack of standards across some practices had put staff safety at risk.

62. Responses against this recommendation mentioned the following reasons:
    e) **Burden on practice staff.** A key concern among those against this recommendation was that it would be too burdensome on staff and would have a negative impact on stress and mental health among the veterinary profession. One veterinary surgeon said: "While the RCVS Practice Standards Scheme (PSS) may have been successful in assuring standards it creates a massive amount of additional administrative paperwork and is a hoop-jumping exercise that has little tangible benefits in the eyes of the public."

    f) **Impact on small/independent practices.** Some were particularly concerned about the impact on smaller and independent practices and felt the change would "swamp" these practices with paperwork and unattainable standards, which would in turn drive up costs and make small practices unviable.

    g) **Impact on costs.** In a related point some were concerned that this would be costly for practices, which in turn would be passed on to clients.

CVS: "An increase in costs will ultimately be passed on to the users of veterinary services and we should not lose sight of this. Too close a parallel with human healthcare may drive costs up to the detriment of overall animal welfare."

    h) **Lack of confidence in the RCVS to regulate practices.** Some felt the PSS should not be expanded to include all veterinary practices because they were dissatisfied with the way the existing scheme operated or did not trust the RCVS to deliver it effectively. Some felt that this would be an 'over-reach' or that it would give the RCVS too much power.

    i) **Unnecessary.** Some were opposed to mandatory practice regulation because they felt it was not necessary, because standards were upheld by the core standards and VMD regulation and would cause too much extra work for little gain. The PDSA said that: "Under current guidance all veterinary practices are already expected to comply with the core standards of the PSS through the Codes of Professional Conduct and veterinary surgeons can be held to account for not doing so. PDSA would question whether raising awareness of this fact amongst the general public would have the same impact – but at far less cost and with far less disruption."

The Pets at Home Vet Group: "Practising to core standards is already a Code of Conduct requirement, so we are unsure what benefit would be brought by making scheme participation mandatory, and fear that such a move would be contrary to the trend towards a more collaborative and constructive culture of regulation that the RCVS is hopefully intent on following."

63. The following queries were raised about this recommendation:
 a) **How would differing practices be regulated?** Some queried what was meant by a 'practice' and how these proposals might work in practice across the full range of types, from sole traders, small businesses, specialist hospitals, and those practising complementary therapies. Some also requested the word 'practice' be defined clearly.

CVS: "A clear definition of 'practice' will be a prerequisite to a mandatory scheme to avoid loopholes for those who would seek to avoid the scheme."

Linnaeus: "In some cases, services are mobile and/or visit clients or events. The definition of what is and is not within the remit of such regulation is therefore vital and we believe any mandatory practice regulation requires a clear and unambiguous definition to avoid confusion and ensure a fair and transparent regulatory regime."

 b) **Who would be legally responsible?** Some requested clarification on who would be responsible for maintaining the minimum standard of a practice.

PDSA: "Whilst practice regulation may seem like a simple answer, it is still not clear who would be held to account within each practice – we would assume that RCVS cannot regulate an entity without the right to potentially regulate lay persons, in which case the same outcome could be achieved through expanding the existing requirement for an accountable Senior Veterinary Surgeon to every practice."]

 c) **Costs?** Another query was around who would fund the additional costs associated with expanding practice regulation to all practices, and how smaller practices would be able to cover the costs of regulation.

64. A number of suggestions was made around how this recommendation could work in practice:
 d) **Attainability.** One common suggestion from respondents was that any mandatory scheme must be attainable for all practices, including small independent practices, and farm and mixed practices. Respondents felt the scheme should not be excessively onerous, or too costly. Some suggested multiple tiers of standards, while others said there should be support available for practices, both in the form of practical support for those undergoing inspections, and financial support for smaller practices.

BVA & BVNA: "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."

 e) **Corporate practices.** Some respondents said that only corporate practices should be required to join the scheme, as veterinary surgeon-owned practices were regulated through the lead veterinary surgeon. An alternative suggestion made was that practice owners should be required to be members of the RCVS, or in a related suggestion practices should be majority-owned by RCVS member(s). Some stipulated that in a corporate setting responsibility for practice standards must sit with the management.

 f) **Standards should focus on quality of care.** Some of the respondents said that the regulations should focus on the quality of care offered by a practice and should not be a "box-ticking" exercise. One veterinary surgeon said: "Yes, I would welcome a mandatory regulation of practices but any such action must also look at the clinical standards and practices of the clinic, not just be a 'box-ticking' exercise that looks only at the more logistical side of things."

CVS: "We support mandatory practice regulation in the interests of animal welfare, protecting the public, clients, and the reputation of the profession. However, we would wish for the strong, positive and collaborative culture of PSS to remain and would hope that the change to a mandatory system would not lead to a more punitive culture with an over-zealous inspectorate."

 g) **Include standards for employment.** Some mentioned that practice standards should include areas such as wages, contracts, and working hours and breaks, to ensure that employees were being treated fairly and that staff were not being overworked.

 h) **Whistleblowing.** Others said there should be clear routes for whistleblowing, and "whistle blower protections in order to encourage employees to report unethical practices to the regulator without risk of retaliation from their employer" (BVU).

Recommendation 3.2: Powers of entry for the RCVS

65. The RCVS has no powers of entry, meaning it does not have the right to enter a veterinary practice without consent. This can be a problem in terms of investigating allegations of serious professional misconduct, including where there are allegations that a veterinary surgeon has breached the rules in relation to minimum practice standards under the existing PSS. Powers of entry would therefore be essential if mandatory practice regulation (Recommendation 3.1) was introduced. The LWP recommended that the RCVS be given powers of entry in order to remedy this omission in the veterinary sector, and to ensure that regulation of practices could be underpinned and enforced, in the interests of animal health and welfare and public health.

66. Respondents were divided between positive and negative views of this recommendation; however, it was notable that most VNs expressed support while veterinary surgeons were more likely to oppose than support the proposal. Many of the positive responses came with caveats, for example, that powers of entry should only be introduced if they were tightly controlled and used in extreme circumstances.

67. Positive responses were based around the following themes:
 a) **Necessary to ensure standards are met.** A common response in support of introducing powers of entry was that this was a necessary step to ensure that practices were meeting standards, and to access evidence where necessary. Some said this power would be essential to implementing mandatory practice regulation. Another related point was that other methods of entry would be too slow or unreliable.

BCVA: "We believe that without a power of entry, it will not be possible to satisfactorily enforce practice regulation, as there will little or no deterrent to practices or individuals who flout the regulations."

Vets Now: "We are supportive of this recommendation as it is clearly necessary for 3.1 but would want increased consistency of the inspection process in the interests of fairness and public assurance."

BSAVA: "We support this recommendation as we believe that a) it is (fortunately rarely) necessary for a regulatory authority to have access to premises where the regulated activity is being undertaken b) other methods of getting into a practice (when absolutely essential) would be too slow, inconsistent and unreliable."

Nockolds Resolution, providers of Veterinary Client Mediation Service: "Regulation at practice level may facilitate the ongoing improvement of practice standards in non-clinical areas. Many non-clinical aspects of practice are determined at a leadership level. Issues raised within veterinary

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complaints can include concerns regarding policy or practice procedures. The regulation of the practice would bring regulatory oversight in those areas, which may be welcomed by some veterinary clients … In our opinion, as a stakeholder viewing this recommendation from an external perspective, this proposal reflects a sensible reflection of modern practice and the nature of practice ownership and management."

68. Respondents who opposed this recommendation cited the following reasons:
    - **a) Would give the RCVS too much power.** Many of the respondents who were against the introduction of powers of entry said they felt this would give the RCVS too much power. These respondents felt the proposed change was too intrusive, heavy-handed, or draconian, and felt the RCVS already had sufficient powers to investigate and discipline members.
    - **b) Unnecessary.** Another common response was that it is not necessary for the RCVS to have powers of entry. This was for several reasons, including a belief that refusing entry to the RCVS was not a widespread issue; that vets posed a low risk, therefore these powers would be 'unjustifiable'; and that other channels, such as the police, Veterinary Medicines Directorate, the Health & Safety Executive, already had powers of entry. Another related view was that if mandatory practice regulation was introduced, powers of entry would not be necessary because the RCVS would have the power to issue sanctions to practices that refused entry.

BVA & BVNA: "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 ... 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' licence."

VDS: "VDS believes that all necessary safeguards can be provided by carefully drafted requirements for practice registration which could include 'reasonable co-operation' with the inspection process, with the ultimate sanction being removal of registration. It is the VDS' view that a power of entry is an unnecessarily blunt instrument, which is not appropriate for a modern, compassionate regulator and would be disproportionate to any demands of regulation within the private veterinary sector. The detriment caused will be far greater than any perceived benefit."

- **c) Not available to other regulators.** Some felt that this power should not be granted to the RCVS because this power was not widely available to other regulators. One example used was that the FSA would only perform unannounced inspections in conjunction with the police.
- **d) Disruptive and dangerous.** Some said that an unannounced inspection would be too disruptive to a practice, particularly small teams, would be likely to have an impact on the quality of care and could be dangerous in some circumstances.
- **e) Mental health and stress.** In a related point, some respondents said that introducing powers of entry would have a negative impact on stress and mental health of the profession. Two reasons were identified for this; first, that it would cause ongoing fear that RCVS inspectors could arrive unannounced, and second, that an unannounced inspection could be highly disruptive to the practice and could cause reputational damage.
- **f) Not compatible with a compassionate regulator.** Some stated that introducing powers of entry would not be appropriate for a modern, compassionate regulator, and that it would negatively impact on the relationship the RCVS had with its members. Related to this was the issue of consent, one respondent stated: "It goes against governance by consent".

Vet Partners: "We do not support powers of entry for the RCVS. It is disproportionate and not in keeping with the principles of right-touch regulation. Granting powers of entry for the RCVS would reinforce an existing culture of fear amongst veterinary professionals and undermine efforts to establish the RCVS as a compassionate regulator."

PDSA: "As a regulator who places so much emphasis on consent in their expectations of the profession, it would seem at odds to have a desire to override the concept of consent. PDSA feels that any action taken by RCVS should be in alignment with the approach it proposed for improvement notices in recommendation 3.3, that there should be inspection with consent, a defined process that escalates the issue and does not include automatic rights of powers of entry."

- **g) Veterinary Defence Society (VDS) advice.** Some respondents mentioned that this change would go against VDS advice members not to speak with RCVS officials without first contacting a VDS representative.
- **h) Lack of trust/confidence in the RCVS.** A small number of respondents expressed concern that the RCVS would not be able to use powers of entry in an effective or transparent way.

69. Several queries were raised by respondents:
    - **a) When would this be used?** Some asked for clarity on the situations in which this power would be used, specifically whether it would be reserved only for cases of serious misconduct, or if it would be used for unannounced spot-checks on a wider scale.
    - **b) How would this affect vets not working in a practice?** As raised in response to Recommendation 3.1, some asked whether this would affect practitioners not working in a practice setting. For example, those working from their homes, or vets working in industry.
    - **c) Would there be notice given?** Some asked whether practices would receive any notice before being visited by the RCVS.
    - **d) Is lack of access an existing issue?** Some questioned how frequently this power would have been used if it were already available to the RCVS.

70. Several suggestions were made about how this could work in practice, or alternative approaches:
    - **a) Notice periods.** A common suggestion made by respondents was that practices should be issued with a warning or notice period before any RCVS visit or inspection. Respondents felt this was important in order to minimise disruption and ensure animal welfare. Conversely, a handful of respondents felt that unannounced should be introduced as they suggested this was the most effective way of maintaining standards.

BEVA: "Whilst it appreciates the need for such powers, it feels that any power of entry should be limited to entry to a practice following a minimum of 24 hours' notice to allow practicalities of organising cover for staff needed for the inspection, etc. (similar to other assessment organisations, eg. Ofsted). Unannounced spot checks should only be permitted for practices served with an improvement notice."

- **b) Only in certain circumstances.** Another common suggestion was that this power should only be used in extreme cases, including where there was evidence of serious professional misconduct, or where there had been repeated refusal to comply, and that there should be strict controls on when this power could be used.
- **c) Procedures.** Some mentioned that procedures

must be carefully crafted to ensure that any visits were conducted appropriately and with consideration taken for the wellbeing of staff and patients. Some suggested training for inspectors, while others mentioned risk assessments before visiting: "any such unannounced entry should be in extreme circumstances only and conducted only after a full safeguarding risk assessment both for any individual under investigation and for the extended vet-led team engaged at that premises. Due consideration must also be given to the consequential impacts to the welfare of the patients of that practice and the potential reputational damage and mental wellbeing of staff."

d) **An independent body.** Some respondents felt that powers of entry should be overseen by an independent body, either in setting guidelines for its use, or who had the power to issue a 'search warrant' required for the RCVS to visit a practice. A small number of respondents stipulated that they would only support powers of entry if visits or inspections were carried out by an independent body, and not the RCVS.

IVC Evidensia: "We would urge the RCVS to consider whether this power is really essential to support enforcement and encourage them to explore other less confrontational routes (potentially working through one of the agencies that already has powers of entry)."

Recommendation 3.3:
Ability to issue improvement notices

71. The LWP recommended that the RCVS 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. This would provide better protection for the public, while being a more proportionate response than pursuing a disciplinary case. Improvement notices would provide practices with a clear and concrete action plan to remedy any deficiencies.

72. Most respondents were supportive of this recommendation. Those who responded positively gave the following reasons:

a) **Necessary for mandatory practice regulation.** A common response was that improvement notices this would be a necessary step for mandatory practice regulation to be introduced.

BCVA: "Improvement notices would give businesses who have genuinely made an error, a chance to rectify a situation and improve their compliance."

CVS: "In an era of corporate ownership of veterinary practices, we support this recommendation in that it underpins the responsibilities of practice owners rather than placing employed veterinary surgeons and veterinary nurses at risk of disciplinary processes as the only means by which the College can currently act."

b) **Positive and constructive approach.** Another common response to this recommendation was that this is a more positive and constructive approach than using sanctions. Many felt improvement notices would give practices the opportunity to improve, while avoiding disciplinary action and reducing potential harm to the business and the mental health of staff. Similarly, respondents said this was a more proportionate and fair way to deal with issues.

Nockolds Resolution, providers of Veterinary Client Mediation Service: "Many complainants in mediation are seeking changes within a practice, as part of a resolution to their complaint. There may therefore be complainants referring concerns to the RCVS who would welcome this approach within professional misconduct matters. Our experience suggests that many will see Improvement Notices as a proportionate, mature and more effective in resolving issues from a forward-looking perspective."

PDSA: "PDSA would support this recommendation and feels that to have sanctions imposed for actions that have often taken place a significant time in the past, the root cause of which may have been resolved, is not necessarily addressing the main purpose of the regulator in protecting the welfare of animals nor the reputation of the profession for the future … However, in order to be effective the process would need to progress in a far more timely manner than is currently the case and should focus on supportive interactions with individuals."

73. While most responses were supportive of introducing improvement notices, there was a small group of respondents that opposed the proposal, citing the following reasons:

a) **Concern that notices would be issued without investigation.** Some were concerned that improvement notices would be issued based on a complaint without any investigation or communication with the practice. Some were also concerned that improvement notices would be too damaging to businesses and had the potential to put some businesses (particularly small practices) out of business.

b) **Unnecessary use of costs and resources.** Another view against this proposal was that improvement notices were unnecessary, and that other measures would be sufficient, such as PSS reports and recommendations, a warning letter, or a "reasonable discussion with practice owners". This was coupled with a view that improvement notices would be too costly or take up an unnecessary amount of much admin time, both for practices and the RCVS.

74. The following queries were raised:

a) **Would information on improvement notices be made public?** Further information was requested on how details of improvement notices would be shared with the public.

b) **What would happen if practices failed to improve?** Some asked what the consequences would be for failing to improve, or not complying with an improvement notice.

c) **Which individuals would be responsible?** Some respondents queried where the responsibility would lie to enact improvement notices, and whether this would sit with named individuals such as practice owners.

d) **What is meant by 'legal duty'?** Another query was on the meaning of the phrase "failing to fulfil a legal duty" in the recommendation, some felt this was too vague and a practice's legal duties needed to be defined.

75. The following suggestions were made about how this could be introduced in practice:

a) **Notices must be achievable.** A common suggestion in relation to improvement notices was that they must be clear, appropriate and achievable. Respondents felt they should be considerate of individual practice circumstances. and that sufficient time must be provided based on the scale of the change required. To this end, a number of respondents supported a 'tiered' or 'staged' approach, for example, the BVA and BVNA suggested: "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", while PDSA suggested the following stages: "Warning issued; Notification of intent to serve Improvement notice; Improvement notice; Sanction". Another related suggestion was that the RCVS should provide support for practices to achieve improvements.

b) **Disputing improvement notices.** Another suggestion was that there must be a robust, transparent and straightforward route available to appeal or dispute an improvement notice,

c) **Should not be made public.** Some respondents said that improvement notices must be made confidentially, at least in the first instance, rather than being a matter of public record,

PDSA: "Progression of this recommendation should come with assurance that the process is designed to avoid damage to reputation and commercial viability. If serving of an improvement notice results in loss of

public faith and trust unfairly, as a result of lack of understanding of the issues and process, which leads to reduced practice, or reduced charity, income or support; then that is tantamount to an immediate sanction. PDSA would therefore recommend that the process should not be within the public domain."

d) **Support for practices.** There needs to be support for practices to achieve improvements. This could be in the form of clear guidance or an RCVS advisor, for example. Without this pushing for improvements "will only succeed in damaging businesses and individuals further".

BVA & BVNA: "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."

e) **Should be issued by an independent organisation.** Some said that improvement notices should only be issued by an independent organisation separate to the RCVS.

Consultation responses

Part 4. Introducing a modern 'fitness to practise' regime

76. The LWP made a suite of seven recommendations that aim to introduce a 'fitness to practise' model to the RCVS regulatory system. These include introducing the concept of 'current impairment', widening the grounds for investigation, establishing new powers to impose interim orders and review suspension orders, widening the range of available sanctions, introducing the power to require disclosure of information, and formalising the role of Case Examiners.

77. Respondents expressed generally positive views around four of the recommendations, with many saying this group of proposals represented a shift towards a more supportive and compassionate system, that focused on improvement, and used appropriate levels of sanction. However, some of the measures, namely widening the grounds for investigation, imposing interim orders, and requiring disclosure of information, received more mixed responses; while some saw these as pragmatic or necessary changes, others felt these could lead to an increased risk of injustices and unfairly harmful consequences for individuals and practices.

Recommendation 4.1:
Introducing the concept of 'current impairment'

78. Under the current system, if a veterinary surgeon or veterinary nurse 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. The LWP recommended that this is changed in line with the fitness to practise model. Under this system, DC would need to be satisfied that the veterinary surgeon's or nurse's fitness to practise was currently impaired before it could proceed to the sanction stage. This means that in circumstances where the veterinary surgeon or nurse had taken steps to remediate their failings and shown significant insight into what had gone wrong, the DC may conclude that there was no (or very low) risk of repetition of similar behaviour and as such, the veterinary surgeon or nurse's fitness to practise was not currently impaired. If the DC came to this conclusion, it must dismiss the case without proceeding to sanction, even though the veterinary surgeon or nurse had been guilty of misconduct in the past. This approach is more consistent with the aims of regulation, because it focuses on whether the veterinary surgeon or nurse currently poses a risk to animals and the public, rather than whether he or she has posed a risk in the past.

79. A majority of the responses to Recommendation 4.1 was supportive. Positive responses mentioned the following reasons:
    a) **Encourages improvement.** Many respondents expressed support for the 'current impairment' approach because it enables professionals to make improvements and learn from mistakes in a constructive and positive way, rather than focusing solely on sanctions for past behaviour.

BVA & BVNA: "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."

Nockolds Resolution, providers of Veterinary Client Mediation Service: "If a Veterinary Professional is embracing reflective practice, and undertakes to

address issues and offer remediation, it is far more likely that the issues can be resolved (to the client's satisfaction). In time, the concept of current impairment may encourage more early and local resolution."

VetPartners: "We wholeheartedly support this recommendation. We believe it represents welcome and fundamental modernisation of the disciplinary process."

b) **Supportive.** Another common comment about this recommendation was that it would result in a shift towards a more supportive system, and away from a 'blame culture'. This would have the effect of aiding retention in the profession, reducing stress and fear, and reducing reoffences, and could also improve the relationship between vets and the RCVS around disciplinary proceedings.

IVC Evidensia: "We are fully supportive of the move to a concept of current impairment and believe it is necessary for modern compassionate regulation. Considering the huge amount of anxiety within the professions regarding the disciplinary process any communication about changes should be very carefully planned."

Vets Now: "We are supportive of this recommendation and feel it is necessary for modern compassionate regulation."

c) **Robust protection of animal welfare.** Some respondents felt this was a better way of assessing whether an individual posed a risk to animal welfare, the public and other veterinary staff. While the current system only addressed severe cases, this would allow for intervention sooner.

PDSA: "PDSA would support this recommendation and feels that to have sanctions imposed for actions that have often taken place a significant time in the past, the root cause of which may have been resolved, is not necessarily addressing the main purpose of the regulator in protecting the welfare of animals nor the reputation of the profession for the future."

d) **More efficient.** Other respondents felt this change would speed up the disciplinary process and reduce costs.

80. Several themes emerged among the negative responses to this recommendation. Many of these, presented below, related to a concern that this system would result in unfair or unjust outcomes, while others were concerned that a fitness to practise system would disadvantage certain groups.
    a) **Past misconduct should be considered.** Some respondents felt that certain actions must carry a sanction in any circumstances, and were concerned that, under this suggested system, an individual could commit a very serious offence and not be penalised for this.

    b) **Too subjective.** Another concern was that a current-impairment approach would be too subjective, and that because it was forward-looking it would be based on predictions and guesswork. This could leave the system open to abuse and interpretation, and lead to unfair outcomes, such as being taken off the Register without good reason.

    c) **Professional reputation.** Conversely, some felt this change would have a negative impact on the reputation of the profession, because individuals who were guilty of misconduct would be less likely to be sanctioned.

    d) **Increased likelihood of complaints and sanctions.** Some respondents were concerned that moving to a Fitness to Practise model would widen the grounds for disciplinary cases (for example, based on the state of their mental health), make use of "poor evidence" that was subjective, and expose veterinary professionals to more complaints from clients, which could all result in an increase in cases being brought and sanctions being given to professionals.

    e) **Mental health.** Related to the above point, there were concerns that this could have a negative impact on the mental health of veterinary professionals by increasing the possibility of vets or nurses losing their livelihoods, increasing workloads, and delaying hearings. Related to this was a concern that those with mental health issues would not disclose or raise this for fear of being classed as not fit to practise.

    f) **Certain groups at a disadvantage.** Others were concerned that this change would put certain groups at a disadvantage, including older professionals, vets or nurses with impairments or disabilities and new graduates, as these groups may not be deemed 'Fit to Practise'.

    g) **Unnecessary.** A handful of respondents believed this change would be unnecessary because they felt the current system already operated in this way; a defendant in a disciplinary case could plead mitigation and show remorse, and evidence of steps taken to improve were already taken into account when determining a sanction.

81. Some respondents had questions about Recommendation 4.1. The following queries were raised:
    a) **Definition and assessment of 'fitness to practise'.** Some respondents asked for more detail around how fitness to practise would be defined and assessed, including what would prompt an investigation into fitness to practise, how it would be judged whether someone was unfit, who would make this decision, and whether certain groups would be considered unfit such as those using CAM or homeopathy, or those with mental health issues.

    b) **Composition of the disciplinary committee.** Another query was around who would make up the DC, and how would they be robust and objective?

82. Respondents made the following suggestions for how this could work in practice:
    a) **Needs careful communication.** Some respondents asked for careful explanation of what these significant changes would mean to members, particularly how it would change the way complaints were handled.

    b) **Support for those going through the disciplinary process.** Some felt that RCVS should provide direct support for those who were going through the complaints procedure, to reduce the impact on their mental health. One response suggested that a trained psychiatrist should be on the Preliminary Investigation Committee (PIC), to reduce the time taken to assess cases and add insight in reducing stress. In a related point, respondents also called for improvements to the disciplinary process, particularly speeding up the process, to reduce the impact on those affected.

    c) **Continued monitoring.** Another suggestion made was that the fitness to practise approach should be coupled with monitoring of individuals after they have been judged unfit to practise.

    d) **Should not apply to cases of serious professional misconduct.** Some respondents were concerned that extremely serious cases would not be taken seriously enough under a fitness to practise model, and that there were some situations that required sanctions even where there was evidence of remorse and improvement. One veterinary nurse said: "I do not believe gross misconduct should go unassessed or disciplined (ie 'let off the crime') just because somebody can prove their 'low risk' or competency at a certain time post misconduct."

Recommendation 4.2:
Widening the grounds for investigation

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

84. Responses to Recommendation 4.2 were split between positive and negative views. Positive responses mentioned the following reasons:
   - **a) Encourages improvement.** Many respondents felt that this change represented a more proportionate, constructive, humane, and supportive approach, that focused on solutions rather than problems.

The Pets at Home Vet Group: "We welcome the principle that the RCVS gains a wider range of tools to allow a more varied and proportionate response to cases brought before it."

   - **b) Earlier intervention.** Some mentioned that this would allow concerns about an individual to be addressed earlier, thus avoiding a full hearing where possible, and, in some cases, preventing serious professional misconduct from being committed. This could better support professionals to improve rather than allowing situations to escalate to a stage where disciplinary action could be taken.
   - **c) Repeat complaints.** Other respondents felt that the current system had no route to deal with repeated complaints, or multiple incidents, where these did not amount to SPMC.
   - **d) Health and wellbeing.** Another point made by respondents was that this would provide a way of dealing with the effects of ill-health on fitness to practise in a non-judgemental way.

85. Negative responses cited the following reasons:
   - **a) Inaccurate or malicious complaints.** One concern expressed by some respondents was that widening the grounds for investigation would make it easier for clients to make unfounded or malicious complaints against veterinary professionals, leading to an increase in complaints and an impact on mental health in the profession. There was an additional concern that, coupled with Recommendation 4.3 on introducing interim orders, the RCVS could limit a professional's right to practise without a hearing based on a spurious complaint. One veterinary surgeon said: "Members of the public should be able to raise concerns but without any assessment of their validity it is obscene that a professional could be prevented from practising if these concerns proved unfounded."
   - **b) Mental health.** Several respondents expressed concern that this would impact negatively on mental health, by increasing fear of investigation among the professionals, and introducing barriers to voicing mental health issues through fear of being labelled unfit to practise. There were calls for more support for the profession, particularly for those with mental health issues, both in relation to the disciplinary process, and on a wider scale to deal with the root causes of pressure, stress and poor mental health.
   - **c) This is a matter for the employer.** Some were of the view that performance issues should be in remit of employers and managers, and not the RCVS.
   - **d) Costs.** There were some concerns that increasing grounds for investigation could be costly, and lead to increased fees for the profession.
   - **e) Negative impacts for CAM practitioners.** There were specific concerns voiced by Complementary and Alternative Medicine (CAM) professionals and members of the public that there would be unfair bias against CAM practitioners in investigations as they would not be judged by those with knowledge in the area.
   - **f) Scope is too broad.** Some respondents said that any RCVS investigation should be based on the Code of Professional Conduct, and no vet should be proceeded against unless there was reasonable suspicion that the Code had been infringed based on credible evidence. In a similar vein, some argued that the focus should continue to be on serious professional misconduct and not stray into clinical matters.

Vet Partners: "We are particularly concerned about extending the RCVS's jurisdiction to include clinical performance. This area is too subjective and open to interpretation. The majority of such matters should be dealt with as civil matters by consensual arrangement, mediation or, if necessary, through the civil courts."

   - **g) Releasing personal medical information.** There was some concern that individuals would be forced to disclose medical information about their physical or mental health, based on minor complaints. Similarly, some respondents felt that working with the RCVS Health and Performance Protocol must be entirely voluntary.

VDS: "No meaningful description is provided of what 'wider grounds' would be within scope of the additional powers, and of what would be the threshold for invoking them. In the absence of clarity on such operational detail, VDS is concerned that this move would run a significant risk of compromising respondents' basic rights and civil liberties, and of being disproportionate in its effect."

   - **h) Lack of trust in the RCVS.** Some respondents expressed a lack of trust in the RCVS to be fair and transparent in delivering this new approach, and felt the RCVS should focus on improving existing systems instead.

86. Respondents to recommendation 4.2 made the following queries:
   - **a) Constitution of the committee.** Some respondents wanted further information on who would make up the Health and Performance Committee, and how the RCVS would ensure that the committee performed in an unbiased way.
   - **b) Grounds for investigation.** Others wanted more information on what would be considered grounds for investigation, what criteria would be used to assess whether an individual poses a risk to animals.

BVA & BVNA: "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."

87. The following suggestions were made about how this recommendation could work in practice:
   - **a) Support.** Several respondents said that a health or performance committee should be used as a support mechanism rather than as part of a disciplinary process, and that outcomes should involve improvement or support packages rather than sanctions. Any investigations would need to be mindful of the individual's health, including, as suggested by some, operating in a confidential manner.

BVU: "Due to the sensitive nature of personal medical information, this committee should operate in a strictly and absolutely confidential manner. It is widely known that poor management and abusive workplace practices negatively impact the health and fitness to practise of veterinary professionals."

   - **b) Health assessments by qualified experts.** Another suggestion was that any assessments on an individual's health must be made by a medical professional.

BVA & BVNA: "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."

   - **c) Allegations must be justified.** Some were concerned that inaccurate allegations would be brought against individuals, and that there must be checks and investigations in place to ensure that these are genuine, as well as an appeals process.
   - **d) Practices and work environments should be investigated.** Some suggested that the RCVS should investigate individuals' work environments, as these could have a significant impact on performance and health. The Linnaeus Group Ltd stated: *"We also feel that too much*

emphasis is placed upon the individual and not the circumstances or environment under which they are being compelled to work. Environment and culture are often much more to blame than an individual and this impacts upon behaviour. For instance, if an individual is being compelled to work beyond their competency or for very long hours which could impair their decision-making, it is important this is considered."

Recommendation 4.3:
Introducing powers to impose interim orders

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

89. Opinions on Recommendation 4.3 were divided between those in support and those against the introduction of interim orders. Respondents who supported this proposal cited the following reasons:
   a) **Animal welfare.** Some respondents felt that interim orders would be essential to protect animal welfare and the public, and that the current system could result in individuals being able to practice for many months or even years despite posing a threat.

BVA & BVNA: "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."

   b) **Trust in the profession.** Others felt that this power would be important for bolstering public trust in the veterinary profession.

90. Responses opposed to this recommendation gave the following reasons:
   a) **The RCVS must improve the DC process.** The most common negative response was that the RCVS DC process was too lengthy, and that action should be taken to remedy this rather than introducing interim orders. Others said this would be essential if interim orders were brought in, to minimise the time that people would be suspended from the Register. "At the moment the time between a complaint being lodged and the DC pronouncing judgement can be very long (months to years!) I would not support restricting the ability of someone to earn a living while the bureaucratic cogs turn. If a hearing was concluded over a much shorter period of time, or a provisional decision was reached early on them I might support it."

   b) **Inaccurate or malicious complaints.** Concerns were raised that when complaints were inaccurate or malicious interim orders would result in professionals being prevented from practising while they awaited investigation, based on allegations alone.

   c) **Should not be used at the investigation stage.** Some specifically stipulated that interim orders could be used at the appeals stage once an investigation and decision had been made, but not earlier in the process when a case had not been fully investigated. This was related to a concern that using interim orders at the investigation stage went against the notion of "innocent until proven guilty": "This has the real danger of causing a veterinary surgeon or nurse to be found "guilty" before the full evidence is heard and the interim order may actually be reversed at a later date".

The Pets at Home Vet Group: "We agree with the proposal during the statutory appeal period and recognise the good intentions of wishing to move swiftly to protect the interests of all concerned in the most serious of cases. We do, however have grave concerns about the use of this power during the investigation process … The investigation process would need to be much faster, or the suspension time-limited for this to be viable option."

BEVA: "Temporary restrictions on a veterinary surgeon or nurse's right to practise pending a final decision by DC, as well as restrictions placed on an individual during the statutory appeal period following a decision by DC to suspend or remove the practitioner's name from the register would result in a loss of that person's livelihood before the case has been finalised. This goes against the legal principle of presumption of innocence (innocent until proven guilty)."

   d) **Financial costs.** Some were concerned about the financial implications of this change for individuals. There were two elements to this concern:
      i. Loss of income. A common concern was that professionals could lose their source of income, perhaps over a period of several months, which would cause financial hardship, and would be a disproportionate punishment if they could later be found not guilty.
      ii. Expensive legal battles. A small number noted that individuals would incur huge legal costs and there were no vehicles of compensation if the accusations were proven wrong at any stage.

Vets Now: "Whilst recognising that interim orders would be valuable in the most serious cases only (e.g. investigation of criminal behaviour) there is a need for support for individuals during the process and we would advocate for a consideration of financial recompense mechanisms for those who do not ultimately face sanction."

   e) **Other negative consequences.** Respondents mentioned several other negative effects for the individual:
      i. Stress. An interim order could cause additional mental distress in an already difficult situation.
      ii. Wider impact. This could also have a wider impact on areas such as the individual's family members through loss of earnings, reputation (even if they are then proved to be innocent), and the individual's employer and colleagues.

91. Respondents raised a number of questions about Recommendation 4.3:
   a) Some asked for more information about the situations that interim orders would be used in. In what situations would an individual be considered a significant risk? And what evidence or criteria would have to be met for this be determined?
   b) Others were concerned about the potential for loss of earnings during periods of suspension, and asked whether compensation would be available for those found not guilty following an interim order?
   c) Another query was how long an interim order could be in place for. Could this be indefinite?
   d) Respondents also asked for more information about the underlying rationale for this recommendation, more specifically whether the RCVS could cite any past examples where animal welfare had been placed at risk due to this power not being in place?

92. The following suggestions were put forward for how interim orders should work in practice:
   a) **Only with proof of severe concern.** One common caveat made in responses to this recommendation was that interim orders should only be used in exceptional circumstances where there was clear evidence of severe danger to animal welfare or the public.

CVS: "We understand that the current inability of RCVS to act during the investigation phase, even in the face of an obvious and ongoing threat to animal welfare or public safety is problematic and the right to impose interim orders is logical but should be proportionate. Full suspension would need to be very much the exception when there is clear and unequivocal evidence of serious wrongdoing."

b) **Only if there is financial support.** Another frequently-cited caveat in responses was that this recommendation should only be introduced if financial support or compensation was available for any loss of earnings. Some also mentioned other types of support, such as counselling and practical support for going through a disciplinary process.

PDSA: "In principle the power to impose an interim order would seem reasonable and sensible provided the thresholds and circumstances for use of those orders is consulted upon, clearly defined and consistently applied … Such orders when imposed would need to be accompanied by clarity of employers responsibilities e.g. paid suspension, or what types and levels of insurance recommended for self-employed individuals would be suitable."

c) **Time limits.** Some suggested that interim orders should be short and time-limited.

d) **Suspension of specific duties.** Others felt that interim orders should not involve full suspension but suspension of specific duties, or closer supervision if appropriate, in order to avoid the negative effects of suspension from working.

Recommendation 4.4:
Introduce reviews of suspension orders

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

94. The majority of responses to this recommendation was positive. Reasons given for supportive responses were as follows:

a) **Fair.** Respondents felt this would be a more fair and flexible approach than the current system, and that it would avoid unnecessary removal from the Register, or convoluted workarounds. Some also mentioned that it was appropriate and consistent with the move towards a 'fitness to practise' and 'current impairment' approach.

BVA & BVNA: "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."

b) **The purpose of suspension is to improve/reflect.** Some respondents mentioned that this measure would ensure that suspension was used as a time to improve and reflect, and should be used as a time to demonstrate some change or undertake remedial action, not solely to punish. Therefore, if an individual had not met their aims the period must be extended.

95. Those who were against this recommendation gave the following reasons:

a) **The current system is appropriate.** A common reason given for not supporting this recommendation was that the current system delivers appropriate outcomes; if someone had been judged unfit to practise and posed an ongoing risk to animal welfare then it was appropriate that they were removed from the Register.

b) **Not a fair trial.** Some respondents expressed concern that this would mean individuals were effectively tried twice for the same transgression, and that once a sanction had been decided on this should not be changed. Likewise the original suspension length should be appropriate, and reflect the seriousness of the offence: "If the offence was so great that an indefinite suspension was appropriate why wasn't it imposed originally?"

c) **Could be extended indefinitely.** A further concern was that individuals could be suspended indefinitely if they kept failing the review.

d) **Impact on mental health.** The above concerns around unfair treatment and extended sanctions led some to be concerned about the impact of this change on professionals' mental health.

96. The following queries were raised about Recommendation 4.4:

a) A common question raised was how suspension orders would be assessed, and what criteria would be used to decide whether suspension orders should be extended or now?

b) Another query raised was whether suspension order could be repeatedly extended, or would there be a time frame to limit this? And could suspensions be reduced as well as extended?

c) Some respondents asked who would make up the panel making decisions on suspension order extensions.

d) Some asked about the communication of decisions, and whether these would be made public.

97. The following suggestions were made for how this could work in practice:

a) **Specific conditions for suspension.** One commonly made suggestion was that suspension must be associated with specific conditions or goals, and that suspensions should only be extended where these conditions had not been met. Goals must be clear with specific guidance from the RCVS on what they wished to see from the veterinary professional. Some also mentioned that it must be made clear when suspensions were issued whether they could be extended or not.

BVU: "The BVU would support suspension reviews contingent on completing specific actions (e.g. specific training), and not tied to time periods."

b) **A focus on rehabilitation and training.** In a related point, some suggested that the focus of any suspension should be on rehabilitation and training.

c) **Support.** Some respondents felt the RCVS should provide support for individuals to meet their targets or conditions during their suspension, this could be similar to the NHS provision for medics experiencing suspensions. On a related note some suggested that financial support must be available while individuals were suspended.

d) **Only if have another hearing.** Some respondents said that suspensions should only be extended if the individual was given another hearing, with clear evidence supplied, and the right to appeal. Some mentioned that the same panel should reconvene to assess the evidence for a suspension order to be extended.

Recommendation 4.5:
Introduce a wider range of sanctions

98. The range of sanctions available to DC is very limited, in that it may only issue a reprimand or warning or suspend or remove an individual from the Register[3]. The LWP recommended that DC be given the power to impose conditional or restricted registration (also known as 'conditions of practice orders'), a power almost all other regulators have. Again, the power to impose conditions of practice orders would allow DC, in suitable cases, to adequately protect animals and the public by imposing a less onerous sanction.

99. A majority of responses was in support of this recommendation, although some were against the proposal, while others had queries and suggestions. Reasons given for positive responses were as follows:

a) **Sanctions without removing from the Register.** Many of the responses to this recommendation felt that a wider range of sanctions would offer more flexibility and allow individuals to continue to work where this was appropriate, rather than being removed from the Register entirely.

BVA & BVNA: "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."

[3] DC may also take no further action or postpone judgment (with or without undertakings) for up to two years, however, these are powers are not true 'sanctions'

Nockolds Resolution, providers of Veterinary Client Mediation Service: "The ability to consider a wider range of sanctions will provide the RCVS with an agility and flexibility to regulate the professions in the modern world of veterinary practice."

Linnaeus: "Additional sanctions should be those that offer support to address and resolve any issues, such as conditional registration with the need for continued professional development, rather than restrictive sanctions."

Vets Now: "We are supportive of this recommendation and feel this is required before we would support a change in the burden of proof."

b) **Protection of animal welfare.** Some felt a wider range of sanctions would allow better protection of animal welfare and the public.

100. A minority of respondents was against this recommendation, and gave the following reasons:
   a) **Postponing judgement for two years.** The most commonly-given response against this recommendation related to the DC's current power to "postpone judgment (with or without undertakings) for up to two years". Many were concerned that this was unjust and would have a negative impact on an individual's mental health.

   b) **Current sanctions are sufficient.** Some felt extending the range of sanctions was unnecessary because the current system provided sufficient breadth to cover the majority of scenarios.

   c) **Higher costs.** Some were concerned that a larger range of sanctions and restrictions would lead to increased costs of regulation, and this would translate to higher RCVS fees.

   d) **Lack of trust in the RCVS.** Some expressed concern that increased sanctions would not be issued fairly by the RCVS and could be open to abuse. Some felt that this change would result in an increase in hearings and appeals, which the DC would not have capacity to deal with.

101. The following queries were raised about Recommendation 4.5:
   a) A common response for this recommendation was that not enough detail had been presented on the type of sanctions and restrictions that would be introduced. Respondents wanted more information about what the proposed sanctions and restrictions would entail, and how these would be monitored or policed.

102. The following suggestions were made for introducing this recommendation in practice.
   a) **Clear guidelines and time-limitations.** Some suggested there must be clear guidelines on the implementation of any restrictions on practice, including how these would be monitored, and time-limitations. One suggestion was that these sanctions should only be imposed once a hearing had taken place.

   b) **Support.** Another suggestion was that conditions of practice orders should come with support from the regulator to train the professional back to a level where restrictions could be removed.

   c) **More efficient system.** Another suggestion was that the disciplinary process would need to be more efficient to deal with an increase in cases, and ensure cases were concluded in a timely manner.

   d) **Communication of this proposal.** Some suggested that the RCVS should take care in the communication of this proposal, because there was a potential for increasing fear among the professions of increased complaints and sanctions being brought.

Recommendation 4.6: Introduce the power to require disclosure of information

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

104. Respondents were divided in their views on this recommendation. Positive responses to this recommendation gave the following reasons:
   a) **Essential.** Some said this was logical, and necessary in order to effectively carry out an investigation. Some said this would increase the robustness of investigations and their outcomes. A small number of respondents mentioned that they were surprised this was not already the case.

CVS: "It is appropriate that any 'fitness to practise' process can proceed as efficiently as possible for the wellbeing of the individuals concerned, and we support this recommendation to facilitate this."

Vets Now: "We feel this proposal would increase the evidence available within the fitness to practice process and therefore increase the robustness of outcomes. We would want to see appropriate checks and balances included in the process e.g. comparable to those in human healthcare."

   b) **Will increase public confidence.** A number of responses said this would increase public confidence that the RCVS had the power to fully investigate and that concerns had been fully addressed.

105. Responses opposed to this recommendation gave the following reasons:
   a) **Personal medical records.** A key concern for those against this recommendation was that private medical records would be released. These responses strongly stated that the RCVS should not have access to this private medical information, and doing so could discourage people from seeking help with mental health problems.

   b) **Dissatisfied with current requests for information.** Some responses expressed dissatisfaction with past experiences of requests for information from the RCVS, a key criticism being that enquiries were not indexed to the Code of Professional Conduct, therefore it was not clear which part of the Code has been contravened.

   c) **Relationship between the RCVS and the veterinary profession.** Some felt this would have a negative impact on the relationship between the RCVS and the veterinary profession, through increased distrust and fear. In a related point some said that the system should focus more on supporting the profession.

   d) **Legal issues.** Some respondents said this recommendation would have significant implications for GDPR, Freedom of Information, or human rights laws.

VDS: "VDS is clear that any new disclosure powers should not erode individuals' basic rights, such as the right not to self-incriminate."

   e) **Too much power for the RCVS.** Another response to this recommendation was that it would grant too much power to the RCVS and could be open to abuse.

106. Respondents asked for more information in the following areas in relation to Recommendation 4.6:
   a) **What is the extent of this issue?** Which organisations had not cooperated, and what impact had this had on RCVS functions?

   b) **What kind of information would the RCVS be requesting?** Would this include private or personal information?

   c) **Would there be penalties?** Would there be penalties for those refusing to provide such information and, if so, what would those be?

107. The following suggestions were made for how this could work in practice, or alternative measures:

a) **Only in serious cases.** A key suggestion made in relation to this recommendation was that it must only be used in the most serious cases, where there was clear evidence that the law had been broken or there was a danger to human or animal welfare.

b) **Only where information is relevant.** Some also said that this recommendation should be carefully worded so that only information that was relevant to the investigation or charges could be requested.

c) **Protect individual's confidential information.** Some stipulated that no personal information should be requested, for example, private medical records, only professional information.

d) **This power should extend to complainants.** Another comment was that "complainants must be obliged to provide full and accurate disclosure, otherwise the case should be rejected".

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

108. At present the RCVS does have a 'case examination' stage, but it does not operate a true Case Examiner (CE) model. In the case of other regulators that use the CE model (e.g. the General Medical Council (GMC), GDC, Nursing and Midwifery Council (NMC) and General Optical Council (GOC)), CEs make decisions in pairs (one registrant and one lay) and, in some cases, one or both are employees of the regulator. CEs also have powers that allow them to dispose of suitable cases consensually where the threshold for referral is met (so long as the wider public interest can be satisfied by disposing of the case in this way). This model is more cost effective than convening the PIC for all decisions (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).

109. The majority of responses was supportive of this recommendation. Positive responses gave the following reasons:

a) **Efficiency.** Many respondents said that this change would speed up investigations, and make them more efficient, cost effective and streamlined.

BVA & BVNA: "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. 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."

Vets Now: "We are strongly supportive of this recommendation as the duration of cases being open has a major impact on the mental health of professionals."

The Pets at Home Vet Group: "We are supportive of this reform since it promises to make the investigation process faster and less onerous for the defendant, and less resource intensive for the college which will be of benefit to all stakeholders."

b) **Avoid complaints progressing too far.** Another common response was that this would allow cases to be concluded quickly where there is no evidence of misconduct and would avoid professionals going through a disciplinary process as a result of unfounded complaints.

c) **Reduce stress.** Some respondents said that completing cases quickly would reduce stress for those under investigation.

Nockolds Resolution, providers of Veterinary Client Mediation Service: "One of the factors in formalising the role of Case Examiner and allowing them to conclude cases, should be timescales and the length of proceedings. Any reforms or innovative ways of approaching the professional misconduct process must consider how to address this issue. The impact on both professional and witnesses involved (complainants) at any stage of the process may feel, or is disproportionate in many cases."

d) **Congruent with other proposals.** Some said that this change would be critical in making the other recommendations feasible.

e) **It is the way things are done in other professions.** A small number of respondents said that it would be sensible that the RCVS had similar legal powers to regulators in human healthcare.

110. Negative responses gave the following reasons:

a) **Decisions should be made by more than two people.** A key concern for those opposed to this recommendation was that the CE approach involves decisions being made by two people, and they believed this was not enough to make a fair judgement. There was also some concern among respondents that the CE could be made up of two RCVS employees, and that this could 'introduce bias'.

BEVA: "BEVA supports this recommendation in principle. The initial processes for assessing cases needs to be speedy and robust, which hopefully this change will achieve. However, the reduction of the panel to two increases the risk of variability in decisions, and some guarantee of consistency of approach by different case examiners is required, as well as details about the financial implications of this proposed system."

b) **Increase the risk of injustice.** Some respondents felt that this approach would result in a loss of accuracy and an increased risk of injustices because it involved decisions being made by a small group of officials. For example, one veterinary surgeon said: "I do not agree that a quicker more cost-effective solution is preferable over an accurate one". Some responses were specifically concerned about racial bias being a factor in decisions. Other responses were concerned that there would be bias against CAM practitioners.

c) **Reduced transparency.** Others were concerned that using the CE model would reduce transparency in the disciplinary process; "Reducing the work of an entire committee to a two- person team reduces transparency and erodes members trust in the system."

d) **Veterinary profession is different to the NHS.** Some commented that the veterinary profession was different to the NHS in various ways and therefore the mode used in human healthcare was not necessarily applicable to veterinary medicine.

e) **Retain current system.** Another view was that the current system worked well, and there was no reason to replace it.

f) **Not enough focus on clients.** Some members of the public felt that the proposals in this section did not focus enough on the public and veterinary clients, one said that: "Not only are clients not mentioned they are specifically ignored and the definition of consensual, usually meaning mutual consent, cannot exclude the victim."

111. The following queries were raised about Recommendation 4.7:

a) Some respondents asked for clarification on what is meant by "dispose of suitable cases consensually" in the recommendation.

b) Some wanted more information on what this change would cost, how it would be funded, and would this result in increased fees for members.

c) Another query was whether "closing cases" could involve veterinary professionals being removed from the Register.

d) Some wanted further detail on who the Case Examiners would be. Would there be a diverse set of panel members? Would they have experience or knowledge relevant to the case?

112. Respondents made a number of suggestions about Recommendation 4.7, which are listed below. These are generally centred on the theme of ensuring consistent and unbiased decisions.

a) CEs need to be monitored. The most common suggestion made about this recommendation was that CEs would need to be regularly monitored and assessed to ensure all outcomes are fair and unbiased, and that decisions must be transparent and subject to scrutiny.

b) Training for CEs. Another common response was that case examiners should receive detailed guidance and training to ensure that there is fairness and consistency in how different cases are dealt with. Some respondents also felt that examiners should have subject specific knowledge relevant to the case.

c) Three CEs. Some suggested that cases should involve at least three case examiners, rather than two, to reduce the level of bias. Some also felt that lay people should not be used as CEs.

d) CEs should not be able to set sanctions. Case examiners should only be able to dispose or refer the case.

e) Appeals. Another suggestion was that there must be an appeals process available.

f) Unresolved cases should go to the PIC. The BVU suggested that cases that were not resolved should not be "directly referred to the DC, but that the usual steps of first convening a preliminary investigation committee are followed."

Consultation responses

Part 5. Modernising RCVS registration processes

113. The LWP made three recommendations to modernise the RCVS registration process. These were allowing limited licensure in principle, introducing revalidation, and underpinning mandatory continuing professional development (CPD). Respondents were divided in their views on limited licensure, and opposed the introduction of revalidation, but were in support of the recommendation for mandatory CPD. Reasons for these responses were varied, and are explored in more detail below.

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

114. 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. In principle such limitations could range from being restricted from undertaking a specified act or area of practice, through to only being licensed to undertake a specific procedure or area of employment.

115. At present there is limited appetite for a general introduction of limited licensure for domestic graduates, but this may change in future. Further, in future there may be an appetite for RCVS Council, after due consultation, to introduce limited licensure for overseas veterinary graduates whose degree does not qualify them for a general UK licence. This could allow the RCVS to help to address workforce shortages without undermining the assurance of standards.

116. The LWP specifically recommended 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. For instance, an individual may not be able work in practice due to a disability, yet still be able to teach, undertake research, work in pathology, veterinary regulation, politics or policy. Limited licensure could permit such candidates to complete the relevant education for a branch of veterinary surgery, and allow them to become Members of the College. At present people in this situation are unable to undertake the veterinary degree as any 'reasonable adjustment' would not meet the RCVS Day One Competencies; this cannot be remedied without legislative reform to allow limited/restrictive licensure, which in turn would allow the Day One Competencies to be adapted for a limited/restricted licence.

117. More respondents were opposed to Recommendation 5.1 than in favour of it. There was, however, a sizeable minority that supported the recommendation, reasons given in support of this proposal were as follows:

a) More inclusive. A common response for supporting limited licensure was that it would allow access to the veterinary profession for some individuals who are currently excluded, resulting in a more inclusive and diverse workforce. One veterinary nurse said: "I think this is a brilliant idea. There are some wonderful people who would be a great asset to the veterinary profession, but are not able to be a part of it due to disability for example."

BCVA: "Limited licensure would also help to ensure inclusivity for entrants with disabilities that may currently not be able to meet the demands of a full veterinary degree, and thus we may be missing out on potentially excellent vets who can contribute to farm veterinary practice in alternative career paths."

CVS: **"We believe that this change is long overdue and has blocked some individuals entering the profession when they could easily have carved out a successful career."**

Linnaeus: **"With regard to disabilities, as proposed this is relatively uncontroversial, allowing registrants with disabilities to practise in certain areas and we support the RCVS' intentions in principle that registration and licensure should be modernised to enable completion of the veterinary degree and registration with the college."**

PDSA: **"PDSA would support this recommendation on the basis that it is aimed at making a veterinary career more accessible and sustainable for those that are unable to train or practice in the full range of acts of veterinary surgery. PDSA recognises that there is benefit in including it to avoid the need to revisit the VSA in the future for the purpose of including more general limited licensure. However PDSA is aware that the case for general limited licensure is yet to be decided."**

b) **Relieve staffing shortages.** In a related point, some respondents felt that widening the profession to allow access for those with disabilities and from overseas would help with staffing levels in the profession.

c) **Attract more overseas vets.** Another response was that this change would make the UK more attractive to overseas vets and would particularly benefit the areas of food production and meat inspection. The current system requires vets coming from overseas to have general knowledge of all areas of veterinary science, which can be challenging for specialised vets who have been qualified for several years and have not studied certain areas since qualifying. Some respondents gave personal stories of the barriers this had caused to qualifying in the UK.

VetPartners: **"We support the introduction of limited licensure for overseas veterinary graduates when a significant need is identified. It would be essential to maintain safeguards to ensure that the integrity of such limited licensure is upheld."**

d) **Limited licensure on a wider scale.** There were also some responses that mentioned support for limited licensure on a wider scale. These respondents felt that as veterinary medicine was becoming broader, 'omni-potential' becomes more challenging. One veterinary surgeon said: "I do not agree that there is no appetite for limited licensure for domestic graduates … it is absolute nonsense to insist that all students be expected to be competent in some Day 1 skills which they will never use. The vast majority of vets in practice work in either farm animals, equine or small animals."

118. Respondents who were against this recommendation gave a variety of reasons:

a) **Concern about creating multiple levels or 'tiers' of vet.** One common concern with introducing limited licensure was that it would create a two-tier system of veterinary surgeons. This was seen as a problem because it could be overly complicated, difficult to monitor and regulate, and could lead to situations where professionals were pressured to perform tasks for which they were not licensed.

Linnaeus: **"Limited licensure has the potential to become an overly complex model and could impose many challenges including in regulation, and public of the role and responsibilities of a veterinary surgeon."**

b) **Unnecessary, it is personal responsibility.** Another common response was that this change is not necessary, because those without the physical ability to perform a job would not seek to be hired in that role, and according to the Code of Professional Conduct, professionals should not perform procedures beyond their capabilities. Some also mentioned that it was not necessary to be a qualified veterinary surgeon in order to work in research, pathology, veterinary regulation, politics, or policy.

c) **Negative impact on owner/vet relationship.** Some respondents said that this would cause confusion among the public, because it would make the title 'vet' unclear, and could also have a negative impact on the reputation of individual veterinary surgeons, practices and the profession as a whole. Some felt it would 'dilute' or 'undermine' the veterinary profession.

d) **Discriminatory towards disabled professionals.** Many respondents mentioned concerns that limited licensure for those with a disability would be discriminatory for a number of reasons, including limiting them to a 'lower tier' of practice, and causing issues with employers. The BVA and BVNA said: "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."

e) **Discriminatory towards overseas professionals.** In a related point, some respondents were concerned that this measure would be construed as xenophobic to overseas vets, by devaluing or exploiting on overseas vets.

BCVA: **"There may be benefits to limited licensure for overseas graduates whose skills and qualifications may not meet those required by the RCVS for a full licensure. However, in reality this may result in driving a cheaper workforce in an area that suffers historically from poor remuneration and this will do nothing to attract UK veterinarians into these roles."**

f) **Need a full licence to perform non-practice roles.** Some respondents expressed concern about roles such as education, policy and regulation being performed by individuals who did not hold full veterinary surgeon licences, "A complete understanding of the pressures and diversity of challenges affecting practitioners is very important for the professions leaders".

g) **Do not support limited licensure for overseas professionals.** Some specifically mentioned they would support this for people with disabilities, but not for overseas vets, who should be suitably qualified to be able to perform procedures in the UK.

119. Many respondents expressed concern that Recommendation 5.1 indicated limited licensure would be introduced for all vets, beyond the two specific examples of disabled vets and overseas vets. Among these responses the following reasons for opposing the recommendation were given:

a) **This would open the door to limited licensure for all vets.** A key concern for this group of respondents was that in the long-term this change would lead to all vets becoming specialised, practices would become limited-service, and that newly qualified vets would be restricted in their competences. Some felt this recommendation was a "first step" or "pilot scheme" for introducing limited licensure more widely.

BVA & BVNA: **"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."**

b) **Increased referrals and increased costs.** Many were concerned that introducing limited licensure more widely would cause an increase in specialisation would lead to an increase in referrals, as GP vets would not be able to perform more specialised surgeries. This would drive up costs for the public and would lead to animal welfare issues where clients cannot afford specialised care.

c) **Limit career paths.** Another concern was that limiting into specialisms would limit vets in their

career pathways, by removing the flexibility to move between sectors. One veterinary surgeon said: "Our veterinary qualification gives us the right to work in any field of veterinary surgery. It is a precious right which I do not wish to see eroded."

BCVA: "It is common for veterinary graduates to deviate from their intended pathway during university and after graduation, and limited licensure may make deviations into farm practice more difficult."

d) **Veterinary practice is different to medicine/ NHS.** Some said that the NHS model of progression towards specialisms in a narrow area would not work in veterinary medicine.

120. One key question emerged from respondents about this recommendation:

a) **How would other professionals know that a veterinary surgeon has a limited license?** Respondents wanted clarity on how this would be managed, for example, would it be noted on the Register? This question was raised as a particular issue in relation to veterinary surgeons who were not permanent members of the practice team.

121. The following suggestions were made about how this could operate in practice:

a) **Suggested uses for limited licensure.** While not a common response, some respondents who were supportive of this recommendation felt it could go further, and made suggestions for other uses for limited licensure.

i. Pathology: someone without a veterinary degree could learn all that is needed to qualify as a veterinary pathologist, via a more restricted veterinary medicine degree or another qualification pathway.

ii. Retirees: limited licensure could suit retired vets who still want to work part-time but with reduced fees and CPD requirements.

iii. Restoration to the profession: limited licensure powers might be very helpful for restoration decisions.

b) **Both options should be available for disabled people.** Some suggested that those with disabilities should be supported in doing the full veterinary degree wherever this is possible, and limited licensure could also be available.

c) **Indicating limited licensure.** Some respondents said that it must be clear to employers and colleagues whether a veterinary surgeon has a limited licence or not. However, as some respondents mentioned, while information needs to be accessible, personal and sensitive information must be protected.

d) **Impact on veterinary education.** Several respondents made suggested for how veterinary education could be adapted to enable the introduction of limited licences. The Veterinary Schools Council and others raised a number of areas that would need consideration including how EMS and admissions processes would operate, whether this would lead to a shorter veterinary programme, and whether there would be a separation of graduation and registration.

VSC: "Introduction of limited or preferably "focused" licensure for UK graduates would enable an increase in diversity … However, there are still a lot of questions in terms of the operation of this particularly, in terms of recruitment into veterinary school and the veterinary undergraduate programme."

e) **Focus instead on widening participation.** Some felt that the focus should be on supporting and widening participation in the veterinary profession rather than limiting individuals to certain areas of practice. The BVA and BVNA said: "The RCVS should consider this issue in the context of widening participation and reconsider the way in which students demonstrate their Day-One Competences by focusing on making reasonable adjustments such as using simulation, or demonstration of competence through direction."

f) **Further consultation is needed.** Some respondents requested that further consultation is carried out to refine the details of how this would work in practice.

g) **Terminology.** Some felt the term 'limited licence' was not appropriate and suggested 'focused' or 'appropriate licensing' instead. On a related note, the descriptor of a 'limited' licence was questioned by some. One veterinary student said "I can see the intention of this is to allow people with disabilities into different branches of veterinary and not needing them to qualify in areas that they would struggle to work in. But the wording is not inclusive to disabled people, particularly the phrasing 'limited'. It's the exact opposite. It needs to be clear that this is something for the candidate to choose for themselves."

Recommendation 5.2:
Empower the RCVS to introduce revalidation

122. In 2007, a Department of Health report[4] proposed that all the statutorily-regulated health professions should have arrangements in place for 'revalidation', to ensure that health professionals remain up to date and demonstrate that they continue to meet the requirements of their professional regulator as they are now, rather than when they first registered. The professional standard against which each is judged is the contemporary standard required to be on the Register, and not the standard at the point at which the individual may have first registered.

123. Such revalidation aims to give assurance that individual doctors are not just qualified, but safe. It also aims to help identify concerns about a doctor's practice at an earlier stage and to raise the quality of care for patients by making sure all licensed doctors engage in continuing professional development and reflective practice. Revalidation schemes are not limited to doctors, and are regarded as best regulatory practice.

124. 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 failure to respond to formal communications from the RCVS); there is no requirement to revalidate as there is with other professions. The LWP recommended that the RCVS be empowered to introduce a system of revalidation in future, should RCVS Council decide to do so.

125. A majority of respondents was opposed to this recommendation, although there were some responses in support of revalidation being introduced, and some with questions and suggestions for how this could work in practice.

126. Responses in support of this recommendation gave the following reasons:

a) **Maintain standards across the profession.** Some respondents said that revalidation would ensure that those who are unfit, or falling before the current standards, would be identified. This would also encourage practices to ensure they carry out annual appraisals and would be an incentive for maintaining performance across the profession. Revalidation would also ensure that professionals are remaining up to date with developments in clinical best practice.

The Pets at Home Vet Group: "We support the principle that the veterinary profession should be required to demonstrate continued professional competence, however the system must be flexible enough to be suitable for the diverse range of roles that veterinary professionals may be following and skillsets and knowledge that they are employing as they progress through their careers. If done well, it will drive a positive culture of better personal insight, personal development and CPD aligned to the spirit of a 'Just Culture'."

b) **Public confidence.** Others felt that revalidation would provide reassurance to the public that veterinary surgeons "operating competently and confidently".

c) **In line with other professions.** Another supportive argument was that revalidation is used across other similar professions and had been adopted by veterinary specialists.

BAEDT: "The British Association of Equine Dental Technicians supports introducing a system of revalidation. Currently, our Members have to have their practical skills revalidated every three years by a BEVA/ BVDA BAEDT examiner."

[4] Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century (Communications Department of Health 2007a)

127. Responses that opposed this recommendation gave the following reasons:

   a) **Burden on the profession.** Many of those opposed to this recommendation were concerned that revalidation would be time-consuming and expensive for individual professionals. These burdens would have several knock-on effects including:
      i. A negative impact on mental health caused by the amount of work, stress and pressure associated with revalidation. Some mentioned that medical doctors find it stressful and onerous, others mentioned personal experience with Official Veterinarian revalidation.
      ii. Exacerbating issues with retention in the veterinary profession, by "pushing out" vets through increased stress and additional costs, making it difficult for individuals returning to practice after parental leave or a career break, and causing more experienced vets to retire early to avoid going through revalidation.
      iii. Increased costs for vets associated with the revalidation process and a potential rise in registration fees. There was also concern about increased costs for practices and, as a result, clients.

   b) **Unnecessary.** Another commonly mentioned concern was that the extra burden of revalidation was not necessary. The following reasons were identified:
      i. The CPD system is sufficient to ensure professional standards are met, and professionals are up to date with their knowledge, particularly with the introduction of enforcing mandatory CPD (Recommendation 5.3).
      ii. Practices already have systems in place to ensure staff knowledge and skills are up to date, through appraisals, reviews and monitoring.
      iii. The disciplinary system is sufficient to catch professionals who are falling below standard, through the investigation of complaints or allegations. The proposed disciplinary reforms will further reduce the need for a revalidation process.
      iv. Revalidation will not make a difference to standards of care; it will become a token exercise that does not achieve anything. The Veterinary Defence Society said: "VDS is aware that revalidation has been introduced to the UK medical profession. However, it is not aware of any compelling evidence of its effectiveness in maintaining standards, or in reducing the risk of professional misconduct."
      v. It is not a widespread issue that vets fall below the expected standards or are struck off.

PDSA: "PDSA would argue that the more robust expectations surrounding CPD, designed to maintain professional knowledge and skills relevant to a role in a reflective manner, would appear to go a long way towards providing the reassurance stated as a driver for revalidation, RCVS should consider whether an existing framework can satisfy the objectives before creating a new one."

BCVA: "A Vet Futures Study revealed that 94% of the British public trust or completely trust the veterinary profession and we are amongst the most trusted profession. Is there a need to fix something that may not be perceived to be broken?"

   c) **Veterinary medicine is too varied.** Many respondents mentioned that veterinary medicine is not restricted within narrow specialisms like human healthcare, and being a wide-ranging, varied, profession poses challenges for introducing a standardised revalidation system. Several veterinary surgeons were concerned that this would require them to be up to date on knowledge and skills in areas they no longer used in their day-to-day occupations, and some specialised professionals were concerned that there would not be anyone suitably qualified to assess them: "The difficulty is that the veterinary field is so wide that it would be very difficult to get an independent assessor to be able to assess every vet fairly."

VDS: "Medical practitioners also tend to remain within their chosen area of expertise and have a rigid post-graduate training program in place to facilitate this. The diversity of the profession is such that we believe setting the appropriate bar for revalidation would be much more challenging."

   d) **Restrict vets into specialisms.** Linked to the above is a concern that introducing revalidation would mean veterinary surgeons became limited to their field of practice only and were prohibited from performing procedures deemed outside of their remit. Respondents mentioned several potential impacts of this:
      i. This could reduce the pool of veterinary surgeons able to perform certain procedures.
      ii. This could drive up costs, because GP vets would have to refer animals rather than performing lower-cost procedures themselves. This could, in turn, impact on animal welfare if clients were not able to afford referral costs.
      iii. This could impede on education, development, and career progression, by restricting opportunities for on-the-job learning, and narrowing career paths to remain within a specialism (rather than retaining omnipotential, and the flexibility associated with this).

   e) **Risk of biased assessment.** There was concern among some respondents that assessments would be subjective and biased. One particular area of concern was that assessors would be biased against veterinary surgeons who practise therapies "outside of the mainstream".

128. Many respondents stated that there was not enough information about how revalidation would work in practice for them to respond to the consultation. More information was requested in the following areas:

   a) **How would professionals be assessed, and who would carry out the assessments?** How would assessments work for veterinary surgeons working in General Practice, or in very specialised areas?

   b) **What are the reasons for introducing revalidation?** The BVA and BVNA stated that: "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 … in order to design an effective system, the desired outcomes must first be identified."

   c) **How would this be funded, and would there be an impact on registration fees?**

129. The following suggestions were made about how revalidation could work in practice, or alternative solutions:

   a) **Take account of extenuating circumstances.** Some respondents suggested that consideration should be given for career breaks, sickness, parental leave, and other extenuating circumstances, to ensure that the introduction of revalidation did not place unnecessary barriers to re-entry into the profession.

   b) **Only for a subset of professionals.** Another suggestion was that this should not be introduced across the board for all veterinary professionals, but only in certain circumstances, such as where repeated complaints had been made or concerns had been raised about an individual, where CPD requirements had not been met, where individuals had been away from the role for an extended period of time, or for those in Advanced Practitioner or Specialist roles.

   c) **Tailored to the area of practice.** Some raised matter that assessments must be tailored to the individual's area of practice.

AGV: "It is important that revalidation reflects the reality of specialisation and does not require competence and knowledge across the full range of species and disciplines."

d) **Timing.** Several respondents made suggestions for the frequency of revalidation assessments, with most advocating between five and 10 years.

e) **Ensure it is not too onerous or costly.** Some stipulated they would support revalidation but only if the process was streamlined and was not overly burdensome for the profession.

Vets Now: "We would recommend that revalidation would need to be implemented in a way that minimised the burden on professionals and was valuable for all stakeholders e.g. highlighting significant clinical changes in the area of practice during the revalidated period."

f) **Whistleblowing.** A small number of respondents said an anonymous whistleblowing or "colleagues for concern" system should be introduced for colleagues concerned about an individual's fitness to practise. This was mentioned both as an alternative to revalidation, and as a process to run alongside the revalidation system.

g) **Focus on CPD.** A suggested alternative to revalidation was to focus on promoting the uptake of CPD. Some respondents felt that revalidation would be too onerous, and as an alternative the RCVS should emphasise the importance of CPD as a way of maintaining standards in the profession.

BVA & BVNA: "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."

h) **Need a full consultation with the profession.** Some respondents felt that revalidation should not be introduced without further consultation with the profession to discuss how this would be implemented. One veterinary surgeon said: "It requires absolute clarity of the methodology, requirements and implementation before even being considered. Anything less is likely to create massive waves in an already burdened profession that's reaching breaking point."

Recommendation 5.3:
Underpin mandatory continuing professional development (CPD)

130. CPD is a requirement for all professionals wishing to register with the health professional and legal services regulators. However, unlike the abilities given to most other regulators, the VSA does not give the RCVS the ability to enforce this 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. The LWP recommended that the RCVS should be able to refuse renewal of registration if a regulated professional fails to meet their minimum CPD requirement.

131. A majority of responses was in favour of this recommendation, and many responses voiced support for the CPD system in general. The following reasons were given for supporting this recommendation:

a) **Ensure professionals are up to date.** Some said that as veterinary medicine is constantly evolving CPD is necessary to ensure veterinary practitioners are keeping up to date throughout their career, and the RCVS should be able to enforce this.

BVA & BVNA: "In principle, we support the proposal to underpin mandatory CPD with legislation to enable the RCVS to refuse renewal of registration … We agree that vets and RVNs should be required to demonstrate continuing professional competence."

b) **CPD is already considered to be mandatory.** There was surprise among some respondents that CPD was currently not mandatory, and that the RCVS did not have the power to refuse registration to those who do not complete the requirement.

c) **The current system is open to abuse.** Some said that this recommendation would prevent individuals abusing the system, and that the CPD requirements must be properly enforced and regulated.

d) **Ensure CPD is taken seriously.** Some respondents felt that CPD was vitally important and that making it compulsory would help ensure practitioners view it this way. "Lifelong learning is a fundamental aspect of being a veterinary professional and should be embraced."

e) **Less costly.** Another reason for supporting this recommendation was that mandatory CPD would be a less costly approach for the RCVS if it meant fewer resources spent on chasing individuals and pursuing cases through the disciplinary system.

VDS: "VDS considers this to be a logical progression in the evolution of the profession and supports this proposal, subject to the development of a clear and reasonable implementation process."

132. Responses that did not support this recommendation gave the following reasons:

a) **Support is needed.** Some respondents said that instead of introducing more requirements that RCVS should provide support to complete their CPD. These respondents felt that falling behind is often due to personal issues and threatening with loss of registration is overly harsh and would cause stress.

b) **Unnecessary.** Another common response was that this was an unnecessary measure, either because non-completion of CPD was already a disciplinary offence, because it was not needed if other measures such as revalidation and fitness to practise were introduced, or because they felt it would not ultimately make a difference to animal welfare.

c) **Only through the disciplinary process.** Some felt that the RCVS should only be able to refuse to renew registration once a disciplinary process had been conducted.

d) **Too expensive.** Some respondents were concerned about the cost of introducing mandatory CPD, and the impact this might have on fees, and costs for clients.

e) **CPD is time-consuming.** A small number of respondents said that they did not have enough time to meet the CPD requirements, particularly among working parents, or those who are self-employed who do not have designated time to complete the required hours.

133. Respondents made the following suggestions on how this could work in practice:

a) **Disagree with the annual requirement.** Many respondents voiced concerns about the recent change from a rolling three-year requirement for CPD, to an annual requirement. Many said they felt this should be reversed or amended if mandatory CPD was introduced, to allow for some flexibility if, for example, time was taken away from work due to illness, parental leave, or a career break.

b) **The system must be fair and flexible.** Another common response to this recommendation was that any mandatory requirement for CPD must take a flexible and fair approach, so that any mitigating circumstances were considered including time taken out of work, and personal circumstances, such as mental or physical health issues or other life events.

IVC Evidensia: "We encourage and support all our professionals to complete their required CPD and value its importance in maintaining competence and developing careers. We are supportive of the requirement to make this mandatory albeit implementation should be compassionate and have some flexibility for unique individual circumstances."

The Pets at Home Vets Group: "We support the principle that CPD should be mandatory and that the RCVS should be able to take steps to enforce this requirement. The recent changes to the CPD model are well received, but we would ask that the RCVS give careful consideration to further increasing the flexibility of the model to accommodate career breaks of up to twelve months (with no requirement to make up the hours afterwards)."

BVU: "Mandatory CPD should never be used to discriminate against people who take a leave of absence from the profession due to maternity or other reasons (e.g. illness or bereavement)."

c) **Comments on the CPD requirements.** Some respondents had comments on requirements for CPD, including the following:
  i. Some stated that CPD requirements should not be too onerous and must be realistic.
  ii. What is accepted as CPD should be broader.
  iii. There should be an emphasis on 'balanced' CPD, focusing both on their specialism and in wider veterinary topics. Although some respondents felt that CPD should focus entirely on topics relevant to improving patient outcomes in areas relevant to the practitioner's day-to-day role.
  iv. CPD should be more accessible and affordable.

d) **CPD providers should be accredited.** Some suggested that CPD providers should be reviewed and accredited in order to ensure high standards for CPD courses.

BSAVA: "We would also suggest that if CPD is mandatory that some form of accreditation for CPD providers (rather than individual CPD courses) would be helpful."

Additional LWP recommendations

134. The LWP made several additional recommendations as part of this consultation. The first of these was that the RCVS should continue to retain its dual function of Regulator and Royal College, responses to which are presented below. There were also a number of other recommendations that were listed in the Annexe to the LWP report. The responses to these are summarised in the Annexe to this report.

Recommendation 8.4:
Retaining a Royal College that regulates

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

136. Responses to this recommendation were mixed; while more were in support than against the recommendation, there was a sizeable group of responses that were not easily categorised as 'for' or 'against', many of which were more general comments about the RCVS and suggestions about how the RCVS could improve in the way it operates.

137. Respondents who supported the recommendation of retaining a Royal College that regulates gave the following reasons:
  a) **The veterinary profession need support.** Some respondents mentioned that areas such as mental wellbeing, diversity and inclusion, leadership, discrimination, and other areas of support are essential for veterinary professionals.

Vets Now: "We are strongly supportive of this proposal and recognise the fundamental importance of the initiatives described within the professions and the impact they have had so far."

  b) **Good for the public and animal welfare.** Others felt that the RCVS's dual role was beneficial for the wider public and animal welfare, as well as veterinary professionals.

  c) **Cost efficient.** Another comment was that splitting the functions would be costly, and a less cost-efficient way of operating.

BVA & BVNA: "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."

PDSA: "To separate RCVS activity from regulatory activity (and have that fulfilled by a third party) would potentially result in a disparate and confusing approach to the veterinary profession that would erode faith and trust in the structures … However, PDSA would also acknowledge that the fact that RCVS suffers a degree of mistrust in some quarters of the profession that may, in some part, arise as a result of the fact that RCVS carries out multiple responsibilities."

138. Respondents against this recommendation gave the following reasons:

a) **Functions should be independent of each other.** A common response against this recommendation was the view that the dual functions of regulation and Royal College are contradictory and should be separated in order to function fairly and independently. Some of these respondents stated that the regulatory role should be outsourced to an independent body, to enable regulation to be carried out in a fair, transparent, and independent way. Some felt that the regulatory function hinders engagement with supportive initiatives such as MMI.

b) **Supportive role is outside the RCVS remit.** Some respondents felt that the RCVS should regulate only, and that its supportive functions are outside of its remit and should be for membership organisations or employers to manage.

c) **Lack of trust in the RCVS.** A small group of respondents expressed a lack of trust in the RCVS, one veterinary surgeon said the RCVS was "out of touch with what is happening in the veterinary profession".

BVU: "The BVU strongly opposes this relationship. The veterinary profession, including all paraprofessionals, needs an independent regulator separate from the RCVS under the professional standards authority … It is in the interest of veterinary workers and the public that regulation of veterinarians and paraprofessionals should lie with an independent regulator under the Professional Standards Authority."

139. Respondents made the following suggestions for how the RCVS could manage its dual functions:

a) **Separate functions under the same umbrella.** Some respondents suggested that the RCVS should retain its dual roles, but that the two functions should operate independently of each other under the same umbrella, and that work should be done to name and brand these differently.

b) **Improve communications on the dual roles.** Others felt that more should be done to communicate the nature of the RCVS's dual roles to the profession, to provide clarity on how these operate, and why both functions are required: "Many in the professions see the RCVS primarily as a regulator and therefore miss out on the feeling of membership of a Royal College and the benefits that brings."

c) **Retain dual function but make improvements.** Some respondents expressed support for retaining a Royal College that regulates but felt the RCVS should do more to improve these functions.

i. Some respondents said that veterinary professionals needed more support and understanding from the RCVS, particularly in relation to the pressures of working as a veterinary professional, and their impact on stress and mental wellbeing.

ii. Others felt the RCVS should be more transparent in the way it operates, for example the BVA and BVNA said: "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."

Vet Partners: "Whilst we support the continuation of a "Royal College that regulates", we believe that there should be significant evolutionary changes to clarify the roles of the RCVS to the public and veterinary professions and further separate the disciplinary function from the other functions. This will become increasingly important if the RCVS takes on the role of regulating other allied professionals. In that case, the creation of a separate internal regulatory organisation within RCVS should be considered, with a title that clearly identifies its role.

Interim proposals not requiring primary legislation

140. In this section, respondents had the opportunity to comment on a number of proposals that would form part of an FTP system but which could be achieved without new primary legislation, and in some cases without new legislation at all. One option is to pursue such available reforms in the short-term; this would bring the RCVS closer to best practice at the earliest opportunity without the need to wait a lengthy period to deliver the full FTP package, and could be pursued without losing sight of any longer-term ambition of full reform.

141. Respondents were invited to comment on these interim proposals and indicate whether the RCVS should seek to implement these changes where possible at the earliest opportunity, or only as part of a full package of reform.

Standard of proof

142. The RCVS is in a small minority of UK regulators – and the only major regulator – that still applies the criminal standard of proof, i.e. beyond reasonable doubt/so as to be sure, when deciding the facts of a case as other regulators have now moved to the civil standard, i.e. the balance of probabilities/more likely than not. The civil standard is also used by veterinary regulators in New Zealand, Australia, Canada and South Africa, often underpinned by court rulings concerning the appropriate standard of proof.

143. In light of the primary purpose of regulation, the civil standard is considered to be the more appropriate standard of proof because, as the Law Commission explained in its 2014 report on the regulation of health and social care professionals in England, 'it is not acceptable that a registrant who is more likely than not to be a danger to the public [or, more often in the case of the veterinary profession, to animals] should be allowed to continue practising because a panel is not certain that he or she is such a danger'.

144. 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 the 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 upon, therefore the LWP report included it as part of the full fitness to practise Proposal requiring new legislation (Q4.1) as well as asking whether it should be introduced sooner, outside of a full fitness to practise scheme (Q4.2).

145. A majority of responses was opposed to this recommendation. There were, however, some positive responses, the reasons given for supporting this change are listed below. Many of those who supported the change did so with the caveat that this should be introduced as part of, or after, the wider suite of changes proposed in the LWP report (see the 'suggestions' section below for further details on this view).

a) **This is in line with other professions.** Some saw this recommended change as bringing the RCVS up to date and in line with other regulators. Some went further to say that if the RCVS did not make this change it would become increasingly difficult to defend the position of retaining a criminal standard of proof.

IVC Evidensia: "We understand the reason that the College is bringing this proposal forward and the potential reputational impact should the College fail to address this proactively. We consider it essential that any changes to standard of proof are not undertaken in isolation but as part of a wider package of modernising the disciplinary process."

Vets Now: "We understand the need for this change in current regulatory environment and believe the proposals outlined in this consultation would be essential pre-requisites for any change to the standard of proof to enable it to be implemented in a fair, proportionate and compassionate way."

BVA & BVNA: "Any decision not to align with other regulated professions must be based on sound reasoning as there is a potential reputational risk. 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."

b) **Public confidence.** Some mentioned that changing the standard of proof would be necessary for public confidence in the profession and the RCVS as a regulator. One veterinary nurse said, "I do not see how we can justify to the public being held to a higher standard of proof than other professions."

146. Those opposed to the recommendation gave the following reasons:

a) **Increases the risk of injustice with serious outcomes.** A common concern voiced in response to this recommendation was that lowering the standard of proof would increase the number of sanctions given out and result in an increase in miscarriages of justice. These respondents felt that life-changing outcomes such as removal from the Register should require evidence beyond reasonable doubt.

PDSA: "PDSA would suggest that a criminal standard of proof is appropriate to the impact that a finding may have on an individual; the potential loss of liberty (in criminal cases) and loss of livelihood (in DC cases) are both life changing and potentially devastating judgements to make on any individual, should not be arrived at lightly and should be decided upon by referring to the highest bar possible that still achieves the aim of applying these punitive punishments to the most appropriate cases."

b) **Inaccurate or malicious complaints.** Another common response was that many complaints made about veterinary professionals were malicious, spurious, or were based on financial disputes, and that lowering the standard of proof would result in an increase in the volume of complaints being made, as well as a rise in unfair sanctions being issued. Some were concerned that veterinary surgeons often work alone, and therefore would have no witnesses to corroborate their story if an inaccurate complaint was brought against them.

c) **Impact on mental health.** Some respondents expressed concern that an increase in sanctions and complaints would create an atmosphere where professionals were always "watching their backs", and this would have a significant negative impact on mental health in the profession.

d) **Do not need to follow other countries/ professions.** Some respondents felt that conforming to what other regulators do is not sufficient reason to adopt a lower standard of proof. This was for two reasons:

i. Some said there needs to be more evidence or justification supplied that regulators in other professions and other countries have the best or gold standard model.

ii. Some, on the other hand, highlighted the differences between veterinary medicine and human medicine, including that the veterinary profession was not involved in saving human life and therefore that the argument that a lower standard of proof was necessary where an individual was a "a danger to the public" was inappropriate. Other differences between veterinary and human medicine mentioned were that veterinary medicine involves payment, veterinary surgeons often work alone and so their story cannot be corroborated, and that veterinary surgeons do not get the same pay and pensions as a human doctor.

VDS: "VDS argues that the current system has served and would continue to serve its purpose well, providing effective professional regulation proportionate (i) to the relative importance of the veterinary profession within society compared to others – we are not a human healthcare provider and (ii) to the need for fairness to individual respondents."

e) **Defensive medicine.** Another view was that this proposed change would make veterinary surgeons more fearful of making mistakes that could jeopardise their careers, which would result in an increase in 'defensive medicine'. Respondents felt this would result in an increase in the use of unnecessary treatments, including diagnostic tests, and antimicrobials, which in turn would lead to poor outcomes and increased costs.

f) **Proud of using a high level of proof.** Another comment was that a high standard of proof is something the profession and the RCVS should be proud of and is needed to protect members.

g) **Lack of trust in RCVS.** Some respondents felt that the RCVS was not trustworthy or transparent enough to use a lower standard of proof. These respondents felt that lowering the standard of proof would exacerbate issues of trust in RCVS within the profession.

147. Some respondents asked for more evidence and justification that this was a necessary change and would make improvements compared with the current system. Some asked whether there had been many cases where it was "more likely than not" that a veterinary surgeon was guilty of SMPC but using the criminal standard of 'beyond reasonable doubt' they were found not guilty.

148. The following suggestions were made about how this could work in practice:

a) **Only as part of the full package of reforms.** A key suggestion made by respondents was that the standard of proof should only be considered as part of the full package of suggested reforms. This change needed to go hand in hand with a wider range of sanctions, a more flexible approach to sanctioning, and a fitness to practise approach.

b) **Only after other recommendations have been introduced.** Some respondents went further to suggest that this change should only be brought in once other recommendations have been introduced and monitored or audited. The BVA and BVNA said: "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 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."

The Pets at Home Vet Group: "The criminal standard of proof sets an extremely high bar for cases to be escalated to the DC and for sanctions to be imposed, and we recognise that this could allow cases that are of concern to the public and the profession to stop short of a DC hearing. We feel that this change could be appropriate, but only after all of the other proposed regulatory reforms (CEG, CCP, Mini-PICs, focus on fitness to practice etc) have been implemented and demonstrated to make the investigation process faster, more flexible and less onerous for the defendant."

VetPartners: "Timing of change is vital. We do not support a change to the standard of proof in isolation before wholesale legislative reform. The change could instead be reconsidered once we have a forward-looking system of fitness to practise."

c) **Level of proof should relate to the level of sanction.** In a related point, some respondents said that a lower standard of proof would be appropriate for lower-level sanctions, the criminal standard should be required for cases of serious misconduct where individuals could be removed from the Register.

AGV: "AGV agrees that the standard of proof should change to 'balance of probabilities' for 'current impairment' as this would move us in line with other professional bodies and provide better protection of AHW and the public. However this is subject to the introduction of the concept of 'current impairment' being implemented. A lighter burden of proof would be unfair in cases of very severe sanctions, and in cases of serious misconduct where a person may lose their livelihood, the burden of proof should remain as 'beyond reasonable doubt'."

d) **Safeguards.** Another suggestion was that more safeguards and support would be needed to protect veterinary professionals if the standard of proof were lowered. This was mentioned particularly in the context of individuals working in complementary and alternative medicine.

e) **Communications.** Some suggested that if this recommendation was to be taken forward, care would need to be taken in communicating the change to the profession, including reassuring the profession that this would result in improvements to the system, and would not result in an increase in sanctions.

Alternative means for concluding Disciplinary Committee (DC) cases (the Charter Case Protocol)

149. Similarly to changing the standard of proof, non-legislative proposals that could be implemented in the near term have been developed to deal with those cases (other than those dealt with by the College's existing Health and Performance Protocols) that cross the threshold for a disciplinary case, and where there is a strong public interest case or a need to protect the reputation of the profession, but where the likely outcome is either a finding of misconduct and no further action, a reprimand, or a warning. A full hearing is arguably disproportionate in these cases, as well as costly.

150. By utilising the wide powers available to the RCVS under its 2015 Charter, it is proposed that an additional system, the Charter Case Protocol (CCP), be created to facilitate the giving of published warnings in appropriate cases, where a veterinary surgeon or nurse could be subject to a warning that was separate from the statutory process. The RCVS concerns process would run as it does now, however, in cases where the threshold for a referral to DC had been crossed, the PIC would decide whether or not it was appropriate to refer the matter via the CCP for conclusion.

151. The CCP would require the RCVS to establish a new Charter Case Committee (CCC), the remit of which would be to conclude cases referred to it by the PIC. The CCC would have a defined and limited range of disposals available to it, these could include, for example: a. issuing a public warning (i.e. a warning published on the RCVS website); b. issuing a private warning; c. issuing public advice (i.e. advice published on the RCVS website); d. issuing advice that would remain private.

152. If new evidence were to come to light that suggested the matter might be more serious than the PIC initially determined, the CCC would have the power to refer the matter back to the PIC for further consideration and / or investigation, which could, ultimately, lead to a Disciplinary Committee hearing.

153. Respondents were divided between positive and negative responses to this recommendation. Responses that supported the proposal gave the following reasons:
  a) **Increased efficiency, reduced stress.** One common response for those in favour of this change was that it would mean a more efficient and less time-consuming disciplinary process, and as a result the associated stress and impact on mental health will be reduced. Some also felt this would be a good way to reduce costs.

  b) **More supportive, fairer approach.** Another comment was that this recommendation would result in a more supportive and fairer disciplinary system.

The Pets at Home Vet Group: "We support this proposal and the wider principle that the focus of the regulatory system should be on guidance, remedial measures and supporting fitness to practice."

  c) **Part of the full package of reform.** Some felt this would be a necessary change if a fitness to practise approach was adopted, and the standard of proof was lowered.

  d) **Less damage to reputation.** Others said this recommendation includes the option for private sanctions, which would mean less damage to an individual's reputation, and reduced stress.

154. The following reasons were given by respondents against this recommendation:
  a) **Individuals should get a full hearing.** A commonly held view among those against this recommendation was that individuals should have access to a full hearing. There was particular concern that if someone is at risk of being sanctioned then they should be entitled to a full and fair hearing where evidence was fully considered, and they could defend themselves. A particular concern was that a possible outcome was a public warning, some respondents felt it was inappropriate that these could be issued without a full hearing.

  b) **Warnings should not be made public.** Some respondents went further to say that no warnings should be made public, as this could damage the reputation and career of the individual involved and was an unfair punishment. These respondents said the RCVS should move away from a "name and shame" culture to a more supportive one.

CVS: "We also believe that the consent of the individual concerned to pass through this alternative process should be a prerequisite to entering this process. We are not convinced that making public the findings of the Charter Case Committee is in the public interest"

VetPartners: "We feel that public "naming and shaming" of individuals for less-serious breaches of the Code of Conduct would be extremely inappropriate and could be damaging for both the individuals and the businesses who employ them."

  c) **Use the existing system.** Some said that this should not require a separate committee or a change to the existing system, instead the PIC should deal with these cases and sanctions. Alternatively, some suggested that the RCVS should save the costs of introducing a new committee and focus on improving and speeding up proceedings within the current model.

BVA & BVNA: "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."

155. Respondents made the following queries about how this would work in practice:
  a) **Right to defend and appeal.** Some queried whether this system would allow individuals the right to defend themselves, and to appeal a judgement, particularly whether this would be possible before a public warning was given.

  b) **Composition of CCC.** There were also queries on the make-up of the CCC, and for assurances that this would be appropriately balanced, include representation from practising veterinary surgeons, and that training and guidance would be given to members.

156. The following suggestions were made about how this could work in practice:
  a) **Right to defend and appeal.** Some respondents said they would support this

recommendation if individuals had an opportunity to defend themselves, and that there should be an avenue available to appeal an outcome.

b) Composition of CCC. There were suggestions that the CCC should include practising veterinary surgeons.

c) Support. Another suggestion was that those going through a complaint process should receive more support from the RCVS to reduce the effects of stress on individuals.

d) Outcomes should be shared anonymously. Some suggested that information about advice and warnings should be shared with the profession, in order to learn from these outcomes, however this should be done anonymously to prevent any adverse effects on the individuals involved.

Pets at Home Vet Group: "This is another opportunity for the RCVS to support the fitness to practise of the wider profession – learnings from these cases should be shared in an anonymous manner (akin to the VDS newsletter) to help others to learn from the pitfalls that have befallen their colleagues. Anonymity is highly desirable for these cases to protect the mental health and reputation of the professionals involved, and since we feel that the identity of the individuals receiving remedial guidance would not be in the public interest."

Structural changes to the concerns process (‘mini-PICs’)

157. A further short-term proposal, not requiring legislation, has been developed to introduce ‘mini-PICs’. This would be a step towards the Case Examiner model detailed in Recommendation 4.7.

158. Schedule 2 of the VSA states that PIC must have no fewer than nine and no more than 15 members, with a quorum of three – of whom one must be a lay member and one must be a registrant. Currently there are 10 members appointed to PIC. Historically, all 10 sat for each of its monthly meetings. However, this increasingly became unwieldy and, from January 2018, the number was reduced to five members but with the Committee meeting every fortnight. There is, however, nothing to stop the full quotient of 15 members being appointed and to apply the quorum of three – i.e. to have five ‘mini-PICs’.

159. Mini-PICs would create a speedier and streamlined process, with greater clarity in explaining decisions for both the public and the profession.

160. A majority of respondents supported this recommendation. Those who responded positively to the recommendation gave the following reasons:

a) Increased efficiency, reduced stress. The most common response was that this would be a more efficient approach, creating a more streamlined and less time-consuming process, which would reduce stress among those going through a disciplinary case, and be a more cost-effective option.

The Pets at Home Vet Group: "We support this measure in the hope that it will make the investigation process faster, lessening the toll that it takes upon the defendant."

b) Introduce as soon as possible. Some respondents noted that they would like this to be introduced quickly as it would be highly beneficial to the veterinary profession.

Linnaeus: "This is of significant benefit to the profession and should be strongly supported."

161. Those who were against this recommendation gave the following reasons:

a) Not robust enough. The most common negative comment made about this recommendation was that using three panel members would introduce biases and reduce robustness of judgements. Some expressed concern that this system would introduce bias against certain groups.

b) Not transparent. In a related point, others were concerned that this approach would make the process less transparent.

c) Not enough input from veterinary surgeons. Some were concerned that mini-PICs did not include sufficient input from veterinary surgeons.

d) Not enough to improve the efficiency of the system. Some felt that although they supported the aim of speeding up the disciplinary system, a wider cultural shift would be necessary to improve the system.

BVA & BVNA: "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."

162. The key query respondents had about this recommendation was around who would make up the mini-PIC, and how would they be selected. Some also asked about further details on training of the mini-PIC members.

163. The following suggestions were made for how mini-PICs could work in practice:

a) Mini-PIC make-up. Some respondents were concerned with who would sit on the mini-PICs. Views were mixed, but the key themes that emerged were that they should consist of a mix of veterinary surgeons, nurses and lay people, and that there should be some specialist knowledge within the mini-PIC that was relevant to the case.

b) Minimum number. Some respondents felt that mini-PICs of three members was too small, and that the minimum number should be five.

c) Measures to ensure consistency. Another suggestion was that there should be clear measures in place to ensure that mini-PICs were operating in a consistent manner, such as performance reviews, benchmarking, open and transparent KPIs, feedback systems and cases being audited or cross-examined.

Annexe:
Additional recommendations

164. This Annexe summarises the responses relating to all additional recommendations that were not part of the main LWP report. It should be noted that relatively few respondents gave their view on these recommendations, therefore the summaries are based on opinions from a small number of individuals.

Recommendation	Summary of responses
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.	Respondents were generally supportive of this recommendation, saying it is important that the RCVS is responsive and versatile in a rapidly changing environment. Some gave the caveat that they would support this change if safeguards were put in place, or if there were consultations on any legislative changes.
Recommendation 4.9: Statutory underpinning for the RCVS Health and Performance Protocols. Introduce a formal procedure for dealing with health and performance cases.	There was no consensus in the responses to this recommendation.
Recommendation 4.10: Reduce the DC Quorum to three. Reduce the quorum in line with other regulators.	Those who responded were generally against this recommendation, citing that it would result in increased bias in decision-making.

Recommendation	Summary of responses
Recommendation 4.11: Reformed restoration periods. Extend range of options for minimum period before which a veterinary surgeon or nurse can apply to be restored to the register following removal.	There was no consensus in the responses to this recommendation.
Recommendation 4.12: Allow voluntary removal. Allow voluntary removal of practitioners under investigation for disgraceful conduct in certain circumstances.	Responses to this recommendation were mainly positive, although some emphasised the importance of this being consensual on both sides; that the individual is not placed under undue pressure to take this option, and that the RCVS should retain the right to refer to the DC if it is in the public interest to do so.
Recommendation 4.13: Case Management Conferences. Formalising the role of Case Management Conferences (CMCs)	Respondents were generally supportive of this recommendation. Some commented that they would like more detailed information about this proposal, some said they felt CMCs should be conducted via teleconference, and some gave the caveat that individuals be provided with legal advice.
Recommendation 4.14: Recommend that DC should be given power order costs. Provision to allow DC to make costs orders, for instance for unsuccessful restoration applications, as per other healthcare regulators.	Responses to this proposal were mixed. Those supporting the recommendation made the caveat that it should only be used in exceptional circumstances. Some said that it should not be used to discourage legitimate appeals.

Recommendation	Summary of responses
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.	Respondents generally supported this recommendation.
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.	Respondents generally supported this recommendation.
Recommendation 4.17: **Automatic removal offences.** Introduce a presumption in favour of removal from the register if a vet or veterinary nurse is convicted of certain extremely serious criminal offences, e.g. rape and murder.	Responses were divided in their opinions of this recommendation. Some supported the recommendation but made the caveat that a definitive list of offences is required. Others were against the proposal, some of these felt that instead individuals should be automatically removed temporarily while the disciplinary process is completed.
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.	Responses were generally opposed to this recommendation.

Recommendation	Summary of responses
Recommendation 5.4: UK graduates. The VSA stipulates that any person who passes ‘examinations in veterinary surgery’ from a UK university with a recognition order in place ‘shall be entitled to be registered in the register [of Veterinary Surgeons] and shall on being so registered become a member of the College’. This leaves no discretion for the Registrar to refuse registration in any circumstances (e.g. if the individual has a previous conviction or if there is any other issue that might call into question his or her fitness to practise), as so long as person passes their exams (they do not even have to graduate) they are entitled to be registered.	There was no consensus in the responses to this recommendation.
Recommendation 5.5: **EU nationals.** If a person is a ‘European Union rights entitled person’ and they are an ‘eligible veterinary surgeon’ according to Schedule, they are entitled to be registered and become a MRCVS. The Registrar does have some discretion in that they may refuse registration where the applicant has been convicted of a criminal offence, if an ‘alert’ has been received under Article 56a of Directive 2005/36/EC1 or there are ‘serious and concrete doubts’ regarding English language ability.	Respondents generally supported this recommendation but some questioned whether it was still relevant post-Brexit.

Recommendation	Summary of responses
Recommendation 5.6: Non-EU qualifications: Lack of formal route in the Act for registration by individuals with 'acquired rights'. This relates to non-EU applicants with non-EU qualifications who have the right to register under the MRPQ by virtue of their 'acquired rights'. The lack of right to appeal negative decisions under S.6 of the VSA is inconsistent with the provisions relating to European Union Rights Entitled Persons (EUREPs) in that there is a right of appeal for those refused registration under s.5A (EUREPs with European qualifications) and s.5B (EUREPs with acquired knowledge and skill) and a right of appeal against decisions under S.5BA (decision to remove a person who ceases to be a EUREP).	Respondents generally supported this recommendation but some questioned whether it was still relevant post-Brexit.
Recommendation 5.7: Recognition of qualification and registration. The recognition of qualification and registration is currently one process. This is problematic for the purposes of complying with the English language provisions that came into force in January 2016. Where a competent authority has 'serious and concrete doubts' about a person's English language ability, it is required to recognise the individual's qualification (if it meets the requirements set out in the MRPQ) before refusing registration on language grounds. Due to the way the VSA is drafted, if the RCVS recognises a qualification, it technically means that person is automatically entitled to be registered. The LWP recommends underpinning this separation in legislation.	Respondents generally supported this recommendation.

Recommendation	Summary of responses
Recommendation 5.8: Separation of registration and licence to practise. Once an individual is registered by the RCVS, they are automatically allowed to practise. In other professions, registration and a licence to practise are distinct. Separating these two stages would be essential if, for example, the RCVS wished to introduce revalidation. It would also mean that the 'non-practising' register was no longer necessary as individuals could be registered but not have a licence to practise.	There was no consensus in the responses to this recommendation.
Recommendation 5.9: Temporary registration – nomenclature. The heading of S.7 "Temporary registration" is misleading in that it suggests that the section relates to registration that is limited in duration. In fact, S.7 has a much wider application in that it allows RCVS Council to restrict registration in a number of ways, e.g. the place a person may work, the "circumstances" in which a person may practice veterinary surgery. Further, "Temporary registration" suggests registration under S.7 must be for a limited period of time but in fact, the section permits a person to be registered indefinitely (albeit with restrictions upon their practice). Internal policy currently limits temporary registration to five years. The LWP recommends that legislation need to underpin both temporary and limited registration. Provisions should be clearer than at present.	There was no consensus in the responses to this recommendation.

Recommendation	Summary of responses
Recommendation 5.10: Restoration following voluntary removal/removal for non-contact. Where a person voluntarily removes themselves from the register or is removed by the registrar following six months without response that person is entitled to be restored to the register if they apply to do so (unless the original entry was incorrect or fraudulent). There is no requirement for the applicant to show that they are in good standing/of good character and given that a number of years may have passed since their removal this is unsatisfactory. The LWP recommends that this discrepancy is remedied.	A majority of responses supported this change. Some made comments about the type of evidence that would be required, either requesting more information on this, or suggesting that this should include proof of relevant CPD.
Recommendation 5.11: Restoration following voluntary removal/removal for non-contact. Where a person wishes to restore in these circumstances but there is a concern about them, for example another competent authority have raised an issue or they have disclosed a conviction, the RCVS has no power to refuse restoration, or any formal power to delay until the issue is resolved/investigated. In practice, registration is delayed as long as possible whilst the matter is investigated, but there is no formal power to do this. The LWP recommends that the RCVS should have the power to suspend restoration in these cases.	Respondents were generally supportive of this recommendation, stating that the RCVS should be able to assess an individual's fitness to practise before restoration.

Recommendation	Summary of responses
Recommendation 5.12: Annual renewal – declared convictions. If someone discloses a conviction as part of their annual renewal, the RCVS cannot refuse to renew their registration even where the conviction is very serious. Instead, the RCVS must register the individual and then initiate disciplinary proceedings so that action may be taken. It should be noted that as the RCVS has no power to issue interim orders, the individual is permitted to practise while the disciplinary investigation takes place. The LWP recommends that the RCVS should have the power to allow suspension of registration where a conviction has been declared during annual renewal.	There was no consensus in the responses to this recommendation. Some supported the recommendation but made the caveat that a definitive list of offences is required. Others who opposed the recommendation stated that an assessment of fitness to practise should be required.
Recommendation 6.1: Powers to revise the Statutory Examination. The RCVS Statutory Membership Examination provides a route for overseas-qualified veterinary surgeons whose degrees are not recognised by the RCVS to register in the UK. At present amendments to the content of the exam, and the fee that can be charged for it, are contained within a schedule to the VSA and therefore require parliamentary time to amend. The LWP recommends that powers to amend the examination fees and format are delegated to the RCVS.	Respondents generally supported this recommendation.

Recommendation	Summary of responses
Recommendation 6.2: Ability to charge UK vet schools for accreditation visits. At present, the cost of accreditation visits is born by the RCVS membership fee. There is an argument that the RCVS should have the power to charge the veterinary schools for these visits, should RCVS Council decide to do so in future. This power would also guard against the possibility that future models of delivery of veterinary education would be onerously expensive to assess.	There was no consensus in the responses to this recommendation.
Recommendation 7.1: Power for the Minister to make further changes to size/composition via Ministerial Order. This measure was originally intended to be part of the 2018 Legislative Reform Order which modernised RCVS governance, but was considered too substantial a delegation of power to be achieved by that mechanism. Would provide future-proofing by reducing the administrative burden and Parliamentary time required should the decision be made to reform RCVS governance again in future.	Responses to this recommendation were generally negative. Some stated that this proposal should be presented in more detail and that further consultation on this change should take place.
Recommendation 8.1: Revised Exemption Orders (EOs) as recommended by the Exemption Orders and Associates (EO&A) Working Party. As per RCVS RMPR Report of January 2019. If measures are taken via primary legislation, then the RCVS should be empowered to more easily amend EOs to allow for flexibility and future-proofing.	Responses to this recommendation were generally positive, stating that it would be a pragmatic approach. Some respondents made the caveat that future changes should be subject to consultation.

Recommendation	Summary of responses
Recommendation 8.2: Empower the RCVS to set the annual renewal fee. At present the RCVS requires Privy Council approval to amend the annual renewal fee. Other regulators are not required to do this. The requirement is burdensome and makes budgeting uncertain. The LWP recommends that powers to amend the annual renewal fee and format are delegated to the RCVS.	There was no consensus in the responses to this recommendation. Some who supported the proposal made the caveat that the process to make any fee increases must be transparent, with clear reasoning, and with defined limits.

General comment
Several respondents made the comment that the LWP report document does not include a reference to the definition of the word ‘animal’, which is a key component of the definition of ‘veterinary surgery’. These respondents stated that the definition in the VSA (which defines animals as including birds and reptiles) is not sufficient as it excludes certain groups of animals. The Veterinary Medicines Regulations 2013 definition was suggested as an appropriate alternative; ""*animal" means all animals other than man and includes birds, reptiles, fish, molluscs, crustacea and bees*". One member of the public stated that "*… it has been pointed out over many years that (subject to statutory interpretation) there are groups of animals (fish, amphibians, invertebrates) that are not within the regulation of the veterinary legislation. This is so despite the fact that, today, there is relevant expertise at both general and specialised veterinary practice levels. The general public should be able to obtain properly regulated veterinary services for such animals within the scope of the reforms envisaged by the working party.*"

LEGISLATIVE
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