

Open and BCVSp member meeting, 1 February 2024, 5pm

Look in the chat for link to join BCVSp

The meeting will be recorded



Agenda – open section

- 1. Introduction, welcome, housekeeping Mark Bowen (Chair)
- 2. Future for vet specialists in UK (Mark Bowen)
 - a. shortages reports for RCVS
 - b. Development of specialist routes within UK
 - c. Specialism within primary care
- 3. EVBS update Julie Rosser, CEO EBVS on behalf of Heiko Nathues, President EBVS
- 4. Use & misuse of terminology: post nominals, registration as a RCVS Specialist (Davina Anderson)
- 5. Member services (Celia Marr)
- 6. Current BCVSp(VSA) initiatives (Celia Marr & Davina Anderson)
 - a. BCVSp rebranding
 - b. PSS scheme update (Celia Marr)
 - c. Supporting resident training (Davina Anderson)
 - d. Others

The UK



- Recruitment and retention challenges
 - Intern recruitment from overseas (Government Authorised Exchange scheme)
 - SEE NEWS PAGES
 - Examples required to lobby RCVS earlycareer@yourvetspecialist.org
 - RCVS Education initiatives
 - Specialism within primary care
 - Flexible routes to specialisation
 - We strive to educate the public on the understanding and application of veterinary specialist care

An update from EBVS

Julie Rosser DipECVS, DipACVSMR CEO, EBVS

EBVS Executive Committee



President:
Heiko Nathues
(Switzerland), ECPHM



Senior Vice
President:

Zoe Polizopoulou

(Greece), ECVCP



Vice President:
Raphaël Guatteo
(France), ECBHM



Treasurer:

Amanda Boag
(UK), ECVECC



Secretary:

Gonçalo Da Graça

Pereira

(Portugal), ECAWBM

EBVS Staff



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Director of Education:

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(Italy)

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Communications
Support Officer:
Andreja Kastelic Hrček
(Slovenia)
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Initiatives

- Member and public engagement
- I-restart ERASMUS grant
- Engagement with national regulators regarding specialist titles
 - including RCVS initiatives
- Greater engagement with National Veterinary Specialist Organisations
- Better definition of 'rotating internships'
- Resident wellbeing
- Double diplomates
- Clinical educator training





Use & Misuse of Specialist Terminology

- Extracts from the RCVS Code of Conduct (2023)
- 23.29 Veterinary surgeons do not have to join the specialist list to practise any particular specialty, but they must be registered with the RCVS and included on the specialist list if they want to practise in the UK and use the title 'specialist', or imply they are a 'specialist'. This includes veterinary surgeons seeking to use such titles, or allowing others to use such titles, in connection with their business, trade, employment, or profession.
- 23.30 Only veterinary surgeons on the specialist list may use the title 'specialist' or 'RCVS Recognised Specialist' or imply they are a 'specialist'. Specialists on the specialist list may also use an appropriate title conferred by their speciality college.
- 23.31 Veterinary surgeons who are not on the specialist list should not use the title 'specialist' or imply they are a specialist, for example, they should not use such terms as 'specialising in'. They may however use terms such as 'having a special interest in...', 'experienced in...', or 'practice limited to...', when promoting their services.
- 23.36 Veterinary surgeons and veterinary nurses should not allow organisations to make misleading or inaccurate claims on their behalf.

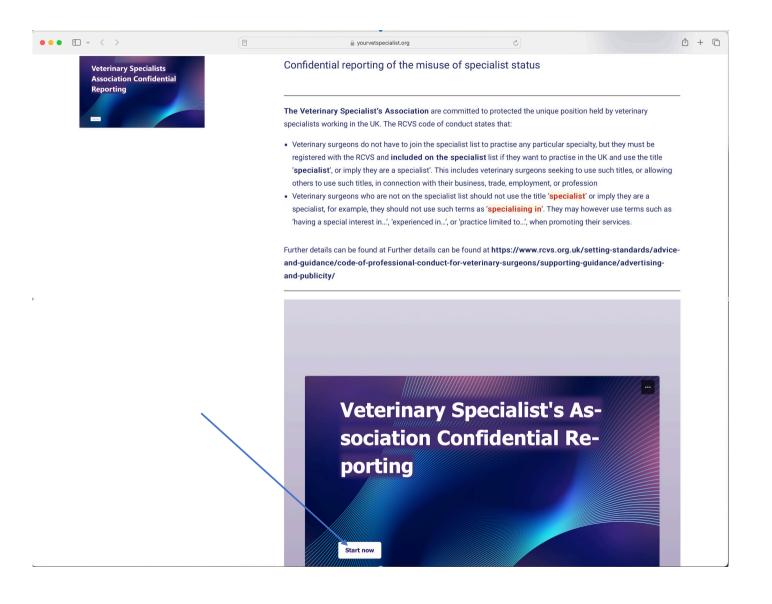




What can I do about this?

- NOTIFY THE RCVS that this person is in breach of the Code of Conduct
- You should receive a reply that they will look into it
- You should check over the next few weeks that something has been done about it
- Please notify us as well, so we can keep a log of how often this occurs
- https://yourvetspecialist.org/confidential-reporting-of-the-misuse-of-specialist-status/





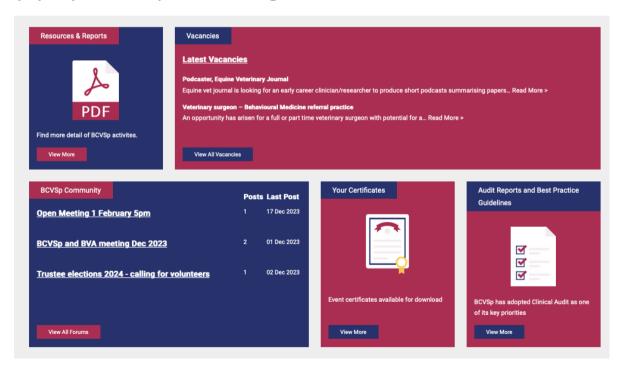




Member services: communication



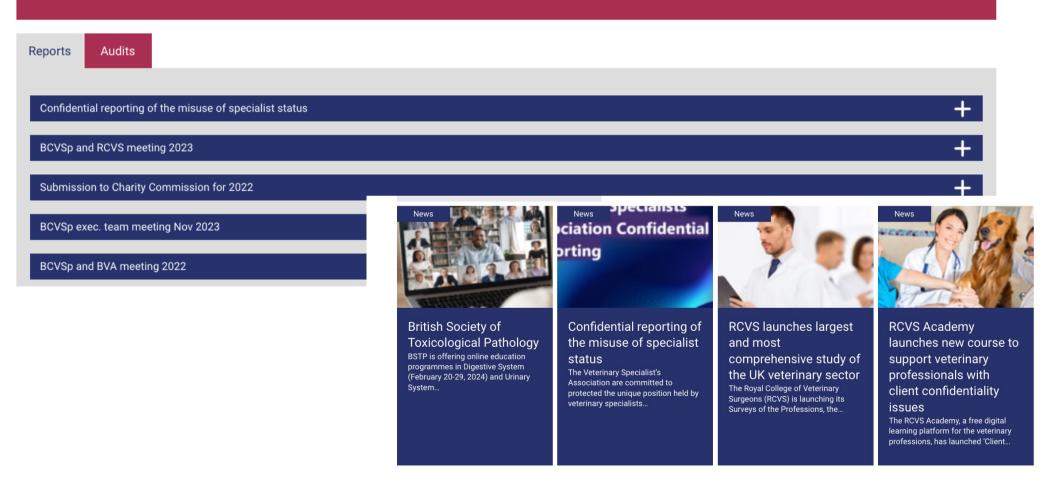
- Policy from 1 February 2024: email communications will only be sent to paid-up members, overdue accounts will be removed after 1 year (under review)
- Please ask your IT team to add us to your white list
 - info@yourvetspecialist.org, noreply@yourvetspecialist.org
- Vet News
- The Hub
 - Forum ie BCVSp community
 - Resources & Reports
 - Vacancies
 - Events



News, Reports & Resources

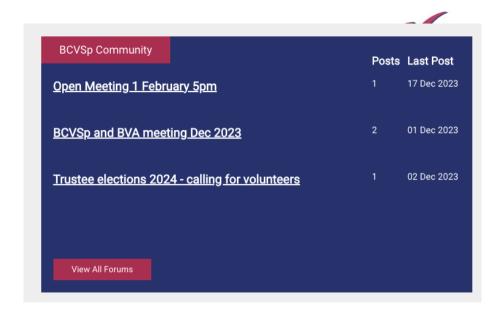


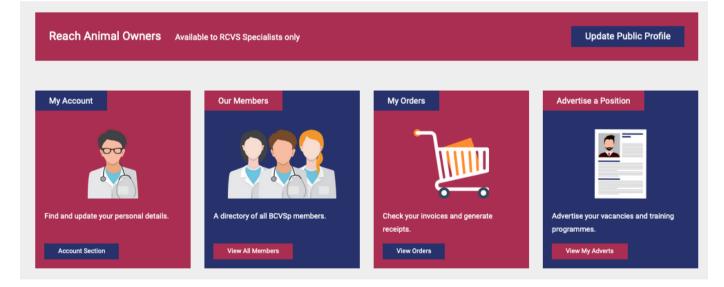
Downloads



What can members do for themselves?

- Manage your account
- Raise or comment on current issues within our forums
- Create job adverts
- Add and update your public profile







What can the public find?

- Definition and explanations of specialist care and how we interface with primary care clinicians
- Access
- "meet the specialist" stories
 - Podcasts
 - Animal stories
- Use the "specialist finder" tool
- See vet news



Initiatives and projects

Surveys

- Employment contracts for Specialists and Residents
 - Non compete clauses and penalties for leaving at the end of a training programme
 - Holidays, study leave, CPD allowance
 - Free access to online resources eg journals
- Impact of Brexit (mark II)
 - Nationalities of Specialists (mark II)
 - Difficulties in recruitment (Specialists, Residents, Interns)





A BCVSp Initiative

Training vet specialists in UK – current status

- Phase 1
- Introduction & Aims
- With this survey, we are hoping to determine the current landscape for vet specialists in UK including information on what's on offer here, how residents are supported and rewarded and how they fare.

We really need data from ALL SPECIALISMS! Share this survey with anyone you can think of.

https://www.surveymonkey.com/r/ResidentsPh1



Initiatives and projects

Meetings

- Resident forum
 - Training and studying how to get the best out of your residency
 - Mental health, study buddies and other support
 - Career pathways
- Training the trainers
 - How to run successful residency programmes
 - · Mentoring and managing early career vets
 - How to get help with your programme or resident
- Clinical auditing
 - · What is clinical auditing
 - How to start up clinical auditing in your referral hospital/practice
 - How to engage the team and make it work
 - Development of a starter pack to share best practice



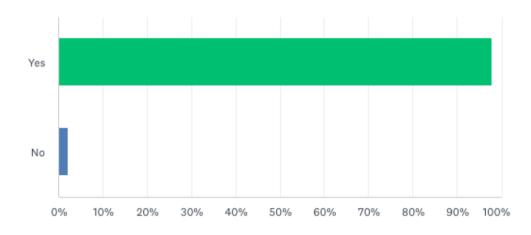


Rebranding?

Q1

Do you agree that BCVSp should start the process of rebranding to Veterinary Specialists' Association

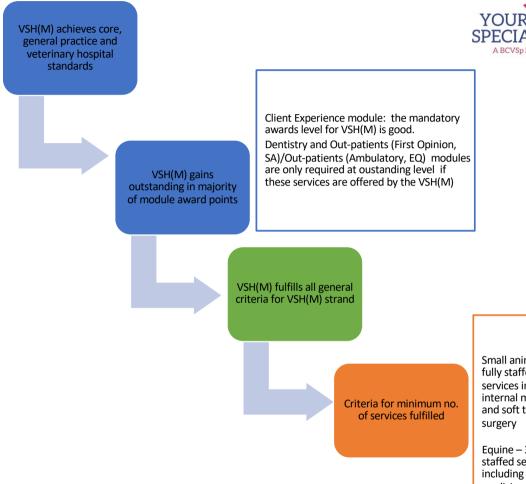
Answered: 45 Skipped: 0





PSS Update

- Began work in 2018, project lead by Terry Emerson & Celia Marr
- **Envisaged strands for**
 - Specialists in single-centre units
 - Specialists in multidisciplinary units
 - Specialists offering consultancy services across a range of disciplines (already served via RCVS find a specialist tool)
- Our goal was to be "achievable but aspirational" i.e. to create a framework which would promote increasing standards in specialist care, with secondary benefit to improve transparent career progressión for graduates entering the profession
- BCVSp teams formed and developed "services" criteria with OOH obligations, obligatory award points, vet and nursing expertise, Equipment, facilities, buildings and supplies, Clinical Care Guidelines, each included criteria approved by >80% of members in relevant discipline
- Worked with PSS committee and staff members to refine and cross-reference testable criteria for "services" work completed and endorsed by PSS committee by end 2019
- RCVS Standard committee rejected February 2020
- BCVSp Trustees currently considering alternative ways of implementing this scheme



Each fully staffed specialist service must consist of a clinical team led by one or more RCVS Specialist(s) such that a Specialist is available to contribute to the clinical service, and has oversight and input in all cases, during all routine daytime business hours

Small animal - 4 fully staffed services including internal medicine and soft tissue

Equine – 3 fully staffed services including internal medicine and one of 2 surgery options





Existing PSS code/SS code	Criteria	
Out of hours obligations		
EQIM-1	Admissions are received 24 hours per day, 365 days a year	
Obligatory Awards Points: in addition to achieving outstanding in most modules, the VSH(M) must show:		
5.5.10	Facilities are available for gastroscopy and there is a protocol for and evidence showing that it is used in practice.	
5.5.11	Facilities are available for upper and lower airway endoscopy and there is a protocol for and evidence showing that it is used in practice.	
5.5.16	Facilities are available for diagnostic ultrasound – abdominal and there is a protocol for and evidence showing that it is used in practice.	
5.5.18	Facilities are available for diagnostic ultrasound – echocardiography (with colour flow Doppler) and there is a protocol for and evidence showing that it is used in practice.	
5.5.20	Facilities are available for tonometry and there is a protocol for and evidence showing that it is used in practice.	
7.5.10	Ability to provide intensive care appropriate to the caseload.	
7.5.11	The practice has a dedicated isolation facility.	
7.5.20	The practice has the ability to perform assisted feeding including indwelling NG tubes.	
7.5.21	The practice has the ability to perform CSF sampling.	
7.5.23	The practice has the ability to perform CRIs.	
7.5.25	The practice has the ability to perform epidural catheterisation.	
7.5.26	The practice has the ability to perform thoracocentesis.	
7.5.27	The practice has the ability to perform chest drain placement.	
7.5.28	The practice has the ability to perform tracheotomy/tracheostomy.	
7.5.29	The practice has a protocol in place for accessing advice from a service providing veterinary specific advice on the management of poisons.	
7.5.30	Team members have been trained in the use of FAST scans for acute abdominal pain.	
7.5.43	There is provision to provide blood transfusion.	
7.5.44	There is provision to provide plasma transfusion.	
8.5.22	The practice carries out a regular laboratory sample technique audit.	

EQIM-2.1 If the team does not have specific expertise and equipment, there is a protocol for providing referral to other specialists for neonatal critical care EQIM-2.2 If the team does not have specific expertise and equipment, there is a protocol for providing referral to other specialists for ophthalmology elective cases EQIM-2.3 If the team does not have specific expertise and equipment, there is a protocol for providing referral to other specialists for dermatology elective cases EQIM-2.4 Demonstration of specific training for nurses in Biosecurity and Infection Control EQIM-2.5 Demonstration of specific training for nurses in Critical Care (only applicable when nurses are involved in these cases Equipment, facilities, buildings and supplies EQIM-3.1 24 hour access to comprehensive clinical pathology including haematology, clinical chemistry, blood glucose, lactate, acid-base and blood gases and nucleated cell counts EQIM-3.2 24 hour access to blood ammonia assay EQIM-3.3 24 hour access to ECG equipment for continuous and Holter monitoring EQIM-3.4 24hr access to radiography capable of obtaining diagnostic quality images of the neck EQIM-3.5 24hr access to radiography capable of obtaining diagnostic quality images of the thorax EQIM-3.6 Appropriate stocks of drugs for equine cardiac emergencies always available EQIM-3.7 Appropriate stocks of drugs for equine cardiac emergencies always available EQIM-4.1 The VSH(M) has best practice guidelines for management of head trauma EQIM-4.2 The VSH(M) has best practice guidelines for management of spinal trauma EQIM-4.4 The VSH(M) has best practice guidelines for management of recumbent adults EQIM-4.5 The VSH(M) has best practice guidelines for management of severe pain The VSH(M) has best practice guidelines for management of dystocia EQIM-4.6 The VSH(M) has best practice guidelines for management of dystocia	Veterinary & Nursing expertise	
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RCVS Standard committee's reasons



- Unlikely to achieve its status purpose (clarity for public) referrals....."vast majority of referrals would come through a vet rather than directly accessed by the public": PSS committee had already identified that many vets find it difficult to distinguish specialist-lead services from other
- "achievable by a very small number of practices": our estimates were achievable by 27 small animal hospitals & 14 equine hospitals if launched in Spring 2020 (many of these would have to begin working on awards etc before applying)
- "It could be perceived as elitist and exclusive, particularly because it excludes (and therefore may disadvantage) hospitals with one or two (or three in the case of Small Animal) specialists.": "achievable yet aspirational"
- "A significant proportion of practices that might be eligible for this level of accreditation were not currently members of PSS and as such, had not been through the existing accreditation and awards process to be able to give feedback on how and where the scheme was lacking for specialist veterinary hospital services": both project leaders had extensive experience of PSS



Join BCVSp! Link in chat

Pass on to your residents: "3-for-free" offer for Associate membership FREEASSOC



Agenda – BCVSp(VSA) members only

- 1. Financial report (Richard Hepburn)
- 2. Endorsement of new trustees: proposer Mark Bowen, seconder Davina Anderson
 - a. Simon Girling, https://yourvetspecialist.org/vet/simon-girling/, proposer Mark Bowen, seconder Davina Anderson,
 - b. Richard Meeson https://yourvetspecialist.org/vet/richard-meeson/, proposer Mark Bowen, seconder Davina Anderson, taking on International Outreach
 - c. Amanda Paul https://yourvetspecialist.org/vet/amanda-paul/, proposer Mark Bowen, seconder Davina Anderson
 - d. Bob Partridge, https://yourvetspecialist.org/vet/bob-partridge/, proposer Mark Bowen, seconder Davina Anderson, taking on Treasurer
 - e. Caroline Prymak, proposer Mark Bowen, seconder Davina Anderson, taking on Public Outreach
 - f. Renata Stavinohova, https://yourvetspecialist.org/vet/renata-stavinohova/ proposer Mark Bowen, seconder Davina Anderson
 - g. Sophie Keyte, https://yourvetspecialist.org/vet/sophie-keyte-2/ proposer Mark Bowen, seconder Davina Anderson, taking on Early Career
- 3. Endorsement of new president (MB)
 - a. Davina Anderson, https://yourvetspecialist.org/vet/davina-anderson/, proposer Celia Marr, seconder Mark Bowen
- 4. Trustee recruitment plans (CMM): secretary, membership, internal comms.
- 5. Any other business