



# **BCVSp / RCVS Joint Officers Meeting**

### Wednesday 25 October 2023 at 10.30am via Microsoft Teams

### **Attendees**

#### **RCVS**

Linda Belton, Junior Vice-President
Melissa Donald, Senior Vice-President
Eleanor Ferguson, Registrar
Tshidi Gardiner, Treasurer
Lizzie Lockett, CEO
Sue Paterson, President
Linda Prescott-Clements, Director of Education
Hayley Stinchon, Senior Education Officer

### **BCVSp**

Davina Anderson, Trustee
Mark Bowen, Trustee
Richard Meeson, Trustee
Richard Hepburn, Trustee apologies
Celia Marr, Trustee (Chair)

- 1. Apologies: none.
- 2. Matters arising from last meeting 14 June 2022
  - a. Minutes accepted
  - b. Internships
    - MB thanked RCVS for suppling guidance on on government authorised exchange scheme, circulated amongst interested BCVSp members but there is limited interest due to costs and complexity
  - c. Workforce issues
    - i. RCVS had requested information on workforce challenges for specialists. BCVSp does not collate this specifically. Informally disciplines such as Diagnostic Imaging appear to have most shortages. There might be value in working together to design a survey but unlikely to be possible to do that till 2<sup>nd</sup> part of 2024 or 2025. EBVS might also be a useful source
    - ii. Action: RCVS update on specialist numbers supplied to BCVSp.
- 3. Use of the terms specialists and referral
  - a. DA summarised BCVSp's concerns there is substantial support across client-facing and non-client facing disciplines for letter sent to RCVS cosigned by over 400 specialists. The large number of postnominals used in the profession adds confusion for the general public. Businesses can incorporate terms such as "specialist hospital" without contravening RCVS's current protection of the term 'veterinary specialist" and RCVS has not addressed this within their current PSS scheme. Concerns can broadly be divided into
    - i. In communications with the general public

- ii. In veterinary hospital names and/or businesses
- iii. In the code of conduct (and advertised to vets and the general public)
- iv. Terminology and statutory register for AVP and specialists
- v. In describing training opportunities for early career vets
- b. It proved difficult to conduct the conversation under each of these headings specifically and to separate agenda item 3 from 4 (outcomes from Clinical Careers Pathways workshop). The notes below are presented under topic rather than chronological order.
- c. In relation to comms with the public: LL reported RCVS had some time ago done a big piece of work on this, that the general feeling from the public was it is confusing, but RCVS trust veterinary surgeons to refer appropriately and so put the emphasis to veterinary surgeons on the Guide to Professional Conduct (GPC), understanding who they are referring to, what their qualifications are, what their level of expertise was because ultimately the responsibility rested with them to make sure that referral was appropriate. RCVS cannot protect any terminology relating to specialists and referral except via the Code of Professional Conduct (CPC).
- d. The term veterinary hospital can only be used if approved by PSS and EF reminded us that RCVS Standards Committee did not accept BCVSp's proposal to incorporate a strand for veterinary specialist hospitals.
- e. RCVS receives very few complaints regarding specific businesses or vets misusing terminology. LL indicated that there is a piece of work underway talking to the public regarding how we can better communicate with them and accepts it has a role in making sure vets understand this.
- f. LL emphasised that the the vet making the referral must be absolutely clear what they are doing.
- g. CMM urged the RCVS to take a more positive stance in helping vets understand the myriad of qualifications which are used and RM urged RCVS to relook at the CPC and reduce post-nominals in use within the profession.
- h. SP highlighted the lack of understanding amongst GP vet regarding AP, post-nominals and specialists and introduced the current workstreams. Clarity within the profession should be achieved before focussing on the public.
- i. SP questioned whether one factor motivating concerns around use of specialist terminology related to lack of remuneration. CMM's position was that there may be differences between disciplines/species but that this is not a major motivating factor for raising this issue which are rather concerns relating to animal welfare if optimal treatment is not provided. The non client facing specialists are not concerned about remuneration.
- j. RM highlighted that the Competition and Markets Authority is currently looking at fees across the profession. RCVS has no role in fee setting.
- k. LL indicated the RCVS is planning a new section on their website for advice and guidance for the public about how to get the best from their interaction with vets
- I. There was some discussion about encouraging new Diploma holders or new Diploma-holding MRCVS registrants arriving in UK, to register as a specialist. Failure to do so is largely driven by lack of knowledge of the benefits or the CPC requirement. BCVSp's position is to encourage registration and RCVS was urged to find a way to send automatic personalised messages to people registering Diplomate status for the first time.
  - Action: RCVS agreed to ask Standards relook at the CPC Chaper 23 to determine if stronger wording could be developed in the section outlining how vets can/cannot describe themselves based on their qualifications and specialist status.

- ii. RCVS agreed to look at whether the renewal process can ask about registration as a Specialist at the time of online renewal or alternative mechanisms to remind diploma holders of their obligation to register before using the term 'veterinary specialist'
- m. Agenda Item 3.4 (early career vets) was largely covered under the careers pathways discussion. MB outlined expectations of an internship.
  - i. Action: BCVSp best practice for internships supplied to RCVS
- 4. Outcomes from Clinical Careers Pathways workshop <a href="https://www.rcvs.org.uk/news-and-views/publications/clinical-career-pathways-stakeholder-event/?destination=%2Fnews-and-views%2Fpublications%2F">https://www.rcvs.org.uk/news-and-views/publications/clinical-career-pathways-stakeholder-event/?destination=%2Fnews-and-views%2Fpublications%2F</a>
  - a. LP-C introduced the three workstreams that are due to be put before Council for consideration in November:
    - i. Development of a specialism of primary care
    - ii. Definition of veterinary clinical roles
    - iii. Flexible routes to specialisation
  - b. Council has yet to approve these projects but, if agreed, RCVS hope to start early in 2024, timeline for completion yet to be determined, possibly around 2 years. [All three workstreams have been approved post meeting.]
  - c. CMM expained some the concerns regarding flexible routes to specialisation and in particular opposing any move from RCVS to offer British qualifications relating to concerns around standards of examination. MB suggested that the RCVS engage with the EBVS. LPC reassured him that this was part of the plan
  - a. BCVSp members have not been consulted on a pathway for primary care specialists but CMM anticipates there would be enthusiasm for this.

## 5. Any other business

- a. At LL's request, CMM walked the group through BCVSp's current information for the public on definitions of specialists and the typical referral pathway for an individual animal involving close collaboration between owner, primary care vet, and vet specialist. No up-to-date information on engagement is available but it is not high.
- b. LL challenged whether BCVSp's position is that only vet specialists should be allowed to receive referrals. CMM clarified that, as outlined in the letter sent to the RCVS, over 400 specialists believe this would be desirable but it is not our position that only specialists can work with primary care vets to enhance the animal's care experience. Second opinion might be a better term to describe the scenario where groups of non-specialists work together to deliver care. DA & RM again outlined the value in defining the terms referral which is currently confused and has not improved since the Calman report in 2011.
- c. CMM informed RCVS that BCVSp is currently looking at rebranding.
- 6. Date of next meeting: target annually but because we are behind schedule aiming for summer 2024.
  - a. Action: Placeholder sent for Friday 28 June at 9am