

# Specialisation in the veterinary profession

**A CONSULTATION**

October 2011

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## 1. Introduction by the Chairman

October 2011

### Specialisation in the veterinary profession

The RCVS has been running examinations leading to specialist postgraduate diplomas since 1967 and has operated a List of RCVS Recognised Specialists for 20 years. The College has also been awarding non-specialist certificate qualifications since the 1980s and a growing number of veterinary surgeons have worked towards these qualifications to develop their clinical expertise. But the public – and even some vets – appear to be confused about what the various qualifications signify, and what level of expertise they can expect from their vet.

My Working Party has been tasked with looking into the structures and routes to veterinary specialisation to see if there is scope for simplification and improvement. In this paper, we have set out the background to the problem and proposed some possible solutions on which we now invite your views.

The picture is complex, and that complexity is compounded by the fact that the veterinary profession remains constrained by an old piece of legislation, the 1966 Veterinary Surgeons Act, which pre-dates these developments. We see no immediate prospect of major changes to this legislation, although legal advice indicates that the RCVS could be more proactive in setting and applying standards in this area than previously thought because of developments in the regulation of other professions. New legislation to introduce statutory registration for veterinary specialists would no doubt make things clearer, as it is for doctors and dentists, but, in the meantime, we believe there are a number of actions which the RCVS could take to improve matters.

If you are an interested member of the public, a veterinary surgeon or nurse, or if you represent other organisations with an interest in veterinary specialisation, please make time to consider this paper and let us have your views on our proposals. If there is a consensus on the way forward, we would hope to put our recommendations to the RCVS committees and the RCVS Council early in 2012.

Please submit your comments by email on the questions in Chapter 10 by Friday 9 December. Head your email 'Specialisation' and send it to Freda Andrews, Head of Education at the RCVS – email [f.andrews@rcvs.org.uk](mailto:f.andrews@rcvs.org.uk).



Professor Sir Kenneth Calman  
Chairman of the RCVS Specialisation Working Party

## 2. Background to the consultation on veterinary specialisation

1. The RCVS has been running postgraduate Diploma examinations for veterinary surgeons since 1967, and Certificate examinations in over 20 different species and discipline subjects since the 1980s. Over 455 veterinary surgeons have been awarded Diplomas, and 2,399 have achieved Certificates, since their inception. The RCVS Fellowship title (FRCVS) is even older, going back to the foundation of the College in the 1840s. A formal list of specialists was introduced in 1992, enabling those who held a Diploma or other equivalent level qualification to identify and advertise themselves as 'RCVS Recognised Specialists'. Recognised Specialist status is renewable every five years and thus the RCVS has in effect been operating a re-validation system for its top level specialists for nearly 20 years. There are currently 282 RCVS Fellows, and 319 vets on the List of RCVS Recognised Specialists.
2. Unfortunately, this extensive system of postgraduate qualifications and specialisation does not appear to have been widely known about or understood by the general public. Even some members of the profession have been confused by the different levels of qualifications available. Unlike the medical profession, there is no statutory register of veterinary specialists and therefore no strict regulation about who can call themselves a 'specialist', other than trades description legislation or civil law remedies for misrepresentation. In 2009, a report was published written by Professor Philip Lowe from the University of Newcastle, who had been commissioned by Defra to look into the provision of veterinary services in the farm animal sector. This report was critical of the apparently complex system of specialisation in the veterinary profession and the lack of understanding about what constituted veterinary specialisation. The RCVS agreed that there is a need to help clients make informed choices about who treats their animals and that clarification is needed.
3. In recent years, the RCVS has been steadily implementing the recommendations of its Education Strategy Steering Group (*'A Framework for 2010 and Beyond'*) which, in 2002, made long-term recommendations about the framework for education and training.
  - The Professional Development Phase (PDP) was introduced for all new graduates in 2007 to encourage a more structured approach to early career development in clinical practice.
  - The Certificate in Advanced Veterinary Practice was introduced for veterinary surgeons with three or more years' experience in practice – providing a flexible modular qualification to encourage assessed CPD and providing more choice to suit the varied interests of practising veterinary surgeons.
  - To minimise duplication, some RCVS Diplomas have been phased out where they overlap with Diplomas awarded by the increasingly popular European specialty colleges.
  - Members are now required to confirm that they have complied with the RCVS's CPD requirements when they renew their annual membership.
4. Less attention had been given until now to the highest level of the RCVS qualifications framework – RCVS Diplomas, Recognised Specialist status and the RCVS Fellowship. As the old RCVS Certificates are phased out (the last exams take place in 2012) and more candidates enrol on the new Certificate in Advanced Veterinary Practice, we need to ensure that veterinary surgeons are encouraged to progress and that those progression routes are clear for those who wish to advance either as general practitioners, or to the top specialist level of the profession. If the RCVS Fellowship is to be retained as the highest award of the College (a policy which was endorsed by the Education Strategy Steering Group in 2002), we need to consider how to promote this, how to ensure that the routes to Fellowship are appropriate, and how this relates to Specialist status.
5. Various adjustments have been made to the RCVS Recognised Specialist List in recent years, to make the criteria more transparent by introducing a points-based system, and to encourage flexibility in interpretation in some cases.

6. The RCVS's Education Policy and Specialisation Committee decided that there was a need to review the definition of specialisation, looking at how the RCVS List of Recognised Specialists was working and whether it was meeting the needs of clients, patients and referring veterinary surgeons. It was agreed to set up a Working Party to look at the various issues and to report back with recommendations for a simplified structure. The Working Party's terms of reference and membership is at Appendix 1.
7. The Working Party held a workshop in March 2011 and various ideas were explored with invited representatives of the profession. But before it goes further, the Working Party wants to consult with the wider veterinary community and the animal-owning public and other stakeholders to ensure that the principles which it is developing are understandable and can command support.
8. This consultation paper asks what further changes need to be made to the structure of veterinary specialisation in order to drive greater awareness, understanding and clarity of our structures, so we can ensure that our clients have access to the highest possible standards and quality of animal care. It is intended to cover all species and discipline areas – including farm animal, public health, small animal and equine practice, and proposes some possible solutions for consideration by the profession and interested members of the public.

### 3. The principles underlying a system of veterinary specialisation

1. Specialisation in veterinary practice (including in general practice) is already occurring. There are currently a variety of systems in place, which can be confusing to the public, insurers, farmers and vets. Such specialisation can be in relation to disease, species or body systems. This report sets out a suggested way forward, but in doing so we need to establish some basic principles to guide the proposals.
2. The Working Party believes such principles include the following:

- Veterinary practice is grounded in ensuring first class animal welfare, and any proposals must see improving treatment for the benefit of animal patients as central to any changes in education and organisation.
- Clients should have access to the highest level of expertise for every case.
- There must be recognition of the importance of developing new methods of treatment and investigation and the pursuit of research to improve clinical practice.
- All veterinary practitioners should continue to learn and improve their practice through educational programmes and regular audit review of their work. This should form the basis of ensuring, for the public, the quality of care provided.
- Such programmes and audit reviews should also focus on ethical issues and on the ability to communicate to clients and the public. In particular, the cascade of information and the importance of clients' informed choice and consent in referring animals to specialists should be emphasised.
- This will require a process of regular revalidation of the specialist practitioner (including all practitioners who wish to promote the provision of their expertise to the profession at large) on a regular basis. As part of this process, the mechanisms for dealing with complaints and disciplinary procedures will also need to be taken into account.
- The vet-client relationship is based on trust and, when referring to others or when claiming specialist expertise, this is of paramount importance.
- Any new proposals for the organisation of veterinary specialisation should be understandable to the public, insurers and the profession. Clarity is required and the changes, if any, will need to be associated with full information and publicity.

#### The referral process

3. In most cases, animal owners will first see their veterinary general practitioner – the 'primary' veterinary surgeon – when their animal needs treatment. It will be the primary veterinary surgeon who will usually diagnose and treat the animal in the practice and, in most cases, will undertake whatever procedures might be necessary him or herself. If a case is complicated, the primary vet may still be able to treat the animal depending on their expertise. But occasionally they may recommend that the animal is seen by a 'specialist' or by someone who has had more experience of dealing with complex or unusual cases. In some instances, the animal owner may generate the request for referral.
4. This is where confusion can sometimes arise and where clients may not be clear about their options or about the different levels of expertise that might be available. Some animal owners may be confused about the difference between getting a second opinion, and referring the case to a specialist.

5. If a client asks for a second opinion, it must be made clear that a second opinion is for confirmation or review of a diagnosis only, whereas a referral to a referral practice will be for diagnosis and possible subsequent treatment, after which the case will be referred back to the original practice. Neither a second opinion veterinary surgeon nor a referral practice should ever seek to take over the case, unless the client chooses to change practices. In most cases, referral practices will not be in a position to accept the permanent transfer of the case.
6. The RCVS's *Guide to Professional Conduct* (which is currently under review) requires all vets to keep to their own areas of competence except when there is a need to provide emergency first aid. They must ensure that a range of reasonable treatment options are offered and explained, including the likely outcomes and possible side-effects. They must also ensure that they have the client's informed consent to treatment (unless a delay would adversely affect the animal's welfare), and in order to give informed consent, the client must be aware of the risks.
7. When referring a case, the primary veterinary surgeon has a responsibility to ensure that the client is fully aware of the level of expertise of the referral veterinary surgeon, for example, whether they are deemed just to have specific experience, or are a Certificate holder, a Diploma holder or an RCVS Recognised Specialist.
8. The difficulty comes when this is not explained adequately, or not at all in some cases, or when the client is still – perhaps understandably – confused by the options available.
9. The next Chapter outlines some of the problems we are attempting to tackle in this regard.

## 4. The problems we need to resolve

1. In his report to Defra in 2009, Professor Philip Lowe commented that the system of veterinary specialisation is confusing and not structured for the benefit of consumers.
2. The table below shows the current position and routes to RCVS Recognised Specialist status which may explain why there is confusion.

*“4.27 One of the more surprising things that I have learned about the veterinary profession is the way that veterinary specialism is defined and recognised. Despite several attempts to have the profession’s approach explained to me, I have struggled to make sense of it.*

*4.28 Recognised specialisms should provide a means to develop and provide complex and advanced treatments and services in line with customers’ priorities and needs. In principle, therefore, specialisation should play an important role in signalling to the customer that particular and authoritative skills or expertise are available. However, not only is the organisation of veterinary specialisation confusing and opaque, but the profession’s concept of specialisation is inward-looking and orientated towards fellow professionals rather than aimed at informing the customer. The customer is not even given the reassurance that someone who claims a specialism is professionally sanctioned to do so. The term “specialist” is not a protected title, so any registered veterinarian (provided they do not practice beyond their area of competency) may adopt the title of specialist without holding any formal specialist qualification whatsoever.*

*4.29 Given these shortcomings it is perhaps unsurprising that formal veterinary specialisation is so weakly developed, certainly in comparison with professions such as human medicine and dentistry. Just one per cent of practising veterinary surgeons are RCVS-recognised specialists. The RCVS criteria include relevant postgraduate qualifications and peer acknowledgement, in part to support a system of vet-to-vet referral (which is also weakly developed within the profession), but also to confirm the academic standing of the specialist. Very few veterinarians pursue this route, with many more opting instead to join one of the specialist divisions of the BVA in order to cultivate their specialist interests and get peer and client recognition. Thus, two distinct systems of veterinary specialisation have developed alongside each other.*

*4.30 The two systems divide up the realm of veterinary expertise somewhat differently. Both include a set of specialisms that take a whole animal approach to an individual or group of species (cattle, pigs, poultry, sheep, goats, deer, and fish). The RCVS additionally recognises a series of mainly clinically-based specialisms, based around either a body system (eg ophthalmology) or technique (eg anaesthesia), that may be applicable to different species. The BVA, in contrast, includes a range of specialist occupational divisions (such as government veterinarians and industrial veterinarians) not recognised as specialisms by the RCVS.*

*4.31 Specialisation is undeveloped within the veterinary profession. This is out of step with modern thinking about professional expertise and may be limiting the scope for market specialisation and differentiation of veterinary services. Information about what counts as specialisation is unclear and confused and is not customer-oriented...”*

(extract from Chapter 4 “Unlocking Potential – a Report on Veterinary Expertise in Food Animal Production”, a report by Professor Philip Lowe to Defra’s Vets and Veterinary Services Working Group, 2009)

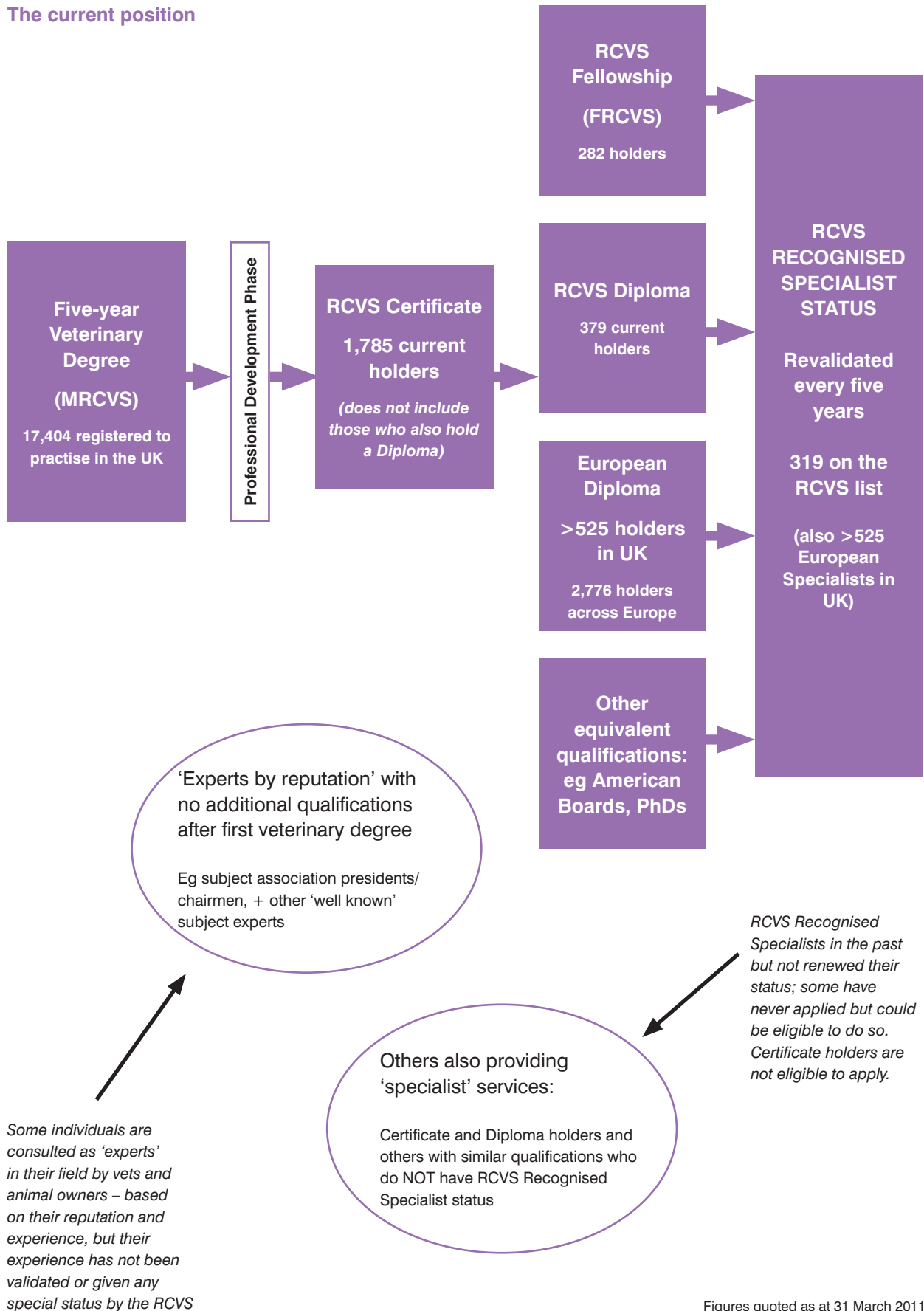
3. Out of a total of over 17,400 UK-based veterinary surgeons, there are 319 on the current RCVS List of Recognised Specialists. There are over 500 veterinary surgeons in the UK who hold one of the many different European Diplomas and who are recognised by one of the European Colleges as 'European Specialists' (ie they hold a European Diploma, and have maintained their specialist status and membership of the relevant European College). Not all European Specialists have applied to be included on the List of RCVS Recognised Specialists, and similarly, not all RCVS Diploma holders are on the RCVS List although many may be eligible to apply.
4. There are 282 holders of the RCVS Fellowship and 379 RCVS Diploma holders. Achieving the RCVS Diploma or a European Diploma is the usual route onto the Specialist List. Vets are also eligible to apply for RCVS Specialist status if they hold other high level qualifications such as a PhD, the RCVS Fellowship, or American or Australian Board qualifications. Those with PhDs (which is usually not a clinical qualification) will have met other criteria to prove their eligibility as specialists. Some RCVS Fellows have achieved their Fellowships in subjects that would not be appropriate for clinical specialist status.
5. At the level below this, there are over 2000 holders of one or more RCVS Certificates. The RCVS awards 28 different Diploma titles and 31 different Certificate titles, each with their own postnominal letters (eg CertSAS, CertSAM, CertCHP, DVOphthal, DESM, DVDI).

### Routes to Specialist status

6. On the one hand, the situation looks very confusing, with a variety of routes to RCVS Recognised Specialist status, and a plethora of qualifications and postnominal letters appearing after the specialist's name (Figure 1). Many vets have additional qualifications beyond their basic veterinary degree but haven't applied to be on the List of RCVS Recognised Specialists. Others have been on the RCVS List in the past but haven't renewed their status. Some RCVS Certificate holders take on cases that have been referred to them by colleagues and may be seen by some as 'specialists', even though they don't qualify for RCVS Specialist status. It is perhaps understandable that those not closely involved in the system are confused!
7. On the other hand, it could be argued that the present List of RCVS Recognised Specialists does indeed simplify things for the public: if someone is on the RCVS List and calls him/herself by the correct title of 'RCVS Recognised Specialist', clients and other vets don't need to try and interpret or check their qualifications – that job has already been done by the RCVS. To be on the list, the RCVS will have checked that the vet holds relevant qualifications at the right level, that they are up to date in their field, that they have continued to contribute to developing the specialism and to passing on their skills and knowledge for the benefit of the profession. RCVS Recognised Specialists have to 'revalidate' every five years, ie they need to re-apply in order to maintain their status. Quality assurance is therefore already built into the system.

**Figure 1 – Routes to RCVS Recognised Specialist Status**

**The current position**



Figures quoted as at 31 March 2011

## Why is there confusion about who is a Specialist?

8. The RCVS List of Recognised Specialists is not a mandatory or statutory list – there is no requirement for a vet to join the List in order for him or her to offer specialist services to the public, and indeed many vets offer specialist referral services without being on the List. Some may be working at ‘specialist level’ and have achieved a Diploma or equivalent level qualification, but have not found a need to join the RCVS List.
9. Some argue that there is little incentive for vets to apply for RCVS Recognised Specialist status. They have to pay a fee for listing<sup>1</sup> and must subject themselves to revalidation every five years, yet there is no requirement for them to be on the List in order to offer specialist services or call themselves specialists.
10. There has been criticism that the current List has not been adequately promoted. A difficulty has been, however, that with relatively few specialists on the List in any given subject area, clients are sometimes unwilling or unable to travel the distances required to consult a specialist. Even when clients become aware of the Specialist List, it may be of little use to them with so few specialists available in some of the specialties. There has even been reluctance in some quarters to promote the List to the public at all on the grounds that it is for reference by the referring veterinary surgeon only.
11. Perhaps because of this, a market has developed whereby some certificate holders provide a referral service. Some of these may have years of experience after gaining their certificate and may have undertaken further training; some may be making a significant contribution to the advancement of their subject area, but for various reasons have not undertaken a Diploma level qualification. However, others may only have achieved their Certificate relatively recently, and have not been trained to specialist level. The RCVS Certificate is not a specialist qualification and is not re-validated.
12. Although Certificate holders must not hold themselves out to be specialists, they may still be considered as such by other veterinary surgeons who refer cases on to them, and may be mistaken for specialists by clients who are unaware of the different levels of qualifications available. It has become apparent that some referring vets are themselves confused by the different levels of expertise available, and may mistakenly imply to their clients that they are referring their case to a ‘specialist’, when the latter has not made any such claim. It is perfectly acceptable to pass a case on to a colleague for a second opinion or treatment, particularly if they have more experience and maybe an additional qualification, but this is not the same as referring it to a Recognised Specialist who would have significantly more expertise.
13. To add to the confusion, there are many vets who are known by reputation as experts in their field, but who have never achieved any further qualifications beyond their initial veterinary degree. They may be members of the various veterinary associations, such as the British Cattle Veterinary Association or the British Small Animal Veterinary Association, and may be widely considered as experts in their field. For some minority subjects, there may not be a relevant qualification available for them to work towards, and they will have developed their expertise after years of working in the specialism. For others, their special interest may only have filled a small part of their professional time due to the limited call for expertise in that area. (To be on the RCVS Recognised Specialist List under the current system, a vet must spend at least 50% of their professional time working in the specialism concerned.)

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<sup>1</sup> The application fee for listing as a Recognised Specialist is currently £32 for those with standard qualifications, or £215 for those with non-standard qualifications. There is then an annual renewal fee of £100.

14. Any vet who calls him/herself a specialist must be able to substantiate such a claim, and clients and others may submit a complaint to the RCVS if a vet offers specialist services which are clearly beyond their level of competence. If someone is claiming to be something they are not, they may be liable to investigation by Trading Standards Officers or lay themselves open to a civil claim for misrepresentation. However, in the absence of a clearer definition as to what would constitute a valid claim to specialist expertise, there is a danger that clients and the public may be misled, and a danger that vets themselves may unwittingly refer cases inappropriately.
15. It is unlikely that there could be a statutory list of specialists in the foreseeable future. We therefore need to find other ways to provide protection for the public and their animals – for example, through the new Code of Professional Conduct – and clear information for vets who need to refer cases to colleagues.

### Qualification titles and postnominals

16. In 2002, the RCVS adopted a strategy of rationalising the range of postgraduate qualifications it awards, and agreed to phase out RCVS Diplomas where they overlap with European Diplomas in the same subject. This process is necessarily taking time, however, as enrolment periods for Diplomas are seven years in length and candidates who are already enrolled are allowed time to complete before their subject is withdrawn. For some specialties, the corresponding European College has not been established long enough to gain recognition by the parent European Board of Veterinary Specialisation, so it may still be a number of years before overlapping RCVS Diploma awards are withdrawn. Some RCVS Diplomas may continue to run where there is no European equivalent. Even after some Diplomas are withdrawn, there will continue to be a number of Diploma holders using the 'old' qualification postnominals, as these qualifications are held for life.
17. The old style RCVS Certificates with 31 different titles are on the point of being phased out (last examinations in 2012). They have been replaced by the modular Certificate in Advanced Veterinary Practice (CertAVP), through which veterinary surgeons can be credited with individual modules in subjects of their choice. A combination of six modules leads to the award of a full Certificate. The modular structure allows flexibility for veterinary surgeons to study subjects that reflect their areas of professional interest and practice, rather than being fixed to a single species or discipline.
18. The decision to give the single title 'Advanced Veterinary Practice' to the new style Certificate was a deliberate one to remove the impression that had developed with the old-style certificates that the qualification represented specialist achievement. The structure of the new Certificate has been designed to avoid narrow specialisation at too early a stage in a vet's career and instead has maintained an element of breadth which is more appropriate at this level of study. The CertAVP includes key professional and clinical skills modules which are relevant to any area of clinical practice (covering topics such as ethics, animal welfare, legislation and communication skills), as well as allowing a choice of clinical modules for different species and disciplines. It is designed for those working in general practice, but it can also be used as a first stepping stone to specialisation for those who want to progress to RCVS Diplomas, provided particular modules are chosen.
19. When it was first introduced, however, the RCVS Council decided that the CertAVP should also allow for so-called 'designated' titles, whereby further letters can appear in brackets after 'CertAVP' depending on the modules chosen. For example, someone choosing mostly small animal modules can gain a Certificate in Advanced Veterinary Practice (Small Animal Practice) – CertAVP(SAP); someone choosing three production animal modules in addition to the core modules could have the

Certificate in Advanced Veterinary Practice (Production Animal Practice) – CertAVP(PAP), or a selection of diagnostic imaging modules would lead to the Certificate in Advanced Veterinary Practice (Veterinary Diagnostic Imaging) – CertAVP(VDI), and so on. It was further agreed that, after achieving their initial Certificate, candidates could achieve multiple additional designations if they went on to achieve the appropriate number and combination of further modules, eg CertAVP(SAP;PAP;VDI) and so on. Someone taking a mix of modules from different areas receives the ‘CertAVP’ with no further designation.

20. In the Working Party’s opinion, this has led to unnecessary complexity with a long list of postnominals available and a risk that the Certificate will continue to be seen by some as a specialist qualification rather than the broad-based qualification that was originally intended.
21. The paper certificate that is awarded at the end of the process for the CertAVP lists all the modules that have been achieved, making it quite clear what the individual has studied. The Working Party can therefore see no reason why such a complex system of postnominals needs to be available for this Certificate qualification. We believe that it risks not only undermining any attempts to clarify qualification and specialist levels for the public, but may also unwittingly mislead the public into thinking that a certificate holder with certain postnominals is more specialist than is actually the case.
22. Furthermore, although the RCVS approves the list of qualifications which vets can include in the RCVS Register, there is nothing currently to prevent vets from including on their practice stationery other postnominal qualifications that have not been formally recognised by the RCVS. With the wide range of qualifications currently available for vets, some of which are from unaccredited providers, and few of which are genuinely at specialist level, a string of postnominal qualifications after someone’s name is no guarantee that they are qualified at specialist level, nor that these qualifications are current, or amount to more than, for example, a short/correspondence course.
23. We would support the College in any moves it may take to radically simplify the list of qualifications it recognises for listing against each veterinary surgeon’s name in the RCVS Register. The listing of qualifications and/or status should be kept as simple as possible in the interests of clarity and consistency. It is notable that when the RCVS first introduced its Certificate-level qualification in the 1980s, the Council determined that postnominals letters should not be used at all!<sup>2</sup>

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<sup>2</sup> Extract from the RCVS Annual Report of 1982: ‘It is intended that a person’s name would appear only on the Certificate list or the Diploma list (or in the specialist register, when this can be published) in any discipline/species. Holders of Diplomas would be able to show this qualification in the usual way, and the approved abbreviation for each Diploma is included in the byelaws. However, the possession of a Certificate may not be indicated after the holder’s name, in full or in any abbreviated form, although the Certificate itself may be displayed within the practice (or other) premises.’

## 5. Defining more clearly the level for specialist status

1. The Working Party recognises that the vast majority of general practitioners do an excellent job in managing the cases presented to them, undertaking increasingly sophisticated forms of treatment and procedures. Veterinary medicine in general practice continues to advance, and many procedures that decades ago could only be performed in specialist centres, are now becoming increasingly common in well-equipped primary practices. This is in large part thanks to the pioneering work, research and development undertaken by earlier generations of specialists working in universities and, latterly, private specialist centres.
2. If veterinary medicine and science is to continue to advance, it is important that there is a clear structure to support veterinary specialisation. The veterinary profession must develop its clinical leaders who will advance their specialties and disciplines for the future. Equally, the animal-owning public needs to be able to access this level of expertise for the more complex or unusual cases that may be beyond the expertise of the primary practitioner.
3. We are of the view that the appropriate level for veterinary specialists should continue to be at Diploma or equivalent level, a level that sits well within the Higher Education Qualifications Framework<sup>3</sup>.
4. The Working Party has identified that the definition for Diploma and Specialist level has been somewhat vague up to now. The RCVS Diploma has been defined as “a high standard of academic and professional expertise”, which is achieved following five or six years postgraduate training and experience and success in an examination. Achievement of a Diploma, or other equivalent level qualification, makes a vet eligible to apply for RCVS Recognised Specialist status, yet the notion of a “high standard” may be too subjective.
5. In the university sector, all qualification levels must be clearly defined and set within a national and European framework so that there is a notion of equivalence and consistency of titles, and transparency for the public. We need to place veterinary specialist qualifications in a similar framework which links to the outside world, and which makes it clear what a ‘high standard’ actually means.
6. We have set out a new level definition for Diplomas and the RCVS Fellowship in the table below. This definition places these qualifications at the same level as university doctorates. The definition has been derived from the doctorate definition set out by the Quality Assurance Agency which sets and monitors the standards and quality of UK university degrees. We have adapted it to apply to clinical work. A similar exercise was undertaken for the RCVS Certificate in Advanced Veterinary Practice a few years ago. For the sake of comparison, the agreed level definition for the Certificate, at Masters level, is set out at Appendix 4.
7. By using this definition, we will be in a better position to judge whether someone is eligible for Specialist status, *whatever route they may take to get there*. It will also make it clear to examiners and candidates of the RCVS Diplomas and the Fellowship what the expectations are at this level. We see RCVS Diplomas and the RCVS Fellowship being pitched at the same level. What differs is the route to achieving each qualification.

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<sup>3</sup> <https://www.qaa.ac.uk/academicinfrastructure/FHEQ/EWNI08/FHEQ08.pdf>

**Table 1 – RCVS Diploma and RCVS Fellowship – level descriptors**

RCVS Diplomas and Fellowships are awarded to veterinary surgeons who have advanced training in the specialty and have contributed significantly to the development of the specialty by teaching, research or practice.

***RCVS Diplomates and Fellows will have demonstrated:***

- a high level of competency through teaching, research or practice in the specialty
- acquisition and understanding of a substantial body of knowledge which is at the forefront of the area of veterinary professional practice
- the ability to apply high level knowledge and skills at the forefront of the specialist area to their own professional work
- a high level of clinical expertise in their specialty area including the ability to deal with non-routine and complex cases
- the creation and interpretation of new knowledge, through original research or clinical studies, of a quality to satisfy peer review, extend the forefront of the discipline or area of professional practice, and merit publication
- a detailed understanding of applicable techniques for research and clinical enquiry, including ability to design and implement a project for the generation of new knowledge, clinical methodologies and techniques at the forefront of the professional area.

***Typically, holders of the Diploma and Fellowship will be able to:***

- make informed judgements on complex issues in their specialist field, often in the absence of complete data, and be able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences, including clients
- continue to undertake research and/or clinical studies in their field at an advanced level, contributing substantially to the development of new knowledge, techniques, ideas or approaches in the specialty.

Achievement of this level of qualification would usually only be achieved after a considerable number of years experience of working in the veterinary profession.

**Route to Diplomas and Fellowships:**

- RCVS Diploma holders will have undertaken a programme of advanced level training under the supervision of another Diplomate. They will have passed an examination in their specialty area testing their knowledge, clinical and practical skills and will have presented either a dissertation or published papers as evidence of their original research.
- RCVS Fellows will have chosen their own field of study for their dissertation which must demonstrate all the characteristics outlined above.
- Alternatively, the Fellowship can be awarded for 'Meritorious Contributions to Learning' upon examination of a collection of original published work over a 15 year period, which overall must satisfy the above criteria.

## 6. What should the route to Specialist status be?

1. Having confirmed that Specialist status should continue to sit at Diploma or equivalent level as described above, we believe that the current system of requiring specialists to re-validate their status ever five years is still right. A system of revalidation provides important quality assurance for the benefit of animal owners and other referring veterinary surgeons. It provides an assurance that specialists remain current in their field and that they continue to contribute to the development of their specialty.
2. The question arises then as to what the routes to Specialist status should be. Not only do we need to clarify who can call themselves Specialists and introduce greater controls over the use of the term through the Code of Professional Conduct, we need to promote growth in the number of those who are designated as specialists so that animal owners can have better access to this level of service and more choice. There are currently 319 specialists on the RCVS List of Recognised Specialists, but there may be more who could qualify as specialists under the current criteria but who have not previously applied. There are some who were once on the List but who have not renewed their Specialist status, as they did not feel the need to undergo the process. There are also others who may be working at this level but who have not achieved a Diploma-level qualification and so are not eligible under current rules.
3. The Working Party is of the view that more of these veterinary surgeons must be encouraged to apply, and that the route to specialist status should be flexible for a limited period of time so that numbers on the List increase. Applicants who do not hold a Diploma qualification or equivalent but who are working at this level should be invited to present other evidence to show how they meet the level descriptor set out in Chapter 5. We return to this point on page 18 below.

### A new middle tier?

4. Although the Working Party has been considering the highest level of specialist expertise, we are aware that referral to a specialist is not always a realistic option for some clients, perhaps because of cost or geographical location. Many veterinary surgeons with RCVS Certificates have stepped into the gap and take referrals, even though they are not qualified at specialist level. They are seen by many to provide a useful service when referral to a fully-qualified specialist is not possible.
5. It must be noted that sometimes an immediate referral to a top-level specialist may be better for the animal's welfare as well as being cheaper for the client in the long run. It is usually not in an animal's interests to be referred first to a Certificate-level veterinarian for tests and possible invasive procedures, only to find that it then needs to be referred again to a qualified specialist if the initial outcome has not been satisfactory. But it must remain a matter of client choice as to who sees their animal and what level of expertise the client is willing and able to pay for. In some cases, it may be necessary for the primary practitioner to attempt to tackle a case if there is genuinely no other choice available. In such cases, the vet must explain the reasons for their action, and must ensure that the client has understood the options.
6. We are not suggesting that only specialists should be able to take referral cases, but the relative status of certificate holders (and non-certificate holders) and fully qualified specialists should be made much clearer to clients. This will help both clients and the referring veterinary surgeon to make an **informed** choice about who to consult on a difficult case.
7. Holders of the RCVS Certificate have demonstrated that they have achieved a level of clinical competence above that of the basic veterinary degree in a veterinary discipline or species or in general practice. The Certificate can be a stepping-stone towards a Diploma for some, but many holders chose to stay at Certificate level. The Certificate is a valuable part of the veterinary

continuing education and training structure and achievement of this level qualification should be seen as the norm for the majority of vets working in practice.

8. But possession of a Certificate on its own does not provide assurance for clients that the holder is necessarily up to date. The qualification could have been achieved a number of years ago and the development of knowledge and procedures may have moved on considerably since the holder was last assessed. The vet may even have moved on to work in areas not covered by their original Certificate qualification or not sustained a sufficient caseload to remain proficient.

### A European proposal

9. In recent years, a proposal has emerged through various European veterinary associations<sup>4</sup> to establish a formal 'middle tier' status for veterinary practitioners working at Certificate level. The intention is to indicate a level of experience in a particular area of practice (eg small animal practice, or equine practice) which is above that of the new graduate, so that clients can see more clearly that someone has a practice interest as an equine vet, small animal vet or farm animal vet. The term 'acknowledged veterinarian' has been suggested by the Union of European Veterinary Practitioners (UEVP).
10. The U EVP has suggested that this status of 'acknowledged veterinarian' should be species based and that it should require possession of a further qualification beyond the initial veterinary degree that would be issued by a national competent authority (in the UK this would be the RCVS). It would require experience of working with the species concerned during at least three of the previous five years. They also suggest that ongoing CPD of at least 35 hours per year could be a condition of retaining the 'acknowledged veterinarian' status, although details of any other criteria that would need to be met have not yet been published. At the time of writing, these proposals are at an early stage of discussion within Europe.
11. The RCVS should ensure that it contributes to these discussions through its representatives on the various European veterinary associations. The UK veterinary profession needs to stay in line with emerging European structures in order to maintain clarity and consistency with European practice.
12. In the meantime, **we suggest that the RCVS should consider introducing a middle tier status in the UK, which is subject to periodic re-validation, in the same way as specialist status.** It could be achieved by someone who has passed their RCVS Certificate (or equivalent qualifications), and could indicate the species or discipline area of interest in broad terms. Making the status subject to re-validation every, say, five years would provide greater reassurance to the client that the holder is up to date in the designated field. This is important if the client has chosen to consult a Certificate-holder rather than a specialist for a referred case.
13. We do not have any fixed ideas on what this middle status would be called: the term 'acknowledged veterinarian' is not very customer friendly or understandable in the UK. 'Advanced Veterinary Practitioner', or perhaps 'Advanced Practitioner' are possibilities. Whatever title is adopted, there must be no suggestion that this middle status is at specialist level, and this could be avoided if only a strictly limited number of broad categories were allowed (eg small animal practice; equine practice; farm animal practice).

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<sup>4</sup> A paper by the Union of European Veterinary Practitioners (UEVP) on this topic was first adopted by the general assembly of the Federation of Veterinarians of Europe (FVE) in 2005. (See *Veterinary Record* 2005;157:755-756). The European Board for Veterinary Professional Development has now been formed, and its statutes were approved by the FVE at its annual meeting in Palermo, June 2011. The new body will be seeking to establish and harmonise CPD standards for 'acknowledged veterinarians' in different areas of the veterinary profession across Europe.

14. We do not think that the RCVS needs to wait until discussions have concluded across Europe on this topic before taking a decision to introduce a new middle tier status. The RCVS framework of qualifications and CPD policy is already in line with current thinking elsewhere in Europe and steps could be taken now to define the criteria and set up systems for re-validation. With the RCVS modular certificate already in place, there is potential to build modules into a revalidation system. The RCVS Certificate need not necessarily be the only route to this 'advanced practitioner' status: alternative qualifications considered for 'advanced practitioner' status would need to meet the level descriptor for the Certificate in Advanced Veterinary Practice (see Annex 4, New level descriptors for the RCVS Certificate, Diploma and Fellowship).

### Increasing the number of specialists

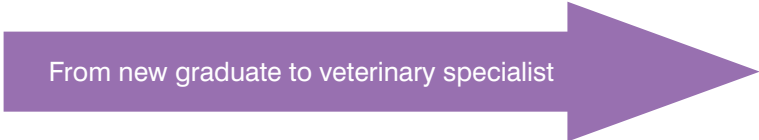
15. At present, there is little incentive (other than professional pride in the title) for veterinary surgeons to go through the process of achieving RCVS Recognised Specialist status and subjecting themselves to revalidation. This needs to change. To expand the list of veterinary specialists, we are of the view that the RCVS firstly needs to issue much stricter guidance about who can call themselves specialists, and secondly that it should invite applications from a wider group of veterinary surgeons to be accredited as specialists, against the criteria outlined in the Diploma/Fellowship descriptors. Clarifying the Code of Conduct – to say that only those who have been accredited by the RCVS as specialists can call themselves such – would help to provide an incentive to those who have the necessary experience and expertise and/or qualifications to come forward and submit themselves to accreditation.
16. Specialist status should continue to be linked to a five-yearly re-validation procedure. Other criteria, such as contributions to and ongoing involvement with the specialty, must also be met, so that clients and referring veterinary surgeons can be assured that the Specialist remains up to date.
17. There are a number of individuals who may be practising at Specialist level and who have the necessary experience and expertise but who, for various reasons, have not taken a Diploma or other equivalent qualification. Figure 1 on page 10 includes two groups of people (in the ovals), some of whom could be brought into the framework, either as 'advanced practitioners' (or whatever term may be agreed), or as 'specialists'.
18. Achievement of a Diploma normally requires an extended training or 'residency' period in an approved specialist centre under the supervision of another Diplomate, so it is difficult for many veterinary surgeons in mid career to take time out of their practice to achieve it. There may not even be an appropriate Diploma for them to work towards. Veterinary surgeons who believe they are working at specialist level, but who do not, for various reasons, hold a specialist level qualification, could be encouraged to apply and present a body of evidence that they meet the specialist level benchmark (see Table 1). A period of supervised training in the evidence would carry significant weight. Applications could be considered by a panel or credentials committees (see 'Future of RCVS Specialist Boards' below) – which could grant specialist status on a 'grand-parenting' basis for a limited period.
19. Opening up the process in this way could be time limited to, say, 10 years. This would provide a temporary solution to the need to increase the number of specialists. After this time, the expectation would be that all aspiring specialists should first work towards a qualification at doctorate/Diploma/Fellowship level. It is very unlikely that a recent Certificate holder would be eligible.

## Titles for specialists

20. We have given thought to what term should be used to describe specialists, bearing in mind that there is no statutory control available through the current Veterinary Surgeons Act. The current protected term 'RCVS Recognised Specialist' is rather long winded. **We suggest that the simple term 'veterinary specialist' should be used and reserved for those who have been accredited as such.** The new RCVS Code of Professional Conduct should make it clear that misleading, or non-accredited use of the term 'specialist' should become a matter of professional conduct, regulated through the RCVS disciplinary process. Veterinary practices should not call themselves 'specialist' practices unless they employ someone who has been accredited by the RCVS as a Specialist. This could further be addressed under a new category within the RCVS Practice Standards Scheme.
21. But we think the RCVS could go further in providing an incentive to veterinary surgeons to be accredited as specialists. Given that the RCVS Fellowship is pitched at this level and that it is the oldest and most esteemed award of the College, **we would like to see veterinary surgeons who are accredited as specialists, by whatever route, granted the additional title of Fellow of the Royal College of Veterinary Surgeons and be entitled to use the postnominals FRCVS.** Their specialist status would be subject to re-validation and would cease when they stopped practising as specialists (for example, on retirement, or if they were no longer offering a specialist referral service), but they could retain the FRCVS title for as long as they were members of the College.
22. Not all Fellows will be specialists – some will have achieved their FRCVS through a non-clinically based thesis, others will be specialists who are no longer active in their field – but all specialists should automatically become RCVS Fellows.
23. This would have the following advantages. It would:
- provide an incentive to apply for Specialist status
  - increase the number of Fellows who are clinically active at this level
  - establish a genuine Fellowship of veterinary leaders for the profession
  - re-establish the RCVS Fellowship as a mark of esteem, whether it be for clinical achievement and contributions at specialist level, for contribution to a body of knowledge through submission of a thesis, through other meritorious contributions to learning over an extended period of time, or through other honours that the College may wish to bestow on an individual.
24. The RCVS has quite recently introduced a category of 'Emeritus Recognised Specialist' to recognise the contribution of those who have been on the Recognised Specialist List for a continuous period of 15 years, but who have retired and are no longer practising. The intention of the title to denote significant achievement over many years is a worthy one, but it could be seen to add confusion to an already confused system. Awarding the title of RCVS Fellow (FRCVS) to specialists, to be retained as long as the individual was a Member of the College, would be a clearer way of denoting achievement.
25. The route to specialist status, under a simplified Specialist framework based on the ideas set out above, would then involve:
- initial achievement of the veterinary degree and registration with the RCVS – MRCVS followed by achievement of Year-One Competences demonstrated by completion of the Professional Development Phase for new graduates (PDP) (for all graduates post 2007)
  - for some, achievement of the RCVS Certificate or an equivalent qualification followed by accreditation and periodic revalidation as 'advanced practitioner'
  - achievement of a specialist-level qualification, or other evidence of specialist-level achievement/experience – followed by accreditation as RCVS Specialist and award of FRCVS.

**Figure 2 – Professional progression**

Primary Veterinary Degree (MRCVS)	Postgraduate Certificate (MRCVS, 'Advanced Practitioner')	Specialist (FRCVS)
<p>The primary veterinary degree leads to the achievement of 'day one competences' – ie the level that ensures that new graduates are safe to practise on their first day in work.</p> <p>Registration with the RCVS entitles the holder to use the postnominals 'MRCVS'.</p> <p>All new graduates must complete the Professional Development Phase (PDP), working towards their 'Year-One Competences' in clinical practice.</p> <p>Undertaking PDP is a form of workbased continuing professional development (CPD) for new graduates.</p>	<p>After PDP (or a year's experience in practice), veterinary surgeons can start working towards the RCVS Certificate, or modules within it.</p> <p>The RCVS Certificate is awarded after a minimum of three years' experience in practice.</p> <p>Achievement of a Certificate entitles the holder to add the postnominals 'Cert AVP' (older certificates will have a different range of postnominals prefixed with 'Cert').</p> <p>Holders of Certificates or other equivalent level qualifications can apply for 'Advanced Practitioner' status.</p> <p>'Advanced Practitioner' status would be subject to revalidation every five years.</p>	<p>Holders of RCVS Diplomas or other equivalent level qualifications (eg Fellowship, European Diploma, PhD, etc.) are eligible to apply for Specialist status.</p> <p>Must be available for consultations.</p> <p>Must have evidence of recent contributions to their specialty, eg publications, teaching, examining etc.</p> <p>For limited period, those without Diplomas who can provide other evidence of working in a specialty at this level could be considered for Specialist status.</p> <p>Must apply for re-validation every five years.</p> <p>Those accredited as Specialists will also be awarded the FRCVS which can be retained as long as they remain a member of the RCVS.</p>



## 7. Future of the RCVS subject boards

1. The Working Party's terms of reference invited us to consider the future of the RCVS's subject boards. The RCVS has a number of small subject boards that to date have managed the various subject specific certificate and diploma examinations. The old-style RCVS certificates managed by these boards have been phased out (last exams 2012), together with some Diplomas which have given way to equivalent European College Diplomas. So the main role of many of these boards is coming to an end. There will still be a need, however, for some boards to continue to manage the ongoing Diploma examinations.
2. The boards are composed of small teams of experienced RCVS Certificate and Diploma holders and examiners who have brought significant expertise to the College. This expertise will continue to be important for the RCVS and could continue to be used to consider veterinary surgeons' credentials for accreditation as a specialist or 'advanced practitioner'. It may be sensible to reconstitute these boards into a more flexible panel or panels with a wider remit than the current boards. We do not have any set ideas on how this should be constituted, but the tasks to be undertaken would include:
  - managing the remaining Diploma examinations including appointing examiners and approving enrolments
  - considering applications for specialist status and applications for revalidation
  - if the idea is accepted, considering applications for 'advanced practitioner' status and associated revalidation processes
  - approving enrolments for the Fellowship, overseeing candidates' progress and appointing FRCVS examiners
  - advising on subject specific issues related to the Certificate in Advanced Veterinary Practice.
3. A large panel of specialists and Fellows could be appointed for a rolling fixed term, from which smaller sub-groups could be brought together as required as 'credentials committees' to evaluate applications for specialist status and 'advanced practitioner' status. Ideally, the panel should comprise a broad range of veterinary surgeons who themselves have been accredited as specialists and/or Fellows.

## 8. The RCVS Fellowship

1. The Working Party was tasked in its terms of reference to consider the place of the RCVS Fellowship when reviewing the specialist framework. We suggest that the current routes to the Fellowship should be retained, with the addition of the award of Fellowship to those who have qualified for Specialist status, as described in the previous Chapter.
2. The Fellowship (FRCVS), which is identified as the College's highest and most prestigious award, is currently achieved either by completion of a thesis, or by the submission of a body of work put together over a period of at least 15 years which is then acknowledged as having made 'meritorious contributions to learning' (MCL). The RCVS also awards Honorary Fellowships (up to three each year can be granted) to individuals who have been deemed by the Council to have made a significant contribution to the profession. Honorary Fellows use the postnominals 'HonFRCVS'.
3. The RCVS Fellowship should continue to be one of the routes to specialist status. However, as Fellowships can sometimes be awarded for non-clinical subjects, or for subjects which are very narrow, it is right that other evidence is usually needed to demonstrate that the individual is currently working within a recognised speciality and that they are making a contribution to the advancement of clinical knowledge and practice in that speciality. This is what currently happens, and should continue.
4. The Fellowship is set at the same level as the RCVS Diploma – ie at 'level 8', the doctorate level of the national qualifications framework. The detailed description of what this level means (see Table 1) should help to clarify what is required for a Fellowship thesis or MCL application to succeed at examination.
5. The RCVS Fellowship (its official title is the 'Diploma of Fellowship') provides a route for all veterinary surgeons to achieve a high level qualification, and is therefore an option for those who have not followed a residency programme leading to a Diploma. It also provides a development route for those with an interest in a subject for which there is no appropriate Diploma examination available. But there may be a need to consider whether there are sufficient support structures for vets who are embarking on a Fellowship thesis. The RCVS may wish to consider how it could provide more guidance and support to practising vets on undertaking clinical research, for example. A group has recently been formed under the guidance of Professor Sandy Trees to consider what further advice about ethical review can be given to practitioners who are engaged in research and the outcome of these discussions will be helpful for those undertaking clinical research towards a Fellowship.
6. The RCVS's Education Policy and Specialisation Committee will need to consider how it can take this forward to encourage more vets to apply for the Fellowship. Allowing specialists to use the FRCVS title may help to revive the status of the award and make it an attractive proposition for more vets in practice to aim for.

## 9. What should the RCVS do to implement these ideas?

### Terminology

1. The new RCVS Code of Professional Conduct should take a firm line on terminology and titles for specialists and non-specialists alike in the interests of clarity for the public and the profession itself. Any use of the term 'specialist', or any term which implies specialist status or expertise by someone taking referrals who is not accredited as such by the RCVS would be in breach of the Code.
2. Those who have been accredited as specialists by the RCVS should adopt the simple title 'veterinary specialists'. The term 'specialist' or 'veterinary specialist' should only be used within the veterinary profession to refer to accredited specialists. The use of terms such as 'special interest' or 'expert' should also be avoided by non-accredited veterinary surgeons or practices.
3. The Code of Conduct should place the onus on all veterinary surgeons to ensure they use the term correctly with clients and animal owners when discussing whether to refer a case on. Although there is little prospect of being able to protect the term by creating a statutory specialist register, veterinary surgeons should be clear that this is a matter of professional conduct.
4. Specialists should continue to be listed, as now, under various species/discipline headings. The RCVS should approve any new headings as required as new specialties develop.
5. Establishing a statutory register of veterinary specialists should be a long-term aim of the College and should be included in discussions with Defra concerning the contents of any new Veterinary Surgeons Act.

### The middle tier

6. As described in Chapter 6, the RCVS should develop and introduce a system of accreditation and revalidation for a middle tier status of 'advanced practitioner' similar to the system currently used for specialists. This tier should be at postgraduate Masters level (RCVS Certificate or equivalent) in the national framework of qualifications.
7. When deciding what to call this tier, the RCVS should take care to avoid implied specialisation.
8. Only those who have been accredited at this middle tier should call themselves 'advanced practitioner' (or whatever term it is decided to adopt.)
9. A list of accredited 'advanced practitioners' should be maintained under broad species/discipline headings, such as small animal practice, equine practice, farm animal practice. One of these headings could be 'general practice'. The use of more specific discipline headings (eg small animal orthopaedic surgery) must be avoided.
10. The RCVS should liaise with the relevant European associations to ensure consistency of approach for this new system.

### Postnominal qualifications

11. The RCVS should rationalise the list of postnominal qualifications that it recognises for inclusion in the Register. It should reverse its policy of allowing additional 'designated' postnominals to be shown in brackets for the CertAVP as this is confusing and misleading.

12. Veterinary surgeons should be shown in the Register as either 'MRCVS' or 'FRCVS', 'MRCVS Advanced Practitioner (broad species area)', or 'FRCVS Veterinary Specialist (specialist area)'.

### Informed choice

13. The new Code of Professional Conduct should make clear that, when discussing whether to refer a case, the veterinary surgeon must give clear guidance to the client on the options for referral and explain the different levels of qualifications and tiers of accredited status. This should be presented as a 'cascade' of choice with FRCVS Veterinary Specialist always being the preferred route.
14. If a veterinary surgeon does not refer a case that appears to be outside their area of competence or beyond the capacity of their practice to treat, they must be able to justify the reason why with reference to the client's informed choice and/or to animal welfare.

### Promotion

15. The RCVS needs to make the list of specialists and the proposed 'middle tier' of practitioners more readily available through its website, and perhaps develop some unique branding – the lists need to be more immediately visible for the public and should not just be seen as an internal reference tools for the veterinary profession.
16. The RCVS should publish some simple materials (eg leaflet, posters) designed for the public explaining the various levels of qualifications and accreditation. Such a leaflet should be made readily available for clients in all veterinary practices.
17. In order to raise general awareness of the framework for specialisation, the RCVS should promote veterinary specialisation and the existence of the Specialist List on an ongoing basis through published materials, news stories, press releases, at conferences, etc.

## 10. Questions for consultation

1. Overall, do you think these proposals simplify the system and add clarity for the profession and the general public?
2. Do you have any comments on the principles set out in Chapter 3?
3. Do you agree with the outline in Chapter 4 on the need to simplify the framework for veterinary specialisation?
4. Do you agree that there is a need to simplify the range of qualification titles and postnominal letters that are shown against veterinary surgeons' names in the RCVS Register?
5. Do you agree with the proposal that specialist status should continue to be pitched at the equivalent of the RCVS Diploma level – level 8 in the national qualifications framework? Do you have any comments on the proposed specialist level descriptor? (Chapter 5 and Appendix 4)
6. Do you agree with the proposal for an accredited 'middle tier' for veterinary surgeons below full Specialist status which would be subject to periodic revalidation? If not, why? If you do agree with the concept of the accredited middle tier, what do you suggest it should be called? (Chapter 6)
7. Do you agree that the RCVS should drop the title 'RCVS Recognised Specialist' and that specialists should simply be called 'veterinary specialists' – or just 'specialists'? (Chapter 6)
8. Do you agree that we need to increase the number of accredited specialists as set out in Chapter 6? Do you agree with the interim measures proposed to consider applications via credentials committees assessing evidence against the specialist level descriptor? If not, please outline why.
9. Do you agree with the suggestion that everyone who is accredited as a specialist should also be awarded the title of Fellow (FRCVS)? (Chapter 6)
10. Do you have any suggestions as to how more veterinary surgeons could be encouraged and supported to work towards achieving the RCVS Fellowship? (Chapter 7)
11. Do you agree that vets should have an obligation – which would be introduced through the new Code of Professional Conduct – to explain the referral options to clients, including the different levels of expertise at each level? (Chapter 8)
12. If you wish to comment on any relevant issue that is not covered by the above questions, please do so.

When submitting your response to this consultation, please be aware that the RCVS may publish some or all of the responses it receives, together with a list of people and organisations who have responded. Please indicate in your response if you are not content for your name and comments to be made publicly available when the Working Party publishes its report.

Please send your comments by email to [f.andrews@rcvs.org.uk](mailto:f.andrews@rcvs.org.uk) by Friday 9 December at the latest. The Working Party will then consider all responses it receives before making its final recommendations to the RCVS's Education Policy and Specialisation Committee.

## Appendix 1

### Terms of reference and membership of the RCVS Specialisation Working Party

Prof Sir Kenneth **Calman** KCB DL FRCP FRCS FRSE (Chairman)

Mr Ralph **Abercromby** MRCVS – small animal practitioner and RCVS certificate holder

Mr David **Catlow** MRCVS – large animal practitioner

Dr Jerry **Davies** MRCVS – former RCVS Recognised Specialist

Mr Richard **Davis** – lay member of RCVS Council and dairy farmer

Prof Tim **Greet** FRCVS – equine practitioner and RCVS Recognised Specialist

Prof Michael **Herrtage** MRCVS – academic, RCVS Recognised Specialist, European Specialist

Prof Andrea **Nolan** MRCVS – academic, RCVS and European Diplomate in anaesthesia

Mr Chris **Tufnell** MRCVS – mixed practice general practitioner

Ms Judith **Webb** – lay member of RCVS Council

### Terms of Reference (agreed by the RCVS Council, March 2010)

To consider the veterinary ‘specialist’ qualifications with a view to making recommendations to Education Policy and Specialisation Committee for a simplified structure for possible inclusion in new legislation and/or a new Charter. Specifically, the Working Party should consider the following:

- seek to define the term specialist in the context of cognate professions, UK custom and practice, as well as against the wider EU legal definitions
- the operation of the current RCVS List of Recognised Specialists and what arrangements are needed to meet the future needs and diversity of the profession and its clients
- whether there is scope for greater and faster harmonisation of the RCVS Diplomas with European College Diplomas
- the place of the RCVS Fellowship within the RCVS’s framework of qualifications, and whether there is a need for new, different or alternative routes to the RCVS Fellowship
- the future role and structure of subject boards: what is the most appropriate structure to provide the College with access to advice on matters relating to species, subjects, disciplines; as well as subject specific advice on certificate module development and assessment, Fellowship and Specialist applications
- in the light of recommendations the Working Party makes about specialists, the amendments that will be needed to the *Guide to Professional Conduct*
- whether the RCVS should pursue powers to establish a statutory register of specialists

In making its recommendations, the Working Party should identify which, if any, could be implemented on a voluntary basis or under the RCVS’s current legislative framework.

## Appendix 2

### Summary of current RCVS qualifications

#### RCVS Recognised Specialist Status – as it is currently

The objectives of the current RCVS List of Recognised Specialists are:

- to promote specialisation within the veterinary profession
- to identify for the public and the profession, veterinarians who have specialised knowledge and skills, who are active practitioners within a recognised field of specialisation, and who maintain specialised competence through continuing professional development
- to encourage veterinary surgeons to refer cases, as appropriate to RCVS Recognised Specialists
- to recognise specialised competence in minority areas in which there are suitable non-RCVS postgraduate qualifications

**Postnominals:** no additional postnominals are awarded to those on the Specialist List, although Specialist may use the postnominals appropriate to their recognised postgraduate qualifications.

#### Routes:

- applicants must be members of the RCVS
- applicants must hold a relevant recognised postgraduate qualification eg RCVS Diplomas; RCVS Diplomas of Fellowship or other recognised postgraduate qualifications (eg European, American, Australian Diplomas, PhD etc.)
- recognised Specialists are listed for five years, after which time they must re-apply for re-listing, submitting up to date evidence of eligibility, as per the initial process.

#### Eligibility criteria:

- applicants must have completed a period of at least five years, out of the previous seven years including the immediate past 12 months prior to the application, of veterinary work predominantly involving the specialty (predominant involvement is normally taken as 50% or more of the applicant's working time and no less than 20 hours per week).
- they must be currently actively involved in the practice of their specialty, with referrals forming a significant part of the caseload.
- applicants are required to submit evidence of recent publications (ie in the last seven years) in refereed journals; and of contributions to local, national and international meetings, and of appointments on official bodies in their field, as an indication of their continuing active involvement in their specialty.
- two references are required
- CPD Record Card must be submitted, covering the preceding five years for re-applicants and the preceding seven years for new applicants.
- the applicant must be available for consultation.

## RCVS Diploma

### **The current definition of the RCVS Diploma level is:**

“A Diploma indicates that the holder has achieved a high standard of academic and professional expertise in their chosen subject.”

**Postnominals:** relevant to the subject in the qualification held eg DCHP (Diploma in Cattle Health and Production); DVA (Diploma in Veterinary Anaesthesia); DSAS (Diploma in Small Animal Surgery).

**Routes:** candidates must normally have achieved a Certificate in the relevant subject (under the old scheme), or have achieved an appropriate combination of relevant modules in the Certificate in Advanced Veterinary Practice (new scheme). Candidates can be enrolled for a Diploma for up to seven years.

**Approved practice route:** at least six years if gaining experience solely at an approved practice.

or

**Approved centre route:** at least five years with experience in the subject which must include 200 days in an approved specialist centre.

**Eligibility criteria:** holder of a Certificate (or appropriate combination of modules) in the relevant subject; Member of College or held approved veterinary qualification for at least four years.

**Examination structure:** submission of either a dissertation or published papers; two three-hour written examinations; Clinical, oral and practical examination.

### RCVS Certificate (old scheme)

(NB These qualifications are being phased out and replaced by the modular Certificate in Advanced Veterinary Practice. The last examinations will be held in 2012.)

**The current definition of the RCVS Certificate level is:**

“A Certificate indicates that the holder is a competent clinician who has proved their experience and expertise by examination in their chosen subject.”

**Postnominals:** relevant to the subject in the qualification held eg CertSAS (Certificate in Small Animal Surgery); CertVC (Certificate in Veterinary Cardiology); CertVDI (Certificate in Veterinary Diagnostic Imaging).

**Approved centre route:** candidates must have held an approved veterinary qualification and practised veterinary surgery for at least two years, and are required to offer experience in the subject over at least one year.

or

**Approved practice route:** candidates must have held an approved veterinary qualification for at least three years and are required to offer experience in the subject over at least two years.

**Eligibility criteria:** membership of RCVS, or holder of a registerable veterinary degree

**Examination structure:** submission of a case book containing a varying number of case reports or other submitted work, depending on the subject area; two two-hour written examinations; clinical, oral and practical examination.

## RCVS Certificate in Advanced Veterinary Practice

(Available since 2007, introduced to replace the 'old' RCVS Certificate)

### **Definition:**

Level aligned with university postgraduate certificates at 'Masters' Level.

Six modules to be achieved, covering a notional 600 hours' study.

**Postnominals:** CertAVP – or CertAVP(*designated subject*) – eg CertAVP(EM) = Certificate in Advanced Veterinary Practice – Equine Medicine etc.

**Routes:** candidates may prepare by attending courses at universities or through other providers or by self-study; universities are accredited by the RCVS to assess modules; compulsory modules cover key professional and clinical skills; wide range of optional modules; may carry university credits towards Masters degrees in some areas.

**Eligibility criteria:** candidates must have at least one year of experience in practice before enrolling and those who qualified in 2007 or later must have completed the RCVS Professional Development Phase as evidence of having gained a broad range of clinical practice experience. Up to date CPD records must be submitted before enrolling. The candidate must have at least three years of experience in practice before the qualification can be awarded.

**Assessment:** variety of assessment methods, depending on coverage of the module concerned. Most modules are assessed by means of case books.

Candidates may take modules individually, and do not necessarily need to work towards a whole qualification. They may continue to add to their modules after they have achieved a Certificate, thereby broadening and/or updating their knowledge and skills.

## Appendix 3

### Numbers of RCVS postgraduate qualifications awarded

**Table 1 – RCVS Diplomas and Certificates awarded since inception of exam**

Subject area	Diplomas awarded since inception of subject	Certificates awarded since inception of subject
Advanced Veterinary Practice (new)	–	26
Animal Welfare Science, Ethics and Law	10	47
Bovine Reproduction	–	17
Cattle Health and Production	17	126
Equine Internal Medicine	5	54
Equine Practice	–	131
Equine Stud Medicine	6	48
Equine Surgery – Orthopaedics	11	83
Equine Surgery – Soft Tissue	6	29
Fish Health and Production	0	2
Laboratory Animal Science	23	88
Pig Medicine	12	45
Poultry Medicine and Production	6	12
Sheep Health and Production	10	69
Small Animal Cardiology	–	29
Small Animal Dermatology	–	71
Small Animal Medicine	33	220
Small Animal Medicine (Feline)	8	–
Small Animal Orthopaedics	11	96
Small Animal Surgery	–	258
Small Animal Surgery (Orthopaedics)	11	–
Small Animal Surgery (Soft Tissue)	15	–
State Veterinary Medicine	1	6
Veterinary Anaesthesia	71	204
Veterinary Cardiology	18	87
Veterinary Dermatology	19	94
Veterinary Diagnostic Imaging	7	42
Veterinary Ophthalmology	21	178
Veterinary Public Health (Meat Hygiene)	5	18
Veterinary Public Health (Food Hygiene)	–	5
Veterinary Radiology	101	269
Veterinary Reproduction	3	3
Zoological Medicine	–	68
Zoological Medicine (Avian)	3	–
Zoological Medicine (Mammalian)	10	–
Zoological Medicine (Reptilian)	3	0
<b>Total qualifications awarded</b>	<b>455</b>	<b>2,425</b>

As at 31 March 2011

**Table 2 – Number of RCVS Recognised Specialists per specialty subject**

Animal Welfare Science, Ethics and Law	3
Cattle Health and Production	20
Emergency and Critical Care	2
Equine Gastroenterology	1
Equine Medicine	16 <i>(inc 2 x stud medicine; 1 x reproduction)</i>
Equine Surgery	33 <i>(inc 9 x orthopaedic only; 4 x soft tissue only)</i>
Exotic Animal Medicine	1
Feline Medicine	12
Fish Health and Production	4
Pig Medicine	3
Poultry Medicine and Production	2
Rabbit Medicine and Surgery	1
Sheep Health and Production	4
Small Animal Medicine	25 <i>(inc 13 x internal medicine; 1 x endocrinology)</i>
Small Animal Surgery	50 <i>(inc 26 x orthopaedic only; 6 x soft tissue only)</i>
Veterinary Anaesthesia	11
Veterinary Behavioural Medicine	3
Veterinary Cardiology	17
Veterinary Dentistry	3
Veterinary Dermatology	16
Veterinary Diagnostic Imaging	22
Veterinary Epidemiology	3
Veterinary Neurology	14
Veterinary Oncology	9
Veterinary Ophthalmology	10
Veterinary Pathology	14 <i>(inc 5 x clinical pathology; 1 x microbiology; 1 x lab animals; 1 x farm animals; 1 x equine; 1 x small animals)</i>
Veterinary Reproduction	5
Zoo and Wildlife Medicine	15 <i>(inc 3 x avian)</i>
<b>Total no. of RCVS Recognised Specialists</b>	<b>319</b>

As at 31 March 2011

## Appendix 4

### New level descriptors for RCVS Certificate, Diploma and Fellowship

*This is the proposed new level descriptor for RCVS Diploma and Fellowship qualifications. It is adapted from the Quality Assurance Agency's benchmark for doctoral level qualifications.*

RCVS Diplomas and Fellowships are awarded to veterinary surgeons who have advanced training in the specialty and have contributed significantly to the development of the specialty by teaching, research or practice.

#### **RCVS Diplomates and Fellows will have demonstrated:**

- a high level of competency through teaching, research or practice in the specialty.
- acquisition and understanding of a substantial body of knowledge which is at the forefront of the area of veterinary professional practice.
- the ability to apply high level knowledge and skills at the forefront of the specialist area to their own professional work.
- a high level of clinical expertise in their specialty area including the ability to deal with non-routine and complex cases.
- the creation and interpretation of new knowledge, through original research or clinical studies, of a quality to satisfy peer review, extend the forefront of the discipline or area of professional practice, and merit publication.
- a detailed understanding of applicable techniques for research and clinical enquiry, including ability to design and implement a project for the generation of new knowledge, clinical methodologies and techniques at the forefront of the professional area.

#### **Typically, holders of the Diploma and Fellowship will be able to:**

- make informed judgements on complex issues in their specialist field, often in the absence of complete data, and be able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences, including clients
- continue to undertake research and/or clinical studies in their field at an advanced level, contributing substantially to the development of new knowledge, techniques, ideas or approaches in the specialty.
- Achievement of this level of qualification would usually only be achieved after a considerable number of years experience of working in the veterinary profession.

#### **Route to Diplomas and Fellowships:**

- RCVS Diploma holders will have undertaken a programme of advanced level training under the supervision of another Diplomate. They will have passed an examination in their specialty area testing their knowledge, clinical and practical skills and will have presented either a dissertation or published papers as evidence of their original research.
- RCVS Fellows will have chosen their own field of study for their dissertation which must demonstrate all the characteristics outlined above.
- Alternatively, the Fellowship can be awarded for 'Meritorious Contributions to Learning' upon examination of a collection of original work over a 15 year period, which overall must satisfy the above criteria.

## **Certificate In Advanced Veterinary Practice**

*This is definition for the level of the CertAVP upon which all assessments are based. It was adapted from the Quality Assurance Agency's benchmark for university Masters qualifications. It is set out here to allow comparison with the new Diploma/Fellowship level descriptor above.*

### **Candidates need to demonstrate:**

- a thorough understanding of the knowledge base and a critical awareness of developments at the forefront of their area of professional practice;
- a comprehensive understanding of techniques applicable to their own area of practice;
- originality in the application of knowledge, together with a practical understanding of how established techniques of research and clinical enquiry are used to create and interpret knowledge in their professional area;
- conceptual understanding that enables them to
  - evaluate critically current literature and research in their professional area and
  - evaluate clinical methodologies and techniques, and develop critiques of them and, where appropriate to propose new approaches to professional practice.

### **Typically, holders of the qualification will be able to:**

- deal with complex issues in an organised and creative manner, make sound judgements in the absence of complete data, and communicate their conclusions clearly to veterinary colleagues and to non-veterinary audiences, including clients;
- demonstrate self direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks in their professional area of work;
- continue to advance their knowledge and understanding, and to develop new skills to a high level;

### **and will have the qualities and transferable skills necessary for professional veterinary work requiring:**

- the exercise of initiative and personal responsibility;
- decision-making in complex and unpredictable situations; and,
- the independent learning ability required for continuing professional development.

Comments on this consultation paper should be sent to by 9 December 2011 to  
The Head of Education, RCVS, Belgravia House, 62-64 Horseferry Road, London SW1P 2AF  
although responses by email are preferred – [f.andrews@rcvs.org.uk](mailto:f.andrews@rcvs.org.uk)

When submitting your comments, please be aware that the RCVS may publish some or all of the responses it receives, together with a list of people and organisations who have responded. Please indicate in your response if you are not content for your name and comments to be made publicly available when the Working Party publishes its report.

