



The British Veterinary Union in Unite submission to the RCVS Consultation on Specialisation in Veterinary Profession

This evidence is submitted by Unite the Union - the country's largest trade union. The union's members work in a range of industries & professions including manufacturing, financial services, print, media, construction and not-for-profit sectors, local government, education and health services.

Unite represents approximately 100,000 health sector workers. This includes seven professional associations – the Community Practitioners and Health Visitors' Association (CPHVA), the Guild of Healthcare Pharmacists (GHP), the Medical Practitioners' Union (MPU), the Society of Sexual Health Advisers (SSHA), the Hospital Physicists' Association (HPA), the College of Health Care Chaplains (CHCC) and the Mental Health Nurses' Association (MNHA). Also, members in occupations such as allied health professions, healthcare science, nursing, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, building trades, estates, craft and maintenance, administration, ICT, support services, ambulance services, and, most recently, the British Veterinary Union which represents veterinary practitioners and allied staff. This diverse membership includes a range of members who are involved in public health functions including the professional body of health visitors, and Unite members who work in the specialist public health workforce where the Unite/MPU has public health doctors in membership and Unite is the main union for non-medical public health consultants.

Introduction

Unite/BVU welcomes the opportunity to contribute to the consultation on Specialisation in Veterinary Profession. Subsequent to an internal consultation on the subject, the BVU submits the observations and recommendations given below in the hope that the RCVS will pay due attentions to our submissions.

Executive Summary

There is an overriding concern that the policies of RCVS are biased towards an important but small group of vets with specialist level qualifications, which needs addressing for this consultation to come to just conclusions. We believe that rather than acting on Prof Lowe's important recommendation of creating a

Veterinary Development Council to address various issues, his thoughts on the subject of Specialisation have been cherry-picked to foster vested interests. The case for the revamp of the current system of specialisation is unsubstantiated in that Prof Lowe's personal claims and that of the Working Party's assumption that there is confusion about specialisation amongst public and some vets have not been validated before launching this consultation. The Working Party concerned is riddled with conflict of interest and lacks a proportional representation of the stake holders. The proposed changes clearly tend to monopolise expertise and specialisation for the Specialists. The proposed underlying principle for change - access to highest level of expertise for every case - is unrealistic, undesirable and impossible to achieve. Whilst a new middle tier of vets has been proposed, the already degraded Certificate qualification it will erode further if the changes regarding titles of qualifications and the postnominals signifying expertise are banned. It is recommended that the old system of discipline specific Certificates should be reinstated and the middle tier qualified vets be given the right to referral work. The title FRCVS should only be given to vets who maintain their specialist status for more than 10 years. There is consensus that the proposed changes will create more confusion amongst vets and the public. In order to bring clarity and to provide a structured and balanced system, a four tier system of veterinary expertise / specialisation has been proposed.

- **An overriding concern**

There is an on-going deep concern that the policies of RCVS are seriously biased towards an important but small group of veterinarians (vets) with specialist level qualifications. We believe that this is due to their over-representation and consequent lobbying power in the organisation and committees of the RCVS, putting the great majority of vets with lower qualifications to serious disadvantage.

The revised draft Code of Conduct for Veterinary Surgeons currently under consideration with the RCVS council has been cited as a prime example of the RCVS bending to the above described lobbying power of the vets with the specialist level qualifications.

The revised draft Code asks veterinary surgeons that as their first responsibility they "*must make animal health and welfare their first consideration when attending to animals*", and as the very next responsibility it asks that "*veterinary surgeons must keep within their own area of competence and refer cases responsibly.*"

Whilst there is no established evidence to suggest that the general members of the profession fail to refer cases responsibly, making referral of cases the second best responsibility, makes the majority of the profession think that according to the revised draft Code they would be expected to act as sorting agents of cases for referrals, which makes them feel that that the agenda of referral is being pushed too far by the vested interests influencing the policies of the RCVS.

One of the underlying principles suggested for the proposed changes to the system of Specialisation is that *"Clients should have access to the highest level of expertise for every case"*. This has also been interpreted as the Specialists trying to create a mechanism whereby more cases could be processed for referral. This is considered to be another manifestation of the over egging of the Specialist agenda in the RCVS policy.

Furthermore, the statement in the consultation document *"a market has developed whereby some certificate holders provide a referral service"* lets the cat out of the bag about the financial agenda behind the proposed changes – the intent to shift a particular "market" in the profession.

While the BVU does not object to any constructive reforms in the way the profession works, including the system of specialisation, it is being felt that the proposed changes to the system of specialisation are yet another attempt to gear up the veterinary practice to the advantage of the specialists at the cost of other levels of expertise, like the Certificate or similar qualification holders, in the profession.

The BVU recommends that the RCVS ensure that any changes to the system of Specialisation in the profession are balanced, according to the realities of the profession and the needs of all its members and not only that of a particular section of the profession.

- **Professor Lowe's far reaching recommendations**

The whole exercise of this consultation revolves round the observations made by Professor Phillip Lowe regarding *"veterinary specialism"* in his *"personal report"* of 2009 primarily aimed at finding out *"whether there was sufficient veterinary expertise to support farming industry"*, in which he claimed that he *"struggled to make sense of it"* and that it was *"confusing and opaque"* and *"aimed at fellow professionals rather than aimed at informing the customer"*.

It may not be out of place to mention that in order to address the problems he highlighted, including that of *"specialism"*, Prof Lowe's strongest recommendation was to create a *"Veterinary Development Council"* for the benefit of the profession.

He stated: "To help draw the veterinary profession closer to its commercial customers, I propose the establishment of a Veterinary Development Council... it could act as a focus for connecting veterinary education and training with the needs of the primary customer."

He stated further: "Currently in the UK, professional regulation and professional development are separated within health professions such as medicine and dentistry. Regulation is controlled by a registering authority which determines who is fit to practice. The regulating authorities are distinct from institutions that promote the development of the profession."

The UK veterinary profession, however, is something of an anomaly in not having a separate body responsible for professional development. This may have impeded the long-term strategic progress and development of the profession."

The BVU believes that RCVS should have given top priority to Prof Lowe's recommendation of creating a "Veterinary Development Council" to comprehensively address the issues he pointed out rather than cherry-picking those of his thoughts that suite those who guide the policies of RCVS.

- **The case for a revamp of the current system is unsubstantiated**

Whilst picking on Prof Lowe's remarks regarding "veterinary specialism" that he "struggled to make sense of it" and that it was "confusing and opaque" and "aimed at fellow professionals rather than aimed at informing the customer", the Working Party responsible for producing the consultation document added a twist by suggesting that "*the public – and even some vets – appear confused about what the various qualifications signify*".

Professor Lowe's Working Group of 25 people had only two names appearing as "Veterinary Surgeons" (by the way, they are Peter Jinman and Sandy Clarke), the others being representatives of organisations ranging from RCVS to NFU. Amongst about 70 people he met within the UK for his wide ranging report, only 6 appear identified as vets / veterinary practices, 2 as famers and the remaining being representatives of various veterinary, government and agricultural organisations.

In view of Prof Lowe's limited contact with Vets and farmers and hardly any with the pet owning public, it is wrong to assume Professor Lowe's observations are a real representation of the perceptions of public or the veterinary profession regarding the subject of specialisation in the profession.

The RCVS has not conducted any survey amongst its members to check whether they really feel "confused" about the existing system of specialisation in the profession, nor has it produced the results of any survey conducted to check the perceptions of public in this regard.

In the absence of any established evidence to the effect, the BVU do not subscribe to the notion that there is "confusion" amongst vets and public about the existing system of specialisation in the profession.

Therefore, the BVU believes that the need for the proposed changes has not been properly established before launching this consultation.

- **Conflict of interest in the Specialisation Working Party**

Besides the chairman, the two lay members and the two vets, the Specialisation Working party consists of five other vets of whom FOUR are

specialists or have specialist level qualifications, whereas there is only ONE certificate holder. Given the fact that there are over 17,000 practicing vets and over 2,399 Certificate holders in the profession, compared to 319 RCVS recognised Specialists & 225 Diploma holders, the Certificate holders and ordinary vets are heavily underrepresented in the working party.

Obviously, it is unlikely for the Working Party to come to any just conclusion regarding the status of Certificate holders and those who may wish to pursue higher qualifications in the future and the system of specialisation in the profession in general without a proportionate representation of various categories from the profession.

There is no indication that the RCVS has considered taking the statements of conflict of interest from the Working Party members, which should be the norm.

Due to the unbalanced levels of conflict of interest, the composition of the existing Working Party membership is legally unjustifiable.

Therefore, if the RCVS wishes to pursue any changes in the system of Specialisation, the BVU recommends that the current Working Party be extended to include more Certificate holders and ordinary vets as they are also real stakeholders in the proposed changes to the system of specialisation in the profession.

- **Monopolisation of expertise in the profession**

Whilst it is right to clearly define the term “Specialist” and identify the pathways to “Specialisation” in the profession, the proposed changes to the system monopolise expertise for the Specialists and the proposed ways of achieving the Specialist status feed into that objective.

The limit to which this strategy has been pushed is epitomised by the suggestion that even using the words “special interest” by non-specialists could amount to breach of the code of professional conduct and a disciplinary process. Is it really wrong for someone who may be pursuing a long and hard route to Specialisation to say that they have a “special interest” in what they are pursuing?

The more serious aspect to this issue is the fact that, the proposals try to effectively abrogate the existing 2,399 Certificate holders, and those that will follow in the future, of their right to a status of expertise enshrined in the Certificate, keeping in view the relevant RCVS descriptor which states that: “A Certificate indicates that the holder is a competent clinician who has proved their experience and expertise by examination in their chosen subject.”

In the real world of veterinary practice, vets rightly refer patients to colleagues with the RCVS recognised “expertise” as Certificate holders, from which countless animals and their owners have continued to benefit since the introduction of the Certificates especially because of them being easily accessible and their services being more affordable especially for uninsured patients.

The BVU believes that any move to infringe on the Certificate holders’ well earned status of professional expertise and on their rights to financially benefit and professionally enjoy their position is unjust and unacceptable. We also believe that any changes to their current status will adversely affect thousands of pets and their owners who benefit from their expertise every day.

- **Access to the highest level of expertise for every case**

It is suggested that this is an unrealistic, undesired and unachievable objective.

As the proposal admits the shortage of specialist at this stage, it is expected that the number of specialists is always going to remain limited as the great majority of vets are unlikely to go the full length of becoming specialists. The problems of geographical location and the level of expenses involved are always going to be important factors as to whether clients consider opting for being referred to specialists. Clients are not likely to opt to see the expensive specialist for the day-to-day problems, nor would the insurance companies perhaps support specialist expenses without a referral based on the opinion of the primary care veterinary surgeon. The referrals will almost invariably take place after an initial assessment of a case by the local veterinary surgeon.

Most veterinary surgeons would refer the case *they* know will benefit from specialist attention, but they often cannot as the client cannot afford the specialist expenses or it is inconvenient for them to travel longer distances for specialist consultations.

As there is no clear evidence to suggest that failure to refer cases to specialists is a problem, the proposal to amend the Code of conduct for vets in this regard is seen as an attempt to simply push the agenda of the specialists.

- **The “new” middle tier that already exists**

Whereas a fully functional middle tier of 2,399 Certificate holders already exists in the profession, the proposal under consultation appears to try to create a “new middle tier”, which is described in the woolliest language used in the document. It appears to suggest that the new middle tier will merely serve as a “stepping- stone towards a Diploma” and form a

“valuable part of the veterinary continuing education and training structure”. What stands out clearly from the description though is that there is an absolute reluctance to allocate to the new tier of vets a professional role with a right to referral work based on their RCVS accredited “experience” and “expertise”.

Considering the fact the overall role played by the large number of available Certificate holders in providing expert advice in well defined professional fields cannot be denied; the fact that the number of Specialists is so small and unlikely to ever become as big as the experts in the middle tier, it is obvious that for the wider profession, the animals under veterinary care and their owners are more likely to benefit from the expertise of the middle tier vets than the small number of specialists.

Whereas it is possible that there is scope for strengthening the Specialist faculty of our profession, the BVU recommends that any changes to the system should focus equally, if not more, on strengthening the middle tier of veterinary professionals.

The strengthening to this tier would primarily involve conferring a right to provide expert advice - the first level referral work, in well defined professional fields, for example, cardiology, diagnostic imaging or orthopaedics etc. Without this, it is hard to imagine what incentive there would be for someone to go through the rigours of obtaining a Certificate.

We also recommend that the qualification and re-validation of the middle tier should not involve research as it will prevent clinicians in general practice to ever achieve the qualifications required for the middle tier.

- **The levels of specialisation / specialists**

It is reasonable that the top level of specialisation could be of the Diploma level as proposed. However, the BVU does not agree with the proposal of concentrating specialism to the top level only thereby effectively monopolising expertise in the profession.

The profession should have one or more levels of accredited expertise below the top level. As highlighted above, we believe that Certificate holders with specific discipline orientated expertise should form the second tier of specialism in the profession.

For this reasons we suggest that whilst working on specialism in the profession, special attention should be paid to strengthening the Certificate qualifications in the profession.

- **Eroding of Certificate level qualification**

The abandoning of the system of Certificates based on clinical disciplines by the RCVS a few years ago was a grave step backwards, guided by the vested interests out to eliminate the recognition of any other levels of expertise in the profession in favour of the Specialists.

Regrettably, this appears to have been achieved without anybody raising a finger at the time, as the other organisations in the profession have not been concerned about protecting the interests of the large number of certificate holders in the profession.

It is paradoxical, if not hypocritical, for the current proposals to talk on the one hand about creating a "new middle tier" and on the other hand eroding the base of the Certificate level qualifications further by suggesting that the already meaningless title CertAVP should not be allowed to include any reference to a speciality. If the objective of the new middle tier is purely going to be academic in nature, then there is no incentive for any vet to pursue the required qualifications, as a majority of vets would not have the time and will to pursue the academic goals right up to the Diploma level.

A middle tier with qualifications which cannot signify any expertise is going to be of no use to the wider profession as without being able to identify accredited expertise, they cannot refer cases. Obviously, such holders of such qualifications are not going to benefit professionally and financially from their qualifications.

The BVU suggests that the new system of CertAVP should be discontinued and the old system of Certificates awarded in specific clinical / species disciplines should be re-instated; the expertise of the Certificate holders be recognised and accredited as before; and the vets qualified for the middle tier be given the rights to referral work at their specific level. Without such provisions, the Certificate holders will be at disadvantage and the whole system will purely work for the benefit of Specialists.

- **Qualification and postnominals**

It may be right to look into the postnominals being used by vets, but as proposed under this consultation, it is wrong to suggest a generalised ban on using postnominals

It appears that the motive behind the proposal regarding postnominals is to decapitate the Certificate qualifications as a duly accredited level of expertise in the profession. The intent to this effect is reflected in the following statement in the consultation document:

"It is notable that when the RCVS first introduced its Certificate-level qualification in the 1980s, the Council determined that postnominal letters should not be used at all!"

The BVU believes that there is hardly any fair justification in banning Certificate holders from using their postnominals with their qualifications – a right which came as part and parcel of the package of their certificate qualification, for which they paid and worked hard.

In this regard BVU re-iterates that the newly adopted CertAVP should be dropped and the old style Certificate with the discipline related postnominals should be re-instated.

On more general lines, BVU believes that if a vet has obtained a degree from an accredited university, for example an MA, or MBA or PhD they should have full rights to use the postnominals for that qualification with their name; the RCVS will find it hard to justify a ban on using postnominals allowed for qualifications awarded by well established institutions across the world.

- **The title FRCVS**

The BVU believes that the proposal of giving the title of FRCVS to diploma holders is symbolic of the icing on the cake for the underlying agenda of the proposals.

As proposed, a practitioner could obtain the Diploma and Specialist status and immediately be granted the FRCVS. They would continue to hold the title even if they fail to revalidate their specialist status after 5 years. This would amount to devaluation of the FRCVS status and would not add anything to the clarity on specialisation for the profession and the public sought by this consultation.

It is recommended but FRCVS should be awarded, according to the current norm, for outstanding contribution to the knowledge of veterinary medicine or the profession. However, it may not be wrong to consider awarding FRCVS to the Specialists who may have maintained their status for 10-15 years. The FRCVS would then reflect a career of high attainment and could be more justifiably retained even if the Specialist status lapsed.

- **Routes to specialisation and revalidation of the specialist status**

Whilst it is understandable that the vets aspiring to become specialists will need to go through a cascade of steps starting from the Professional Development phase through to Certificate qualification to the Diploma and eventual recognition as a specialist and then maintain the status of their expertise at certificate or diploma levels, it is important that the system is structured in such a way that vets working in general practice, outside academic institutions and referral practices, should have the opportunities to pursue a specialist career.

In this regard, it is suggested that validation of the Certificate level should never require contribution to research and it should be discipline specific. Similarly for this purpose, a route to diploma level should be identified that can be taken without recourse to research as requirement but compensated by substantial contribution to knowledge in the relevant field by other means.

It is also suggested that the levels of fees to be charged for going through various stages of specialisation and revalidations should be fully justifiable.

- **Bringing clarity to the system of specialisation**

The underlying reason for the proposed changes to the system of specialisation has been quoted as: *"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."*

As pointed out earlier, the BVU does not agree that the existing system is confusing for the vets or the public, regardless of the fact that the two propositions are NOT substantiated by any factual evidence.

With regards to the proposed changes, most believe that they will not bring any clarity to the system, but create confusion not only for the members of the public but also for the members of the profession, for the following reasons:

The status and the role of the proposed "new middle tier" in the chain of specialisation and right to referral practice has been left unclear; the emphasised qualification CertAVP (with or without relevant species indicator) as far as the question of specialism is meaningless as far as some looking for specialism is concerned; insistence on relinquishing the use of discipline postnominals which identify speciality of qualifications is not going to make things clearer; and the right to the title FRCVS for everyone who becomes a specialist and even after they have ceased to validate their specialist status is going to make the value of even this most prestigious title doubtful.

In order to eliminate any perceived confusion about veterinary specialisation amongst the members of the public and to provide the profession a well structured system of specialisation the BVU makes the following recommendations: -

There should be no monopoly on the status of specialisation and expertise in the profession. In other words, various levels of specialism and expertise should be established, which the fellow professionals and members of the public can refer to without

confusion, with ease and according to their specific needs and limitations.

A four tier system, somewhat akin to easily identifiable medical system in the UK, is proposed. The four tiers would reflect four levels of increasing expertise, as follows:

- 1. All vets who provide the primary care should be called Veterinary General Practitioner (VGP);*
- 2. After completing a minimum of three years of practice after graduation, vets could work towards a qualification in a well established speciality, for example Diagnostic Imaging or Cardiology etc. The qualification would be an accreditation of a certain level of expertise in their chosen discipline and they could be called Veterinary Specialty Registrars (VSR) of that discipline and they would be entitled to take the first level referral work.*
- 3. After having become VSRs they could work in the same speciality for the next three years and qualify for Diploma in that speciality and once qualified, they could be called Veterinary Consultants (VC) and they would have a right to referral work of higher order.*
- 4. The VCs who would continue to maintain their VC status for 10 years could be accredited as Senior Veterinary Specialist (SVS) with an entitlement to the title of FRCVS, which they could maintain as long as they retain the RCVS membership.*

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