

BVNA response to RCVS consultation on the reform of RCVS Council and Veterinary Nurses Council governance composition

This document outlines the responses as provided by the BVNA to the RCVS consultation on its proposals for governance reform, which was open between 10th June and 22nd July 2024.

More information surrounding the RCVS recommendations, and its rationale for considering reform, is available [via the RCVS website](#).

The RCVS is considering reform of its governance in order to give greater public assurance and draw closer to the regulatory norm, as will likely be expected by government as part of any reform of the Veterinary Surgeons Act 1966.

Please provide any comments you may have on the rationale for considering governance reform as outlined above.

BVNA welcomes the considerations being made by the RCVS of its current governance structure. Due to the RCVS being unique in its function as a ‘Royal College that regulates’, and that its existing governance structure is unusual in comparison to the regulatory norm, we feel there is currently a lack of clarity and a risk of misunderstanding amongst the public and the veterinary professions about the role of the RCVS. This role, first and foremost, is a regulator of the veterinary professions – working “in the interests of the health and welfare of animals, and in the wider public interest” – not as a representative of the veterinary professions.

We feel that reviewing the governance structure will help to improve clarity of this role and, in turn, assist in instilling public trust and confidence in the veterinary professions. In addition, BVNA is keen to see a governance framework which reflects the modern veterinary nursing profession – as an already regulated and respected profession, a vital and integral part of the veterinary team, with a significant role in championing animal welfare.

RCVS Council

Recommendation 1.1: A fully appointed Council

BVNA supports the recommendation that members of RCVS Council (both veterinary and lay) should be appointed via an independent process, not via an election.

The move towards independent appointment of Council members more closely aligns with the regulatory norm amongst human healthcare. We also feel that an appointment process better promotes inclusivity and diversity within the Council, whilst also ensuring the skills and qualities which are necessary to be effective in a governing position. There is a risk that, should Council members be elected, the panel as a whole does not possess the breadth of skills required to effectively govern, nor the expertise to address current regulatory issues within the veterinary profession.

We see that the only possible limitation of an appointment process based on skill set is that it could disadvantage younger professionals who may not have the experience of working on committees or making strategic plans. However, in its webinar “Ensuring good governance” on 11th June 2024¹, the

¹ <https://youtu.be/dEGJXJnuqjo>

RCVS has addressed that unproven professionals will have the opportunity to gain experience prior to putting themselves forward for appointment, by joining sub-committees first.

The current election process for securing candidates onto RCVS Council could also give the impression that RCVS is working in the interests of its membership, not of the public. We consider that the effectiveness of this election process is further reduced by the consistently low turnout of those eligible to vote (for example in 2024, 19.7% of veterinary surgeons and 7.4% of veterinary nurses).

BVNA feels that independent appointment, working to the PSA's key principles of "merit, fairness, transparency and openness, and inspiring confidence", ensures that public interests can indisputably be reflected in the appointment of members onto Council.

Recommendation 1.2: Towards lay parity

BVNA strongly supports the recommendation to move towards a balanced composition between registrants and lay members. Lay parity is aligned with best practice in human healthcare regulators, and ensures public interests are better reflected within the governance composition. Both professionals and lay members should be appointed via an independent process.

However, we are still unclear for the justification of maintaining a Council which is much larger than the regulatory norm (RCVS propose its Council consists of 24 members, versus the standard 10-12). The RCVS has commented that a) this composition reflects its unique role as a Royal College that regulates; b) a larger Council ensures that there are sufficient Council Members to provide at least the core membership of the College's committees; c) a larger Council also retains space for a wide variety of veterinary surgeons with different demographic, geographic and work experience backgrounds; and d) it will also allow greater flexibility to increase the number of allied professional members over time.

BVNA feels that greater agility is afforded by a smaller Council of 10-12 members, whilst lay parity ensures that public interests are prioritised – both in keeping with the regulatory norm. The complexities of having a large Council, compounded over time with the addition of members from a range of allied professions, in our opinion may harm the effectiveness and efficiency of governance, regulation and decision-making.

Our comments surrounding flexibility of the number of allied professional members within RCVS Council are included under Recommendation 1.4.

Recommendation 1.3: Removal of the Veterinary Schools Council (VSC) appointees

BVNA supports this recommendation. We feel concentrated inclusion of VSC appointees on RCVS Council conflicts with the aims of an independent appointment process. However, we feel that expertise within veterinary education should still be sought within the Council, but via this independent appointment.

Recommendation 1.4: Flexibility to increase the proportion of allied professionals on Council

The proposals put forwards by the RCVS are very much shaped by the 'vet-led team' model². BVNA supports this stance from a purely clinical perspective – i.e. the veterinary surgeon is ultimately

² <https://www.bva.co.uk/take-action/our-policies/the-vet-led-team/>

responsible for diagnosis, prescribing, and carrying out surgical and medical treatments; with veterinary nurses working under their direction.

However, it is BVNA's opinion that a more holistic team-based approach is more appropriate in all other circumstances, and that to consider veterinary surgeons the 'lead profession' is a dated concept. Veterinary nurses are as equally responsible for animal welfare of patients in their care. They already carry out clinical assessments and patient monitoring, and typically lead in a great many areas of veterinary practice such as quality improvement, coaching (notably of both veterinary nursing and veterinary students), ongoing management of chronic illnesses, anaesthesia, hospitalised patient care, practice management, health and safety, Practice Standards and more.

Therefore, BVNA feels that applying the 'vet-led team' model to all other aspects of the veterinary nursing profession without question – in this instance, such as governance, strategy and the development of policy – is deeply flawed. This approach presents a missed opportunity to capture veterinary nurses' existing capabilities to govern, plus to further enhance and develop the veterinary nursing profession in future.

Using human healthcare as a model, we recognise alignment between the aims and outcomes of the General Medical Council as a regulator for doctors, and the Nursing and Midwifery Council as a separate regulator for nurses and midwives. If future reform of the Veterinary Surgeons Act is truly working towards greater autonomy for veterinary nurses, and a greater recognition of the profession including protection of its title – we believe that in order to future-proof the RCVS governance composition, veterinary nurses must be considered of equal merit and competence to be able to develop governance policies. Whilst development of an independent regulator for veterinary nurses may be aspirational, we do also see possible remedy to this via the existing RCVS Council.

At present, there are two RVNs on RCVS Council, appointed by the VN Council. Given the RCVS ambition to balance veterinary surgeons with allied professionals in future, we feel that this rebalancing could, and should, be happening already with veterinary nurses – i.e. providing an equal proportion of representation between both professions currently already under regulation by the RCVS.

Whilst VN Council exists to discuss some matters relating to the veterinary nursing profession, it does not afford its members voting rights, and therefore the same degree of influence as afforded to those on RCVS Council. BVNA therefore feels that as one of the two professions currently regulated by the RCVS, veterinary nurses should also have an equal opportunity to vote.

Parity between veterinary surgeons and veterinary nurses would future-proof the representation of veterinary nurses within RCVS Council as additional allied professions are introduced, as per this recommendation. We are concerned that as a growing number of allied professionals also hold seats on RCVS Council, there is a potential risk that veterinary nurses may not be represented at all in future, especially if moving to a smaller and more compact Council as per the regulatory norm. In the strongest sense, we urge that veterinary nurses must always be represented on RCVS Council, regardless of its future composition with allied professions.

We are also concerned of the complexity that multiple and additional allied professions coming within the remit of RCVS Council may introduce in future, and its impact on effective governance and decision-making. If all allied professionals are considered to have an equal status to veterinary nurses, this would also then support the introduction of additional Councils for each allied profession, as per the current VN Council. We feel this may better represent the intricacies and specific needs of each of these professions, as opposed to addressing them all within the remit of RCVS Council.

Finally, we also feel that further consideration must be given by the RCVS to communicating the identity of the veterinary nursing profession and clarity of its role, if it is to come under the same umbrella term of 'allied professions'. This is especially the case given ongoing efforts to raise public awareness of the veterinary nursing role, and movements towards protection of its title. We are concerned that with continuous reference to 'allied professions', with veterinary nurses included within this group, there is a further possible risk of diminished public recognition of the veterinary nursing role. Veterinary nursing is long established as a regulated profession by the RCVS, and we feel it is a backward step not to recognise it as such.

Recommendation 1.5: Separating the Chair of RCVS Council from the presidency

BVNA supports this recommendation. We feel that governance will be more effective and consistent if the RCVS Council chair retains their post for a period longer than the RCVS Presidential term, and would also enable a wider selection pool of candidates. This is especially the case if lay members can also put themselves forwards for selection, which further strengthens the RCVS position of lay parity, and working in the interests of the public.

Veterinary Nurses Council

Recommendation 2.1: A fully appointed VN Council

As per our response to recommendation 1.1, BVNA supports the recommendation that members of VN Council (both veterinary and lay) should be appointed via an independent process, not via an election.

Recommendation 2.2: Reducing the size of VN Council

We support the recommendation that VN Council should be reduced to 12 members, to be brought into alignment with the regulatory norm. However, to reflect a profession which is strengthening and to be enhanced further under wider reform of the VSA, we feel that RCVS Council and VN Council should be of an equivalent size in membership. Therefore, we wish to reiterate our previous response to recommendation 1.2, of reducing RCVS Council to 12 members also.

Recommendation 2.3: Lay parity on VN Council

As per our response to recommendation 1.2 with regard to RCVS Council, BVNA strongly supports the recommendation to move towards a balanced composition between registrants and lay members on VN Council.

However, we also feel that the wider composition of VN Council needs to be considered further, and its future role alongside RCVS Council. We would prefer to see a more holistic, team-based approach to RCVS governance; as one of the two professions currently regulated by the RCVS, providing equal influence and voting rights to veterinary nurses within RCVS Council as is currently afforded to veterinary surgeons. In this instance, we envisage that VN Council would continue to serve in its current format for matters specific to the veterinary nursing profession, contributing to and informing decision-making within RCVS Council.

However, if it is deemed necessary that RCVS Council retains a professional majority of veterinary surgeons as the 'lead profession' (rather than parity between veterinary surgeons and veterinary nurses as per our response to recommendation 1.4), we would welcome responsibility for governance, policy, voting rights and decision-making relevant to the veterinary nursing profession, all to be fully delegated to VN Council. This would move RCVS governance towards a model more aligned with human healthcare (i.e. separate regulatory bodies for doctors and nurses and midwives). As veterinary nurses would continue to be represented within RCVS Council, in this instance we would strongly suggest that veterinary surgeons also continue to be represented within VN Council.

We reiterate that BVNA strongly feels that veterinary nurses are fully capable of governing, doing so in a wide variety of ways within the veterinary profession already. Being also mindful of the important working relationship between veterinary surgeons and veterinary nurses, our preference would be to move towards more equal representation between veterinary surgeons and veterinary nurses within RCVS Council. If this opportunity is not afforded to veterinary nurses, we feel steps towards a governance reform should equally take into consideration what is the 'regulatory norm' amongst human healthcare, and that is devolution of governance for each profession independently. In either scenario, we welcome a future where veterinary nurses are better recognised for the skills, expertise and abilities that they would contribute.