Working group members agreed that cat castrations was not a VN Day One Competence and would instead be part of a post-registration surgery certificate.

Developing the VN role additional tasks

3. At the last meeting it had been agreed that a framework for the development of the VN role post-registration could be helpful, with cat castrations featuring as one example of a range of potential tasks VNs could be permitted to do with additional training. There had been further discussion on Glasscubes, largely focussed on surgery, which would be useful to draw together into clear advice for Policy Committee. In discussion the following points were made:

Schedule 3

Some attempts had been made on Glasscubes to define 'minor surgery', but it had proven difficult. It was agreed this would not be progressed any further.

It was difficult to define 'body cavity' and the term was misleading and misunderstood. Although it could be interpreted as meaning the abdominal and thoracic cavity, it was interpreted differently depending on species. It was agreed that attempts to produce a list of tasks should not be progressed, although the response to the College should be clear that the term 'body cavity' was problematic.

The RCVS supporting guidance 'Delegation to veterinary nurses' was clear and appropriate, explained the necessary decision-making, and was clear that the nurse could not carry out Schedule 3 tasks independently of vet direction. Any attempts to provide more granular guidance was unnecessary. It was agreed that the addition of similar wording on decision-making from the VN perspective would more clearly capture that it was a joint process.

VNs were regulated professionals who were required by the Code to only work within their competence, and this requirement empowered VNs to refuse tasks where they did not feel comfortable.

The current definition of a Schedule 3 task and supporting guidance did not provide adequate protection to VNs who might be pressured into working outside their competence.

Although there would always be some practices where VNs were pressured by their employer it was not possible to legislate for behaviours. If Schedule 3 was more specific on the types of tasks, then it would not be future proof.

The current wording of Schedule 3 read with accompanying RCVS guidance and in the context of the Code was adequate providing it was applied in a working environment which supported a culture of compassion and the principles of the BVA good veterinary workplaces position.

The RCVS Veterinary Graduate Development Programme recognised the need for proper transition and mentorship for vets. A similar approach could be beneficial for VNs, where undergraduate training was good but post-registration support was often overlooked.

Some of the large employers provided post-registration programmes for VNs (eg Linnaeus), and a minimum basic provision should be compulsory.

Further training post-registration

There was already a wide range of additional training available to VNs post-registration. However, much of it eW*nBlde(t)-4(he)3( )BT/F6 1162 185.54 TmessiHow05Bst

Where post-registration training for VNs was part funded or fully funded by employers, beyond standard CPD funding, this was often under contract so that the practice would directly benefit from the new skills learned. This was appropriate and was also the case for vets.

Not all employers provided a CPD budget, and with VN salaries significantly lower than vet salaries the cost of CPD could be a barrier for some VNs. However, it was also recognised that all veterinary professionals had a responsibility to themselves not to work for bad practices or accept poor treatment in the workplace. It was also noted that some CPD aimed at VNs was priced proportionately.

Employers needed to better understand the importance and benefits of creating well considered training and development plans for all team members.

Accountability

Lines of accountability were sometimes unclear.

It was important not to confuse accountability and blame.
In the example of a wound breakdown, a clinical audit including all team members should take place to identify which of the numerous factors at play had led to the outcome.

VNs were accountable as they were regulated professionals, but there was a need for a better understanding amongst vets of how to delegate responsibly.

The concern vets sometimes felt about being 'blamed' for the failings of a VN could stem from pre-regulation days. Case studies could help support vets to better understand the accountability of VNs.

Although the RCVS already provided some Schedule 3 case studies there was a need for a greater range, including more complex examples. VDS scenarios were also helpful.

Communication

There needed to be better understanding and recognition of what VNs were capable of, as highly trained regulated professionals.
Informed consent was essential.
Some owners wouldn't be happy to agree to a student vet or student VN carrying out a procedure if directly asked.
Practices should be clear in the terms of business that any team member with appropriate training and competence could carry out procedures. The terms of business should also be clear if the practice was a training practice, and the information should be available on the practice website

was important from the point of view of continuity of care, regardless of whether it included Schedule 3 tasks.

VNs acting outside the vet-led team risked bringing the profession into disrepute.

The recent guidance issued by the College relating to musculoskeletal practitioners was clear that they could work on healthy animals without referral. This had the potential to create grey areas as diagnosing healthy or

from BCVA, as well as members of RCVS and VN Councils, and would