



Bottle Green Training (BGT) has been delivering excellent training for the animal care industry since 1999. Based in Derbyshire, BGT offers apprenticeships in Level 2 Animal Care, Level 3 Veterinary nursing Small Animal and Equine practice and awarded overall grades of Good from Ofsted, 2022. The team is drawn from highly qualified, experienced, practising nurses who enjoy sharing their considerable knowledge. By teaching in small groups, tutors are fully engaged with the needs of the apprentices. Along with an impressive Safeguarding and Additional Learning Support team, BGT provides holistic support and maintains strong relationships with practices nationally. Consistent high pass rates, ensure a continued and valued provision for the veterinary industry.

The popular, day release apprenticeship programme follows the objective syllabus and leads to the Level 3 Veterinary Nursing Diploma awarded by Central Qualifications. The rich and concise lectures complement the apprenticeship standards that BGT continues to deliver.

We also offer the level 2 Animal Care & Welfare course, with 2 apprenticeship routes through Skills Education Group in conjunction with LANTRA.

BGT firmly believes it offers the very best opportunity for both apprentices and employers within both the equine and small animal industry to benefit from its passion and expertise within these fields.

Vision:

“To dissolve the imaginary boundaries between subject expertise and

compassionate nursing care.”

Mission Statement:

“To be the first choice in specialist Veterinary Nurse education; one who encourages learners to build the skills needed to allow them to develop empathy, respect and pride whilst maintaining a desire to improve, and to achieve their personal best”.

Values:

***Respect** for others, even when we feel challenged.*

- ***Nurturing** to ensure we get the best out of everyone.*
- ***Collaboration** with employers to maximise staff efficiency through the development of knowledge, skills, and professional responsibility.*

Beliefs:

- That an employed apprenticeship programme offers the necessary partnership between committed employers, apprentices, and training providers to grow and sustain the industry as it develops.
- That BGT apprentices, whatever their starting point, develop all the personal characteristics needed to build a successful veterinary nursing career.

BGT’s Mission Statement and Beliefs stand in strong support of this. The apprenticeship BGT delivers allows veterinary practices to gain a valued member of staff, with access to excellent training, and in turn acquire a confident and competent RVN that is committed to their own development and to the industry long term.

ROLE & RESPONSIBILITY	QUALIFICATIONS	EMAIL
Head of Centre / Director / Quality Manager		
Judith Parry (Head of Centre & Director)	Dip AVN (Med) PTLLS, DSL, RVN, D32 / 33, V1, L5 Teaching	judith.parry@bgt.org.uk
Sarah Parkhouse (Quality Manager & Director)	BSc (Hons) PDTLLS, DSL, RVN, D32 / 33, V1, L2 IAG	sarah.parkhouse@bgt.org.uk
Internal Verification		
Lorraine Wileman (Lead IQA)	RVN D32 / 33 / 34, L3 Award Safety for Managers	lorraine.corby@bgt.org.uk
Elizabeth Hughes	RVN, V1, L2 IAG	elizabeth.poole@bgt.org.uk
Marie Rippingale (Equine)	BSc (Hons) Dip AVN REVN A1, V1 G-SQP L3 AET, L2 IAG	marie.rippingale@bgt.org.uk
Karen Mackin (Equine)	RVN, REVN, working towards V1 award	Karen.mackin@bgt.org.uk
Funding Manager		
Cheryl Hambleton	RVN D32/33 V1, L2 IAG, L2 Principle of Team Leading	cheryl.hambleton@bgt.org.uk
Tutors		
Sam Gallagher (L3 SA Programme Lead and Exams Officer)	RVN, PHC L3 AET, L2 Principles of Team Leading, L2 IAG	sam.gallagher@bgt.org.uk
Joanna Dobb (Team Leader)	RVN, A1, V1, PTLLS, DSL, L3 Award Safety for Managers, L5 Teaching	jo.dobb@bgt.org.uk
Judith Parry	See above	
Sarah Parkhouse	<i>see above</i>	
Marie Rippingale (Equ)	<i>see above</i>	
Victoria Gregory (Equ)	BSc (Hons), PGCE, ERVN, L2 IAG	victoria.gregory@bgt.org.uk
Tori Wright (Equ)	BSc (Hons), RVN, E-SQP, Cert AVN	Tori.wright@bgt.org.uk
Sophie Pearson (Equ)	BSc (Hons), PGCE, PGC, CTLLS, RVN	Sophie.pearson@bgt.org.uk
Danielle Day	BSc (Hons) RVN, L3 AET, L2 IAG	Danielle.day@bgt.or.uk
Elle Hancox	VTS (anaesthesia and analgesia) RVN L3 AET	elle.hancox@bgt.org.uk
Emily Walker (mat leave)	FdSc RVN, CC, Level 3 AET, Cert VN ECC	emily.smith@bgt.org.uk

Emma Foreman (assignment marker SA)	DipHE CVN Dip AVN ISFM DipFn RVN, IAG level 2, working towards AET level 3	Emma.foreman@bgt.org.uk
Emily Nicholls	BSc (Hons), CC, RVN, PGCE, L2 IAG	Emily.nicholls@bgt.org.uk
Leanne Rooth	RVN, CC, PHC, ISFM Cert FN, L3 AE	Leanne.rooth@bgt.org.uk
Welfare Team Functional Skills Tutors / Additional Learning Support Team		
Tony Watkinson	D32 / D33, V1, PTLLS, DSL, L3 IAG, FS L2 Maths & English	tony.watkinson@bgt.org.uk
Louise Smith	BSC (Hons), PDTLLS, L4 Cert in FE Teaching Stage 2, L4 Cert for Adult Literacy, Subject Specialists, QTLS	louise.smith@bgt.org.uk
Aron Kirk	Dip (Couns) MBACP (Reg) (CoP)	aron.kirk@bgt.org.uk
Level 2 Animal Care		
Amy Leatherland (Tutor & Programme Lead)	HND, RVN, L3 AET, working towards A1 award	amy.leatherland@bgt.org.uk
Lindsay Cotterill (Tutor)	RVN, PTLLS, working towards A1 award	lindsay.cotterill@bgt.org.uk
Liaison Officers		
Marie Rippingale (Equ)	<i>see above</i>	
George Hunt (Equ)	REVN, RVN, A1	George.hunt@bgt.org.uk
Tori Wright (Equ)	<i>see above</i>	
Elizabeth Hughes (L2)	<i>see above</i>	
Hayley Walters	MBE, RVN, CC, L2 IAG	Hayley.walters@bgt.org.uk
Danielle Day	<i>see above</i>	
Louise Rainbow	RVN, L2 IAG	louise.rainbow@bgt.org.uk
Lindsay Cotterill	<i>see above</i>	
Laura Osborne	Dip AVN RVN, CC, L2 IAG, L2 Counselling Skills	laura.sheldon@bgt.org.uk
Administration & Quality Co-ordinator		
Sara Woolliscroft	L3 Administration, L2 AMHP, DSL, L3 Award Safety for Managers, L2 Counselling, L2 IAG	sara.woolliscroft@bgt.org.uk
Marketing & Funding Data Processing Co-ordinator		
Sue Kelly	L3 A&G, 7307 Teaching Cert, D32/33, NVQ L3 C Service	sue.kelly@bgt.org.uk

Safeguarding Team

Judith Parry	Designated Safeguarding Lead	07973 887671
Sarah Parkhouse	Designated Safeguarding Lead	07795 508775
Jo Dobb	Deputy Designated Safeguarding Officer	jo.dobb@bgt.org.uk
Tony Watkinson	Designated Safeguarding Officer	tony.watkinson@bgt.org.uk
Sara Woolliscroft	Designated Safeguarding Officer	See above



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APPLICATION PROCESS

Please contact us on via the enquiry link on the website or contact us direct, application forms will be sent after the initial enquiry.

We take applications continuously, but due to the popularity of the courses, we cannot guarantee a place in the cohort requested but will make every effort to do so. As it is very common for applications to be withdrawn prior to a cohort being finalised, it is equally likely that spaces become available and immediate contact will be made to ensure a cohort is full before commencement.

Prior to providing information of your applicant, please ensure that the following entry requirements are met:

- Applicants must be employed for a minimum of 30hrs/pw.
- **We strongly recommend that all applicants work in veterinary practice for a minimum of 6 months prior to application.**
- Have achieved, and can provide evidence for, a minimum of 5 GCSE's at grade A-C / 9-4 or equivalents to include Maths, English Lang and Science **at the time of application.** Functional Skills Level 2 is acceptable. **Certificates must be provided to prove this.** **
- Be a citizen of a country within the EEA or have the right of abode in the UK.
- Spend at least 50% of their working hours in England.
- Have been resident in the UK for the previous 3 years before the start of learning.

** Although there are no prior qualification requirements for entry onto the Level 2, any qualifications held must be declared as this may affect funding.

PHASE 1

An application form will be sent to the applicant via our PICS online platform. This is to be completed on-line and submitted along with the required documentation.

Once approved, the applicant will be invited for interview, during which they will be required to complete BKSB Literacy & Numeracy assessments, provide photo ID, original certificates to support their qualifications, reports to support their additional learning needs if necessary and any other documentation requested by BGT.

PHASE 2

Should the interview be successful, they will then be sent confirmation of a place in the next cohort and invited to an induction day. Invoices for RCVS enrolment will then be issued to the practice. RCVS enrolment is not included in training costs.



PHASE 3

Training Plans and Apprenticeship Agreements will be sent via the PICS online platform to both apprentice and employer for their signature. After these have been received the applicant will then be referred to as an apprentice.

Following induction, the apprentice and their Clinical Coach will be registered with CQ. Following confirmation of registration, the apprentices will then be enrolled with RCVS. RCVS will email the apprentice with a login for their My Account Page. Here they will find their enrolment letter and be able to change personal details.

Please note that until enrolment has been confirmed, Schedule III procedures cannot be carried out by an SVN.

PHASE 4

The IQA team will then contact the practice and arrange a 'Start Up' visit. During this meeting the following will be discussed / provided:

- Apprentice Training Folder
- Employer Pack
- CSL Guidance and provision of CSL usernames, passwords, and pins

All apprentices will be provided with a BGT ID card and will include as follows:

- Name
- Award
- Awarding Body registration number
- RCVS enrolment number (if applicable)
- ULN (Unique Learner Number)

For any queries relating to the registration and enrolment procedure, and to register an applicant please contact:

Sara Woolliscroft



Bottle Green Training Ltd

Administration & Enrolment Lead

sara.woolliscroft@bgt.org.uk

01332 862444

SVN CHANGE OF TRAINING PRACTICE

Whenever an apprentice changes employment to a different training practice or spends more than six months seconded to a branch practice, they must complete a change of training practice document.

On acceptance of a new position please notify Jo Dobb, jo.dobb@bgt.org.uk immediately. This also applies to apprentices in auxiliary training practices (aTP) where a secondment is required to complete CSL tasks.

You will then be sent paperwork which must be completed by your current employer and your new employer.

You need to get your employer to complete their section of your record of employment and education which can be found in the front of your training file.

We will also need to contact your new employer to get all funding transferred prior to your move.

This process can take a few weeks to complete and must be completed in advance to ensure you can maintain access and progress to your CSL and achieve required targets.

All required paperwork will then be processed and sent to you for completion.

THIS IS A COMPULSORY REQUIREMENT



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What is off-the-job training?

- **The definition of Off the Job, as set out in the ESFA Funding Rules:** [Apprenticeship funding rules - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/apprenticeship-funding-rules)

Off-the-job training is a statutory requirement for an English apprenticeship. It is training which is received by the apprentice within their practical period, **during the apprentice's normal working hours**, for the purpose of achieving the knowledge, skills and behaviours of the approved apprenticeship referenced in the apprenticeship agreement.

By normal working hours we mean the hours for which the apprentice would normally be paid, excluding overtime. It is not on-the-job training which is training received by the apprentice for the sole purpose of enabling the apprentice to perform the work for which they have been employed. By this we mean training that does not specifically link to the knowledge, skills and behaviours set out in the apprenticeship.

- **Why must OTJ training be conducted during the apprentice's normal working hours?**

An apprenticeship is a work-based programme. The training is required to help the apprentice become fully occupationally competent in the workplace. Therefore, it is reasonable that the apprenticeship should be delivered during the apprentice's normal working hours. It is not appropriate, and would be unfair, to expect an apprentice to undertake the apprenticeship in their own time, in addition to their job role.

- **Why must an apprenticeship teach NEW knowledge, skills & behaviours?**

OTJ training is about upskilling an individual to reach full occupational competency, not accrediting their existing skills. If it is not new learning (i.e., the apprentice already has the knowledge, skills and behaviours at the required level), then it is not OTJ training. Instead, it is prior learning (see paragraphs 50 to 56) and should be excluded from the OTJ training calculation.

The teaching of theory (e.g., lectures, role playing, simulation exercises, online learning, or manufacturer training).

Practical training: shadowing, mentoring, industry visits and participation in competitions

Learning support and time spent writing assessments / assignments



- **What can be included in OTJ training?**

- **If it is unclear whether an activity is OTJ training is there any way to check?**

Yes, there are four key tests:

1. Is the person signed up to the apprenticeship programme?
2. Is the activity directly relevant to the apprenticeship?
3. Is the activity teaching NEW knowledge, skills, and behaviours?
4. Is the learning taking place in the apprentices' normal working hours?

If the answer to all four questions is YES, then the activity can be regarded as OTJ training

- **What MUST be excluded from OTJ training?**

Training to acquire knowledge, skills and behaviours that are NOT required in the standard or framework

Progress reviews or on-programme assessment required for an apprenticeship framework or standard

Training which takes place outside the apprentice's normal working hours

English and Maths (up to level 2) which is funded separately

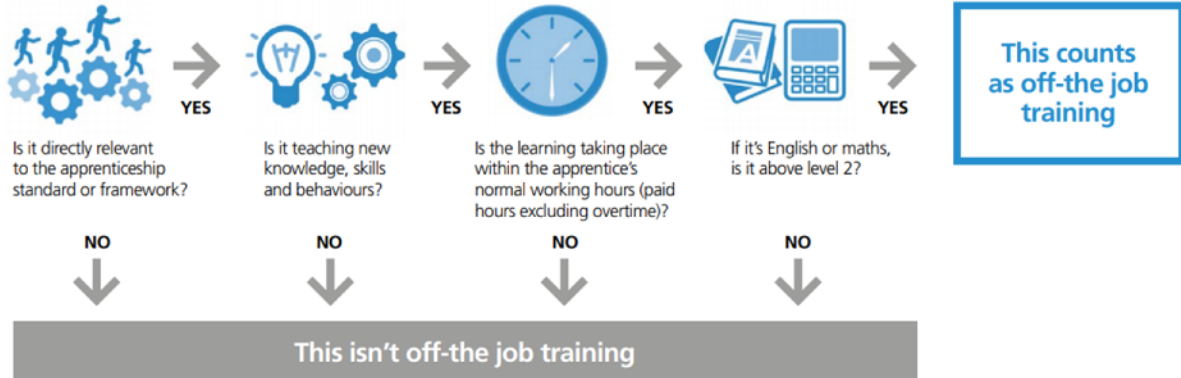
- **Definition of normal working hours?**

Normal working hours is defined as the hours for which the apprentice would normally be paid. It is no OTJ training where training is received by the apprentice for sole purpose of enabling them to perform the work for which they have been employed. By this we mean training that does not specifically link to the knowledge, skills and behaviours set out in the apprenticeship



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Off-the-job training: steps to help you determine whether an activity counts as off-the-job training



Key facts

1 Off-the-job training must make up at least 20% of the apprentice's normal working hours (paid hours excluding overtime) over the planned duration of the apprenticeship.

2 You can deliver off-the-job training in the apprentice's normal workplace or at an external location.

3 Progress reviews and on-programme assessment do not count towards 20% off-the-job training.



WHAT YOU CAN EXPECT FROM BGT

For apprenticeship provision

An initial skills scan will be completed to identify the knowledge and skills and behaviours which apprentices bring to their programme and to identify any areas which they will need to develop to achieve their apprenticeship.

Training in safe environments delivered by qualified tutors with specific industry experience and qualifications.

Training which will develop a deeper understanding of equality, of safeguarding and of fundamental British values.

Provide clear and supportive guidance on how to meet the governments 'Off the Job Training' requirement (OTJ).

Regular and ongoing assessment of an apprentice's knowledge, skills and behaviour based on the required standards. An assessment can be carried out through a variety of methods, i.e., observations, CSL reviews, question and answer sessions, assignments, and exams.

Regular reviews to assess progress and agree future targets. (The progress review is also an opportunity for apprentices and employers to raise any concerns and issues in respect of the training received both at BGT and in veterinary practice, and any health and safety, equality and diversity and safeguarding issues.)

On-going support. By enrolling on to an apprenticeship, apprentices will have access to a broad range of provision such as advice on maintaining mental health, healthy living, and where appropriate, support to improve your maths, English and ICT.

Independent information, advice and guidance is given throughout the apprenticeship.

Regarding the qualification

Apply for enrolment with the regulatory and awarding bodies on behalf of the employer and apprentice.

Provide apprentice and employer monitoring and support visits in practice.

Monitor, review and verify the Central Skills Log (CSL) and provide initial start-up sessions.

Claim for certification will be put to the awarding bodies once the award is completed.

Provide bespoke training, quality assurance and standardisation for Clinical Coaches

Deliver the apprenticeship via a blended learning approach.

Monitor and provide advice and guidance on blended learning and how tasks can be achieved.



Our commitment to ensure your health, safety, and welfare.

At BGT we have stated our commitment by a range of formal policies covering Equality, Diversity and Inclusion, Health, safety and welfare and Safeguarding.

What is expected from an employer

To provide apprentices with a contract of employment for the duration of the apprenticeship for a minimum of 30 hours per week

To pay an agreed wage at or above the Apprentice National Minimum wage in accordance with the National Minimum Wage Act 1998. This applies to all 16- to 18-year-olds and to those 19 years plus in the first year of their apprenticeship.

To provide a safe working environment in accordance with the Health and Safety at Work Act 1974 and to provide a workplace induction with the apprentice.

The Practice shall employ a Registered Veterinary Nurse or MRCVS who will lead the training and assessment of student veterinary nurses.

The Practice shall employ a clinical coach or undertake to ensure that a suitable person is trained to undertake this role (this can be the same person as the one described above).

The Practice shall ensure adequate staff development takes place to prevent as far as possible a shortfall in practice personnel holding a clinical coach certificate.

The Practice shall ensure that the student has 3 hours paid time per week during term time and 7 hours at half term to undertake self-directed learning (blended learning) to suit practice rotas.

The Practice shall ensure that the student is paid for their time allocated to attend college and complete blended learning tasks.

The Practice shall ensure that the appointed clinical coach is available to work alongside the student for a minimum of 15hrs / 2 days per week.

The practice will provide opportunities to enable an apprentice to gain the knowledge skills and behaviours required of the apprenticeship and to achieve the required Off the Job training hours.



The practice will follow an equality and diversity policy that meets legal requirements.



**Bottle Green Training Ltd (BGT) Learner Code of Conduct Policy
(March 2022)**

Review and revision dates

Effective from:	Version	Description
March 2022	1.0	Policy original

Review Date:	March 2023 or as legislation requires
Published:	Staff Handbook and listed within employer pack.
Actions:	All updated policies will be emailed to the employees.
Company Directors Signatures:	 



LEARNER CODE OF CONDUCT

Bottle Green Training aim to create a positive learning environment where students enrolled on our programmes can enjoy their experience and meet their maximum potential.

Students are expected to demonstrate a professional and mature approach to peers, the college team, colleagues in the workplace or while on curriculum related activities. Students should respect the opinions and rights of others at all times. We embrace diversity and believe that every individual has the right to work and study in a highly effective learning environment, which is safe and free from discrimination.

The definition of a professional is a person who has a job that requires skills, education and training. As such a professional is expected to behave in a certain manner both inside and outside of the college environment.

Bottle Green Training have adopted the five principles of practice as defined in the RCVS code of professional conduct:

Professional competence

Honesty and integrity

Independence and impartiality

Client confidentiality and trust

Professional accountability

All students associated with Bottle Green Training will be expected to abide by these principles.

Our Aims:

- To ensure that all members of BGT's community feel safe.
- To embed a whole College proactive and consistent approach to behaviour where inappropriate behaviour is positively challenged.
- To create a culture of respect and excellent behaviour and attitudes across College.
- To foster an environment where everybody feels safe and where each person is treated fairly.
- To enable all staff to manage and improve student behaviour.



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- To recognise pastoral support as a critical success factor in dealing with poor behaviour and supporting good behaviour.
- To ensure that every member of the College community feels valued and respected.
- To create an environment where positive behaviour is encouraged and reinforced.
- To ensure consistency of response to both positive and unacceptable behaviour.
- To enable our students to differentiate between right and wrong and abide by civil and legal law.
- To nurture the skills and attitudes which allow our students to make a positive and productive contribution to College and the wider society.
- To promote self-esteem, self-awareness, resilience and rights and responsibilities.
- To support every student in understanding the cultural diversity of our community and the importance of individual liberty, mutual respect and tolerance and the rule of law.
- To encourage relationships between all members of the College community that facilitate effective learning.
- Develop a strong sense of morality that allows them to take on board the thoughts and feelings of others.
- To support people to communicate their thoughts and feelings in a way that would be beneficial in life and work.

Consequences and possible actions

Students, whose behaviour is considered inappropriate, may be asked to leave the planned activity/session and this incident will be reported to their tutor and Head of Centre.

Depending on the circumstances of the incident(s), action may be taken against the individual under the College's Student Disciplinary Procedure.



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Student Nurse Training FAQ's

<p>What steps should a clinical coach and SVN follow BEFORE accessing the on-line log.</p>	<p>Identify entry behaviour. Learning styles Decide where to start. Plan – include methods of training/quick start, identify experts to be used. Carry out training. Quick start – student to demonstrate back.</p>
<p>When opening a task on the CSL, how many entries does the clinical coach have to make?</p>	<p>2</p>
<p>When opening a task on the CSL, how many entries does the clinical coach have to make?</p>	<p>Depends, quick start is one, otherwise 2</p>
<p>Does training for the on-line log have to be auditable?</p>	<p>No, but it is preferred by CQ where it is safe to train with real cases.</p>
<p>How do you know if a task on the on-line log is linked to an OSCE?</p>	<p>CSL task list</p>
<p>If a task is linked to an OSCE, how should the task be opened?</p>	<p>Using the OSCE/s as the method of training</p>
<p>What document/s let a clinical coach know when a task can be opened?</p>	<p>Tasks can be opened at any time following student enrolment – RCVS enrolment email</p>
<p>What document/s let a clinical coach know when a task can be confirmed as competent?</p>	<p>CSL task list in conjunction with the timetable and reflective learning journals</p>
<p>How many experiences should a student log before claiming competency?</p>	<p>As many as it takes to cover all task and practice requirements and be confident performing all areas of the task</p>
<p>Why do students need to log reflective comments?</p>	<p>It shows where the student is with their training, shows progression and may identify areas that need further support or training.</p>
<p>Who can confirm competency for a student?</p>	<p>Clinical coach, suitably qualified person with a witness testimony or college tutor.</p>



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<p>List the entries made on the on-line log by the clinical coach and student in the order they should happen.</p>	<p>Demonstrate to or shown. Demonstrate back. Student experience Student claim for competency Confirmation of competency</p>
<p>Who is responsible for making sure that all task requirements are covered?</p>	<p>The student The clinical coach The IQA</p>
<p>What information is found on the CSL task list that will not be found on the on-line log?</p>	<p>The year the theory is completed. Links to OSCE tasks. Extra BGT requirements.</p>
<p>When should auditable cases be used?</p>	<p>Training – where safe/suitable Logging experience Confirming competency</p>
<p>How often should a student log experience once a task is open?</p>	<p>Regularly, ideally at least monthly</p>
<p>What should the clinical coach do if there have been long gaps in evidence logging?</p>	<p>Add comments confirming that training is still current</p>
<p>How often should a clinical coach and student sit down to review the on-line log?</p>	<p>Varies – regularly. Weekly initially but can be as little as monthly</p>
<p>How many clinical coaches can have access to the on-line log?</p>	<p>2</p>
<p>How long after the claim for competency should the clinical coach confirm competency?</p>	<p>As soon as possible, ideally within 2 weeks but it can be case dependant</p>
<p>Why should the student claim competency before the clinical coach can confirm competency?</p>	<p>The log is student led and it is up to the student to decide when they feel competent and ready to be observed for competency.</p>
<p>If the student is very experienced at a task, can they claim competency without logging any experience so long as their comments say how much experience they have already had? Explain your answer.</p>	<p>No, students must always log enough experiences to cover all task requirements at least once. Their reflective comments will show why they are not logging things multiple times.</p>



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<p>Why do we audit cases on the on-line log?</p>	<p>To ensure that evidence is authentic, valid and current</p>
<p>What college related evidence can a student/clinical coach use on the on-line log for training/experience?</p>	<p>Blended learning, classroom activities, assignments</p>
<p>Why shouldn't college evidence be used to confirm competency?</p>	<p>CQ suggest that this would not be acceptable as it is seen as part of a student's training experience.</p>
<p>How many hours per week (during term time) should a student nurse be paid for training?</p>	<p>7 hours per week – 4 hours for college and 3 hours for blended learning.</p>
<p>How can you re-set your username, password, and pin number for the CSL if you forget what they are?</p>	<p>Email Central Qualifications directly adminsupport@cqual.org Pin numbers are sent to BGT from CQ</p>
<p>When should we complete the Professional Behaviour Assessment?</p>	<p>The Professional Behaviours tasks should be opened by the clinical coach using professional discussion towards the end of year 1. Once opened the student should log a self-assessment followed by a log from the clinical coach completing a student assessment using the RCVS framework found in the student training folder. The second assessments should be logged towards the end of year 2 and the final assessments should be logged towards the end of year 3. On logging the final self-assessment, the</p>
<p>What can be used for the 'Off the Job'(OTJ) training log?</p>	<p>OTJ training should be met by referencing all lessons, new CSL tasks, Blended/Guided Learning, and Shadowing listed in the learners Training Plan, which is signed prior to starting the course. Other activities which can be logged is any form of <i>new learning</i>, such as discussions with colleagues, demonstrations, CPD, research/reading, Podcasts & Webinars. It is important to note that all learning must be new, and not any form of revision or recap.</p>
<p>Should I give my student blended learning and college hours during half terms?</p>	<p>Yes.</p>
<p>What are students allowed time for during work hours?</p>	<p>College time and Blended learning time.</p>



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Should I give my student time to log on the CSL during work hours?	It is not compulsory; students are expected to do this in their own time.
My student is leaving, do we need to tell anyone?	Yes. College needs to be notified as soon as possible. Students are required to confirm any change of practice with Jo Dobb as soon as they have accepted a new position. Failure to do so may impact funding and access to the on-line portfolio.



Some Questions answered regarding employer and student responsibilities.

- **BLENDED LEARNING**

The apprenticeships at BGT are all run as blended learning courses. This consists of attendance of lectures for 4 hours each week during term time and 3 hours of blended learning tasks. Therefore, the college course equates to 7 hours per week.

Apprentices are given a list of blended learning tasks at the start of each module. It is expected that these task sheets are used to plan completion with their clinical coach. The tasks may be theory or practical based and time needs to be given to achieve these tasks. It must be given within the normal working week and be paid for.

Employers are not required to give the 3 hours blended learning time in a single block, it can be split over the week to reduce the strain on rotas. It is expected that apprentices are able to recognise when this time is given to ensure they are fully aware of their practices support.

Clinical coaches are required to be available to give advice and guidance, but they are not expected to complete the work with their apprentice. The tutor team will collect the tasks in and assess them and give feedback.

Clinical coaches and apprentices will complete a module summary sheet on completion of each set of blended learning.

- **HOLIDAYS AND HALF TERM**

The college course runs over an academic year and tends to follow Staffordshire school terms. During half term times (October, February, and May) apprentices are given tasks to complete which equate to their full 7 hours course allocation. Employers must allow this time to be given, however it does not need to be on the apprentice's usual college day. It needs to be planned and apprentices are required to hand their work in to their tutors within 7 days.

There is no requirement for employers to allocate 7 hours of study time during Easter, Christmas, or summer holidays.

- **Clinical Coach Contact time**

The requirement of the awarding and regulatory body is that clinical coaches spend a minimum of 2 days each week working alongside their apprentice. There is no specific set number of hours, and it is appreciated that this may not be possible when coaches or apprentices are on annual leave. Clinical coaches are required to help plan practical training within the workplace and assist with completion of CSL (Central Skills Log) tasks.

- **CSL/NPL time**

The CSL or NPL are a log of practical skills and behaviours that are achieved within veterinary practice. It is expected that clinical coaches will spend time with their apprentices planning opening and completing tasks. It is the apprentice's responsibility to log their experiences gained and ensure the scope for each task is covered. Employers do not need to allocate time for apprentices to input onto their CSL, they just need to provide access to the experiences to gain the behaviours, skills and knowledge and ultimately competence. Clinical coaches can delegate training out for these tasks to other experienced members of the team, but they are required to open each task and sign off competence upon completion.



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What is End Point Assessment (E.P.A.)?

End Point Assessment is the final assessment for an apprentice to ensure that they can do the job they have been training for.

EPA is separate to any qualifications or other assessment that the apprentice may undertake during the onprogramme stage of the apprenticeship.

At the end of an apprenticeship, the apprentice will go through a 'gateway' process where they are signed-off by their employer as ready for a final assessment of their knowledge and practical capabilities.

The purpose of the End-Point Assessment is to test, in a synoptic way, the knowledge, skills and behaviours of the apprentice as set out in the apprenticeship standard to confirm that the apprentice is occupationally competent.

To achieve final certification, the apprentice must achieve a minimum of a pass in the End-Point Assessment components.

Phase 1:

- Professional discussion
- Must be passed before proceeding to the second assessment, this applies to Level 3 only.

Phase 2:

- OSCE (level 3 apprentices)
- Practical tasks (level 2 apprentices)
- Must be passed for the apprentice to meet the apprenticeship standard.

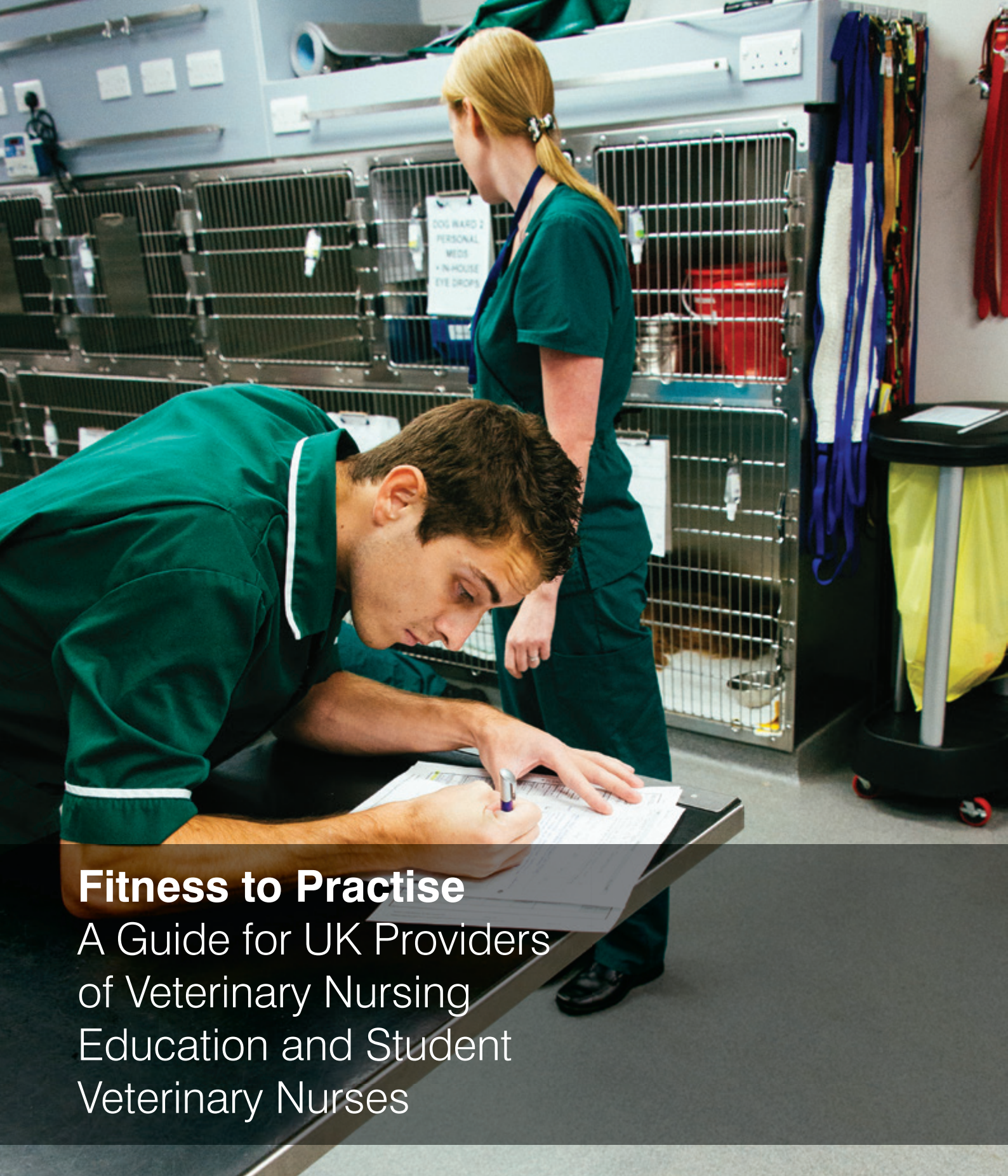
BGT Policies List

- Additional Support
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- Wellbeing
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- Zoom code of conduct
- Social Media
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- Quality Assurance & Improvement
- Conflict of Interest
- Equality & Diversity



Fitness to Practise

A Guide for UK Providers
of Veterinary Nursing
Education and Student
Veterinary Nurses



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Introduction

Veterinary nurses play a fundamental role in the provision of veterinary services. They are committed to the nursing care of animals and ensure that welfare needs are met. They are also relied upon to perform a range of diagnostic tests and carry out medical treatments and minor surgical procedures under veterinary direction.

Good technical skills are essential, but the role of the veterinary nurse encompasses much more; it is a role that requires compassion, confidence and resilience. The veterinary nurse must be a strong team player and a good communicator. Veterinary surgeons will trust the veterinary nurse to perform delegated tasks and adhere to instructions, and will rely on them to have the awareness to know when to seek their help. Clients will trust the veterinary nurse to take care of their animals and will look to the veterinary nurse for guidance on maintaining the health of their animals. In short, do not underestimate the vital role that veterinary nurses perform.

In February 2015, a new Royal Charter was granted to the Royal College of Veterinary Surgeons (RCVS). This brought professional recognition to the veterinary nursing profession and confirms the RCVS as its regulator. A registered veterinary nurse commits to following the RCVS *Code of Professional Conduct for Veterinary Nurses* (the *Code*) and keeping their skills and knowledge up-to-date. If they fall short of their professional responsibilities, veterinary nurses may be subject to the RCVS disciplinary process.

Student veterinary nurses need to be prepared for life as a registered professional in a public-facing role with responsibilities for animal welfare. This guide discusses the concept of being 'fit to practise' and can sit alongside the relevant course modules.

Being fit to practise is a fundamental requirement of any professional. Fitness to practise is not just about achieving academic qualifications; it is about being of good character, being responsible and being worthy of the trust and confidence of the public and your peers. Those found not fit to practise may face sanctions, possibly even removal from their professional register.

Training providers have a responsibility to address any potential fitness to practise concerns in their students. This is because student veterinary nurses are the future of the profession and they work with animals and the public during the course of their training.

A note on this guide

This guide has been produced by a Working Party of the Royal College of Veterinary Surgeons and representatives from a variety of training providers and the British Veterinary Nursing Association.

The guide is split into two parts. Part one provides guidance for training providers on recognising and addressing fitness to practise concerns. It is accepted that each training provider will have in place its own specific guidelines and procedures for dealing with fitness to practise cases, but we encourage training providers to have regard to this guidance as an example of good practice.

Part two sets out broad principles of fitness to practise which student veterinary nurses should follow and which training providers should expect and uphold. The RCVS has no powers to regulate student veterinary nurses but hopes that its future members are prepared for being a member of a regulated profession and abiding by the *Code*.

March 2016

Part one

Recognising fitness to practise concerns and addressing them appropriately

This section provides guidance for providers of veterinary nursing education on recognising and addressing fitness to practise concerns.

What is fitness to practise?

Professionals hold a position of trust and responsibility. The public expects professionals to conduct themselves in a way that justifies this trust and fellow professionals rely on their peers to uphold their profession's good reputation. Fitness to practise is about demonstrating, in both professional and private life, that one can practise their profession properly, safely and with respect for the trust and responsibility placed upon them.

Recognising fitness to practise concerns

Providers of veterinary nursing education have a responsibility to recognise fitness to practise concerns amongst their students and investigate accordingly. Their students will one day apply for registration with the RCVS, which effectively gives them a licence to practise as a veterinary nurse. As such, the RCVS relies on the confirmation of the training providers that the incoming members of the profession are of good character and that any concerns have been properly investigated and addressed.

It is important that fitness to practise processes are used fairly and sensibly.

Training providers may have academic procedures, disciplinary procedures and fitness to study / health protocols, as well as fitness to practise procedures. Consideration will need to be given to which is appropriate in a particular situation. For example, it is possible for a matter to amount to a disciplinary issue without raising fitness to practise concerns, and vice versa. In some circumstances, an issue may look like a disciplinary matter, but investigations could reveal wider fitness to practise concerns and the case may need to progress as such.

The concept of fitness to practise is not easily defined, and it can be difficult to know when something could be a fitness

to practise concern. It can help to consider whether any one or more of the following is compromised by a student's behaviour:

- Protection of animal welfare
- Protection of the public
- Proper standards of conduct
- Compliance with relevant legislation eg animal welfare legislation, equality and discrimination legislation.
- Public confidence in the profession, as represented by its student members
- The reputation of the profession, as represented by its student members
- The wider public interest

With reference to these principles, where there is a serious or repeated concern about a student's ability to continue their course or their ability to practise after graduation, it is advisable for the training provider to consider instigating a fitness to practise investigation.

Before a final decision is made, however, training providers should have regard to what it is they are trying to achieve. Promotion of the above principles should be the aim of fitness to practise proceedings; fitness to practise proceedings are not about punishment.

It is also helpful to consider the following before deciding whether to commence fitness to practise proceedings:

- **Fitness to practise is about minimum standards**

Fitness to practise is about meeting the minimum standards required to practise safely and effectively. When we talk about fitness to practise concerns in the context of students, we mean something that is fundamentally incompatible with one day being a registered professional who has certain responsibilities and who works in the public eye.

- **A student is not a fully-fledged professional**

While students should be encouraged to reach high standards, there does also need to be allowances for

learning, mistakes and errors of judgement. Consideration of the student's age and year of study may also be relevant. In some circumstances, what may be of significant concern in a student approaching graduation may be more excusable and of less concern in a first-year student.

- **Insight**

When conduct or behaviour raises potential fitness to practise concerns, the student in question may not understand or accept the implications of what they have done. In other words, they may have little or no insight into their actions. A failure to understand why something calls fitness to practise into question can be of concern in itself, as it may indicate an inability to appreciate risk and, in turn, a potential for repetition of the behaviour.

Insight goes beyond showing remorse and regret; it is about understanding why certain behaviour calls fitness to practise into question and what steps are required to remedy any shortcomings, as well as a willingness to engage with such steps. Insight may be demonstrated by self-reporting of concerns and engaging with any investigations.

The training provider may consider that the student's insight is relevant to the response to the concern. Insight must not, however, distract from investigating serious concerns. In some cases, despite the student having insight, the public interest may require a thorough investigation into potential fitness to practise concerns. In all cases, insight may be taken into account as a mitigating factor at the stage when sanctions are considered.

- **The public element**

Public trust and confidence is a key part of professional regulation. When considering whether a particular matter raises fitness to practise concerns, it can be helpful to ask yourself the following questions:

What would the ordinary member of the public think about what student X has done?

What would the ordinary member of the public think if we decided not to investigate the concerns? Could we defend that decision?

What would the ordinary member of the public think if we did decide to treat this as a fitness to practise matter? Would they think that was a fair decision?

- **Deliberate or reckless behaviour**

Deliberate or reckless behaviour, whether or not it causes harm or adverse consequences, is perhaps more likely to undermine the public's trust and confidence than an incident that simply involves an accident. In cases of deliberate or

reckless behaviour, it may be difficult to justify not instigating a fitness to practise investigation, especially where the behaviour is serious or repeated.

Reporting concerns

All those who are involved in the student's education need to know who is responsible for addressing any fitness to practise concerns and to whom a report should be made.

Concerns or allegations may be raised by:

- The student themselves – a 'self-referral'
- Fellow students
- Members of staff at the training provider
- The training practice
- The awarding organisation
- Other paraprofessionals
- Members of the public
- The police
- Anonymous sources

Most likely, concerns or allegations will be raised with the training provider, the training practice or the awarding organisation. There must be certainty between all parties as to who will deal with concerns, rather than assuming that it is someone else's responsibility. Information may need to be shared and each party should have processes in place to ensure this is done efficiently, sensitively and in accordance with data protection legislation.

It can be sensible for training providers to share their codes of conduct and fitness to practise policies with training practices and be clear about what should happen in the event of concerns. It is important to maintain good communication links. Students should be informed that the policies of their training provider apply when they are on placement or when employed.

Managing risk

A fair and proper fitness to practise process cannot be rushed and will take time. In some cases, however, the concerns will be very serious and there may be a real risk that the behaviour will be repeated, perhaps with the potential to cause harm to animals or the public. In these cases, provided that fitness to practise policies permit, it may be necessary to consider whether interim measures are required to minimise any risks, for example, temporary suspension from the course or training practice.

If it is considered that interim measures are required, these should be proportionate to the level of risk and should be periodically assessed for suitability as the substantive investigation progresses. Full and proper reasons should be given if a decision is made to invoke interim measures. The student should also have the opportunity to appeal the decision.

This is a very serious step to take and can have significant implications for the student. It is therefore suggested that interim measures are reserved for the most exceptional cases and carried out in accordance with the relevant protocol.

Providing support

Training providers should recognise that being subject to a fitness to practise investigation can be a daunting and stressful experience. As such, students should be offered independent support. A referral to counselling or a peer support programme, for example, could be considered.

Training providers should also bear in mind that students raising concerns about their peers may well have worries and concerns, and support should also be offered to these students.

Fair process

The RCVS does not prescribe a specific fitness to practise process to be followed by the providers of veterinary nursing education. Training providers are responsible for devising their own procedures and rules, and these may differ from one institution to another. The RCVS encourages training providers to ensure that their procedures are fair and well-considered.

To question a student's fitness to practise is a serious matter; the consequences for the student could be significant. It is therefore important that training providers have a fair and proper process for addressing such concerns. This should be clearly outlined and available to students so that they understand what may happen if a concern is raised about them and are informed of their rights. Fitness to practise policies should outline in sufficient detail the procedures to be followed and the powers available to those responsible for making decisions. It is important that policies and procedures are adhered to and that investigations and hearings are conducted fairly and appropriately.

Depending on the training provider, student veterinary nurses may be subject to a discipline-specific fitness to practise process, or they may be subject to a process that serves a number of different programmes which all lead to a licence to practise. Those operating with the former, and perhaps where the course is quite small, should make sure there is sufficient independence and separation of functions – for example, the same people should not be involved in both investigating and determining a case, and those determining the case should not be members of staff who have had significant previous involvement with the student. Those operating with the latter should give special thought to issues relevant or unique to veterinary nursing and ensure that, where appropriate, recourse can be made to members of staff with the appropriate expertise.

The flowchart on page 16 outlines a generic fitness to practise process. There are two main parts to the process – the investigation and the adjudication. It is important that these two stages are treated separately to avoid bias – real or perceived.

The investigation is the evidence-gathering stage and the investigator may need to interview the student, the person raising the concerns and any other witnesses. The investigator should make accurate and detailed records and produce a report. There should be a clear threshold for when a case proceeds from the initial investigation to the formal consideration of a fitness to practise allegation and reasons must be given for that decision. If the case is to be referred for adjudication, the student should be given written notice of the allegation and a copy of the evidence against them in good time. They should be informed how they may respond to the allegation and by when, and should be given reasonable time to do this. It is sensible to remind the student of their rights and sources of support.

The adjudication stage is the point at which an allegation is formally put to the student and they are given the opportunity to respond. All of the evidence should be reviewed and witnesses may need to be called. A decision is then made as to whether the facts of the allegation are proven, whether the student's fitness to practise is impaired and, if so, what sanction is required. It is advisable for these decisions to be made by a 'panel' rather than by one person acting alone – fitness to practise cases can be difficult and can have significant implications for a student so it is preferable to have more than one view on any given case. This goes some way to ensuring the soundness of decisions but regard will need to be had to what happens in the event of a split decision.

The decision as to the appropriate sanction should follow the decision on impairment. The decision-makers should have regard to the relevant protocol to see what sanctions are available to them. These could include:

- No sanction
- Accepting undertakings from the student
- Imposing conditions on the student
- Requiring the student to re-take part of the course
- Suspending the student from the course
- Terminating the student's place on the course

Conditions and undertakings may require assistance from, and the student's cooperation with, occupational health, GPs, coaches or supervisors etc. It needs to be considered therefore whether conditions and undertakings are practical and whether the student is willing to cooperate. There should be regular reviews to check on the student's compliance with any conditions and undertakings.

Sanctions should be imposed not to punish the student but on the principle of what is the minimum required to meet the aims of the fitness to practise process. Sanctions should therefore be considered in ascending order. Each case should be considered on its own merits. It can be helpful to have guidance on 'indicative sanctions' provided that this is not used as an inflexible tariff.

Providers of veterinary nursing education should be aware that students with concerns about how their case has been investigated, or how the decision has been made, may bring an appeal. Beyond that, they may also raise concerns with the Office of the Independent Adjudicator for students in higher education (OIA).

There is further guidance on running a fair process on the OIA's website (www.oiahe.org.uk)

Summarised below is what the RCVS considers to be fundamental to a fair process.

Fairness in fitness to practise processes – the fundamentals

- Notify the student of the concerns raised, that an investigation will be conducted and who will be investigating.
- Provide the student with a copy of the fitness to practise procedure and direct them to sources of support.
- Make sure the student is aware of their rights.
- Draft clear and unambiguous allegations, use plain English – the student needs to understand exactly what it is they are accused of and must be able to properly respond to the allegation. If they are accused of dishonesty, make that clear.
- Avoid bias or the perception of bias when appointing an investigator and decision-makers.
- Conduct meetings and interviews with appropriate notice for the student and make and retain accurate records.
- Ensure policies and protocols are consulted and followed.
- Proceed in a timely manner.
- Keep the student updated throughout the investigation.
- Make decisions based on relevant and credible evidence – beware of hearsay evidence (eg third-hand information) and assumptions.
- Make decisions on the basis of one standard of proof – 'on the balance of probabilities'.
- Be mindful that the burden of proof is on the training provider – it is not for the student to disprove the allegation.
- Have a decision-making 'panel' rather than entrusting decisions to one person.
- Make a decision on whether fitness to practise is

impaired before considering the appropriate sanction.

- Consider good character evidence and any aggravating or mitigating factors in line with policies and procedures.
- Provide full reasons for decisions and sanctions, with clear written determinations and/or outcome letters.
- Impose sanctions with regard to the principle of proportionality and consider sanctions in ascending order – impose the minimum required to achieve your aims and do not seek to punish.
- Have a fair and transparent appeals process and inform the student about this.

Graduation

Academic achievement and practical competence do not guarantee the award of a veterinary nursing qualification; a student must be able to demonstrate fitness to practise in all respects at the point of graduation. It is not possible to award a veterinary nursing qualification with caveats or restrictions. A student may not be able to graduate until the conclusion of any fitness to practise investigation.

Health concerns

The RCVS cannot provide advice on health and disability and the following guidance is intended as an overview only. Training providers should consider taking dedicated advice on such issues, for example, from occupational health professionals and legal advisors.

In many cases, a student's health condition or disability will have been disclosed and carefully considered at the stage of initial application and selection for the course, with regard to the RCVS Day-one Competences. The following guidance focuses primarily on concerns that arise after the student veterinary nurse has started their course.

Student veterinary nurses should take responsibility for their own physical and mental health; part of being fit to practise is recognising when your own health has the potential to jeopardise your ability to practise safely and effectively. Registered veterinary nurses have a similar obligation. The *Code* requires veterinary nurses to take reasonable steps to address adverse physical or mental health or performance that could impair fitness to practise; or, that results in harm, or a risk of harm, to animal health or welfare, public health or the public interest. In addition, veterinary nurses who are concerned about a professional colleague's fitness to practise must take steps to ensure that animals are not put at risk and that the interests of the public are protected.

Concerns may arise from matters related to a student's physical or mental health, and may involve substance abuse. Ideally, such matters will be identified and addressed before they become fitness to practise concerns, with

appropriate input and support from the training provider, which may include occupational health, student support and personal tutors.

Concerns about health are likely to require sensitive management throughout the student's progression along the course, with regular discussions, reviews and evaluations of any adjustments made. Students should ensure that they attend their medical appointments and keep their training provider informed of any significant developments that may affect the adjustments put in place, or their ability to continue the course safely. In addition, students should be willing to engage in any assessments that may reasonably be required to ensure effective monitoring of their health and the suitability of any adjustments.

It is anticipated and understood that in most cases, health matters will not raise formal fitness to practise concerns. Concerns may need to be pursued as a fitness to practise matter where the student shows minimal insight into their health and its implications, and/or where they fail to engage with their training provider in the management of their health.

Disclosure to the RCVS

Student veterinary nurses who successfully complete their course and who wish to practise in the UK as veterinary nurses must apply to be registered with the RCVS.

Since January 2014, veterinary nurses and those applying to be registered as veterinary nurses must disclose to the RCVS any caution or conviction, including absolute and conditional discharges, or adverse finding which may affect registration, whether in the UK or overseas (except for spent convictions and minor offences excluded from disclosure by the RCVS). See the *RCVS Protocol on Handling Convictions* for more details (www.rcvs.org.uk/convictions).

An 'adverse finding' includes any finding within a training provider's fitness to practise procedures. To clarify, the RCVS requires disclosure where a case against a student is found proven and that fitness to practise is impaired. Cases that do not reach a fitness to practise panel or those that are dismissed by a panel do not need to be declared.

When a disclosure is made to the RCVS, the Registrar will decide whether the student is suitable for registration. The

Registrar may seek additional information from the training provider in order to consider the matter declared by the student, and may refer the matter for the decision of the Veterinary Nurse Preliminary Investigation Committee. For these reasons, training providers should make accurate records of their investigations and decisions and cooperate with reasonable requests for information from the RCVS in accordance with the Data Protection Act 1998.

Student veterinary nurses should be aware of this disclosure obligation and the potential significance of the outcomes of student fitness to practise investigations. They should also understand that to fail to make a declaration may be an issue in itself, particularly as adverse findings may come to light at a later stage. It would be advisable to make this clear on outcome letters or statements of decisions.

The current rules only require self-declaration by the applicant; the training provider does not have a duty to notify the RCVS if a student has been subject to a fitness to practise investigation. However, training providers who have made a serious finding in relation to a student may wish to inform the RCVS. It is therefore sensible to set out in policies and protocols who might be informed at the conclusion of proceedings. All disclosures should be well-considered and justified and training providers may wish to take independent advice.

Disclosure of concerns related to health

The RCVS has a Health Protocol (see www.rcvs.org.uk/health/). The RCVS recognises that sometimes it will be in the public interest to deal with registered veterinary nurses suffering from adverse health without referring a case to the Veterinary Nurse Disciplinary Committee (VN DC) for a formal hearing. Generally, it is more appropriate to take a medical approach in cases involving medical problems.

In line with the procedures of other professional regulators, the RCVS Health Protocol is designed to allow the RCVS to protect the public interest by dealing appropriately with health-related cases. This Protocol provides that registered veterinary nurses whose cases are not referred to the DC can be invited to give undertakings which may, for example, limit the extent to which they may practise. Cases may also be monitored by the RCVS through workplace and medical supervisors.

Part two

Principles of behaviour for student veterinary nurses

This section is first and foremost for student veterinary nurses and sets out broad principles of fitness to practise that you should follow and which training providers should expect and uphold.

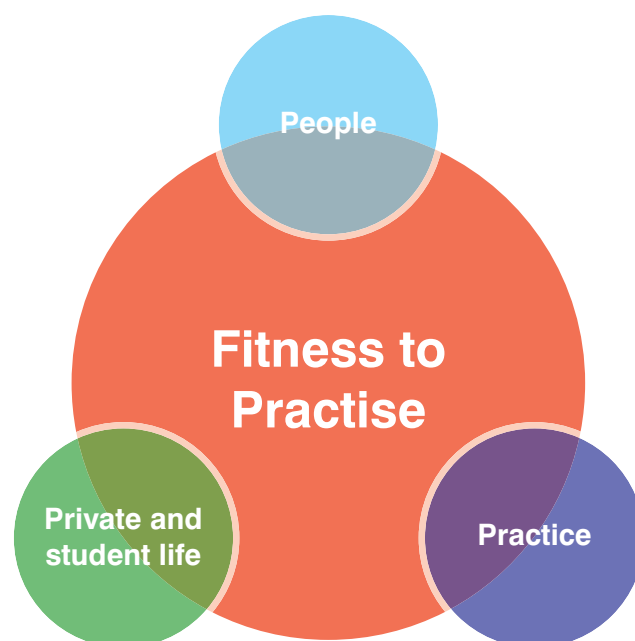
It is not possible or desirable to provide an exhaustive list of behaviours expected of you as a student veterinary nurse, or which could call your fitness to practise into question. This guide therefore sets out broad principles and example behaviours expected of you in the context of three key areas – people, private and student life, and practice.

The principles set out in this guide are informed by some of the key principles of the RCVS *Code of Professional Conduct for Veterinary Nurses* (see page 14). The *Code* sets out veterinary nurses' professional responsibilities. RCVS supporting guidance provides further advice on the proper standards of professional practice. The *Code* and supporting guidance are essential for veterinary nurses in their professional lives and are fundamental to the RCVS regulatory process (www.rcvs.org.uk/vncode)

The *Code* will apply to you when you register as a veterinary nurse with the RCVS. Although you are not yet qualified or registered as a veterinary nurse (and so not yet subject to RCVS jurisdiction) you should familiarise yourself with the *Code* and aim to follow its general principles. You should also familiarise yourself with the RCVS Day-one Competences. These set out the minimum level of knowledge, skills and attitudes that all student veterinary nurses are expected to have met upon registration with the RCVS.

People

You will come into contact with a range of people in the course of your education and training. Maintaining working relationships is vital for practice and this will require effective communication skills and teamwork. You should practise these skills with your fellow students, academic staff and colleagues and clients at your training practice.



Principles

- Honesty and integrity
- Independence and impartiality
- Client confidence and trust

Behaviours

You can demonstrate you are fit to practise by:

- ✓ Communicating effectively with clients, the public and professional colleagues; listening carefully and responding appropriately, using language appropriate to the audience and the context.
- ✓ Being open and honest, including with clients, and respect clients' needs and requirements.
- ✓ Ensuring that you do not disclose information about a client to a third party, unless the client gives permission or there is an appropriate justification.
- ✓ Working effectively as a member of a multi-disciplinary team in the delivery of services to clients.

- ✓ Respecting the skills and experience of your qualified colleagues and working under their direction and supervision as required by Schedule 3 of the Veterinary Surgeons Act 1966.
- ✓ Understanding and respecting that clients must be free to give or withhold consent to treatment.
- ✓ Recognising diversity and respecting the cultural differences, values and beliefs of others, including fellow students, colleagues and staff at your training provider.
- ✓ Treating others courteously, with consideration and respect.
- ✓ Recognising that other people may question your fitness to practise, and demonstrating insight and engagement with associated investigations.

Concerns

Failing to demonstrate the above behaviours may raise questions about your fitness to practise. In addition, the following are examples of particular concerns that may affect your fitness to practise:

- ✗ Breaching client confidentiality without proper justification, including the posting of comments, pictures, x-rays and videos on social media.
- ✗ Persistent rudeness and general lack of courtesy when dealing with clients, colleagues and staff at your training provider/ training practice.
- ✗ Inappropriate or offensive behaviour towards fellow students, colleagues or clients, including bullying.
- ✗ Making disparaging comments about fellow students, colleagues or clients.
- ✗ Aggressive, threatening or violent behaviour.
- ✗ Failure to follow a colleague's instructions or client's requests.
- ✗ Going beyond the scope of client consent.
- ✗ Dishonesty, including dishonesty outside the professional role.

Private and student life

Fitness to practise encompasses not only your professional competence and practical skills, but also the way in which you conduct yourself outside the professional environment. This includes your private life and student life.

The *Code* states that veterinary nurses must not engage in any activity or behaviour that would be likely to bring the profession into disrepute or undermine public confidence in the profession. As a student veterinary nurse, you should also uphold the reputation of the profession at all times and consider how your behaviour and conduct could affect the trust that the public places in the veterinary nursing profession.

Remember that wherever you are, you are representing the

veterinary nursing profession, your training provider and your training practice.

Principles

- Honesty and integrity
- Professional accountability

Behaviours

You can demonstrate that you are fit to practise by:

- ✓ Taking responsibility for your own physical and mental health, seeking treatment and limiting practice if necessary, and communicating with your training provider.
- ✓ Abiding by the rules and regulations of your training provider and other organisations linked to your studies.
- ✓ Honouring commitments and taking responsibility for your work.
- ✓ Attending mandatory teaching sessions or making alternative arrangements with your training provider.
- ✓ Submitting academic work on time.
- ✓ Co-operating with formal investigations about you or others.

Concerns

Failing to demonstrate the above behaviours may raise questions about your fitness to practise. In addition, the following are examples of particular concerns that may affect your fitness to practise:

- ✗ Substance misuse eg drugs and alcohol.
- ✗ Criminal convictions or cautions.
- ✗ Cheating in examinations, plagiarising coursework and assessments, and passing off other people's work as your own.
- ✗ Forging a clinical coach's signature on clinical assessments or online logs.
- ✗ Forging a veterinary surgeon's signature on registration documents.
- ✗ Submitting fraudulent CVs, application forms and employment references.
- ✗ Misuse of social media (see page 13 section below for more detail.)
- ✗ Failure to seek medical treatment or other support.
- ✗ Refusal to follow medical advice or treatment plans.

Practice

Schedule 3 of the Veterinary Surgeons Act 1966 permits student veterinary nurses to undertake medical treatments and minor surgical procedures, not involving entry into a body cavity. There are some important conditions, however:

- The medical treatment or minor surgery can only be carried out on animals under the care of a veterinary surgeon.
- The veterinary surgeon is the employer or acting on behalf of the employer of the student veterinary nurse.
- The medical treatment or minor surgery is carried out in

- the course of the student veterinary nurse's training.
- The medical treatment or minor surgery is carried out at the veterinary surgeon's direction.
 - The medical treatment or minor surgery is supervised by a veterinary surgeon or veterinary nurse and, in the case of minor surgery, the supervision is direct, continuous and personal.

'Direction' means that the veterinary surgeon instructs the student veterinary nurse as to the tasks to be performed, but is not necessarily present.

'Supervision' means that the veterinary surgeon or veterinary nurse is present on the premises and able to respond to a request for assistance if needed.

'Direct, continuous and personal supervision' means that the veterinary surgeon or veterinary nurse is present and giving the student veterinary nurse his or her undivided personal attention.

Failure to comply with these conditions not only renders your actions illegal, but may also have implications for animal welfare. Compliance with these conditions is therefore absolutely paramount to demonstrating that you are fit to practise.

In addition, you must respect the fact that in delegating medical treatments and minor surgical procedures to you, your qualified colleagues have responsibilities and could be held to account to their decisions. The RCVS supporting guidance on delegation to veterinary nurses (chapter 18) states:

In considering whether to direct a veterinary nurse or student veterinary nurse to carry out 'Schedule 3 procedures', a veterinary surgeon must consider how difficult the procedure is in the light of any associated risks, whether the nurse is qualified to treat the species concerned, understands the associated risks and has the necessary experience and good sense to react appropriately if any problem should arise. The veterinary surgeon must also be sure that he or she will be available to answer any call for assistance, and finally, should be satisfied that the nurse feels capable of carrying out the procedure competently and successfully.

Principles

- Professional competence
- Honesty and integrity
- Client confidence and trust
- Professional accountability

Behaviours

You can demonstrate you are fit to practise by:

- ✓ Working under direction and supervision as required by Schedule 3 of the Veterinary Surgeons Act 1966.
- ✓ Making sure that colleagues and clients know that you are a student.
- ✓ Making animal health and welfare your primary consideration when attending to animals.
- ✓ Taking responsibility for your working practices.
- ✓ Understanding the professional responsibilities and legal obligations relevant to veterinary practice, including the legislation relevant to the welfare of animals and legislation related to veterinary medicines.
- ✓ Working within the limits of your competence and being aware of personal limitations; demonstrating awareness of when and from where to seek advice, assistance and support.
- ✓ Ensuring that you are appropriately supervised.
- ✓ Providing care that is appropriate and adequate.
- ✓ Reporting any concerns about patients.
- ✓ Reporting errors or mistakes (including your own) to an appropriate senior member of staff.
- ✓ Having the confidence to speak up when you have concerns about matters affecting patients, clients, staff and the practice – recognising that speaking up and taking advice from your superiors is generally more appropriate than taking matters into your own hands.
- ✓ Ensuring that infection control protocols are adhered to and maintain high standards of cleanliness, hygiene and asepsis.

Concerns

Failing to demonstrate the above behaviours may raise questions about your fitness to practise. In addition, the following are examples of particular concerns that may affect your fitness to practise:

- ✗ Undertaking medical treatment or minor surgery independently, without direction or supervision.
- ✗ Undertaking acts of veterinary surgery beyond the scope of Schedule 3 eg non-minor surgical procedures and surgical procedures that involve entry into a body cavity.
- ✗ Lacking insight into your limitations and lack of experience.
- ✗ Deliberately ignoring instructions or advice.
- ✗ Taking unnecessary risks and compromising animal welfare.
- ✗ Independently prescribing, supplying or administering medicines.
- ✗ Accessing the controlled drugs cabinet without permission.
- ✗ Purporting to have qualifications you do not have.
- ✗ Falsely completing / signing documentation.

Use of social media

'Social media' is the term used to describe websites and online applications that encourage social interaction between users and content creators. It encompasses all technology that can be used to share opinions and insights, information, knowledge, ideas and interests, and enables the building of communities and networks. Examples include media sites that allow public posts and comments (eg Twitter), content sharing websites (eg YouTube, Instagram and Flickr), professional and social networking sites (eg LinkedIn and Facebook), internet forums (eg vetnurse.co.uk), discussion boards, blogs (Tumblr and Wordpress) and instant messaging.

It is recognised that social media are likely to form part of your everyday student life. They can be valuable communication tools and can enhance your personal and academic life. However, the use of social media is not without risk and you should be mindful of the consequences that may arise from its misuse.

You have a responsibility to behave professionally and responsibly when offline, online as yourself and online in a virtual capacity (perhaps as an avatar or under an alias). Veterinary nurses may put their registration at risk if they demonstrate inappropriate behaviour when using social media and the same principles apply to student veterinary nurses. You must uphold the reputation of the profession at all times. You should be mindful that you may jeopardise your position at your training provider and your subsequent ability to join the RCVS Register if you misuse social media.

When using social media, you should:

- ✓ Remember that the *Code* must be followed at all times, even under the anonymity of social media, for example, do not make disparaging comments about another person or practice.
- ✓ Maintain and protect client confidentiality by not disclosing information about a client or a client's animal that could identify them on social media, unless the client gives explicit consent (NB in certain circumstances, it may be possible to have online discussions about anonymised cases.)
- ✓ Be respectful of and protect the privacy of others.
- ✓ Be proactive in removing content that could be viewed as unprofessional.
- ✓ Comply with any internet or social media policy set out by your training provider or employer.

When using social media you should avoid making, posting or facilitating statements, images or videos that:

- ✗ Contravene any internet or social media policy set out by your training provider (remember that comments or statements made or facilitated by you may reflect on your

training provider and the wider profession as a whole.)

- ✗ Cause undue distress or provoke anti-social or violent behaviour.
- ✗ Are offensive, false, inaccurate or unjustified (remember that comments which are damaging to an individual's reputation could result in a civil claim for defamation for which you could be personally liable.)
- ✗ Abuse, bully, victimise, harass, threaten or intimidate fellow students, colleagues, staff or others.
- ✗ Discriminate against an individual based on his or her race, gender, disability, sexual orientation, age, religion or beliefs, or national origin.

Please note that this is not an exhaustive list. There are many different types of social media misuse.

Protecting your privacy

You should consider how to protect your privacy when using social media. It should be remembered that online information can readily be accessed by others and once it is published online, the information can be difficult, if not impossible, to remove. Added to this are the risks that other users may comment on the information, or circulate or copy this to others. For that reason, it is sensible to presume that everything shared online will be there permanently. You should also be mindful that content uploaded on an anonymous basis can, in many cases, be traced back to the original author.

You should read, understand and use appropriate privacy settings in order to maintain control over access to your personal information. It is advisable to review your privacy settings on a regular basis to ensure that the information is not available to unintended users. However, you should remember that this does not guarantee that your information will be kept private and personal information could potentially be viewed by anyone including fellow students, staff at your training provider and clients and potential employers.

RCVS *Code of Professional Conduct* for Veterinary Nurses

Principles of practice

Veterinary nurses seek to ensure the health and welfare of animals committed to their care and to fulfil their professional responsibilities, by maintaining five principles of practice:

1. **Professional competence**
2. **Honesty and integrity**
3. **Independence and impartiality**
4. **Client confidentiality and trust**
5. **Professional accountability**

Professional responsibilities

Veterinary nurses have professional responsibilities in the following areas:

1. Veterinary nurses and animals

- 1.1 Veterinary nurses must make animal health and welfare their first consideration when attending to animals.
- 1.2 Veterinary nurses must keep within their own area of competence and refer cases responsibly.
- 1.3 Veterinary nurses must provide veterinary nursing care that is appropriate and adequate.
- 1.4 Veterinary nurses in practice must take steps to provide emergency first aid and pain relief to animals according to their skills and the specific situation.
- 1.5 Veterinary nurses who supply and administer medicines must do so responsibly.
- 1.6 Veterinary nurses must communicate with veterinary surgeons and each other to ensure the health and welfare of the animal or group of animals.
- 1.7 Veterinary nurses must ensure that clinical governance forms part of their professional activities.

2. Veterinary nurses and clients

- 2.1 Veterinary nurses must be open and honest with clients and respect their needs and requirements.
- 2.2 Veterinary nurses must provide independent and impartial advice and inform a client of any conflict of interest.
- 2.3 Veterinary nurses must provide appropriate information to clients about the practice, including the costs of services and medicines.
- 2.4 Veterinary nurses must communicate effectively, including in written and spoken English, with clients and ensure informed consent is obtained before treatments or procedures are carried out.
- 2.5 Veterinary nurses must keep clear, accurate and detailed clinical nursing and client records.
- 2.6 Veterinary nurses must not disclose information about a client or the client's animals to a third party, unless the client gives permission or animal welfare or the public interest may be compromised.
- 2.7 Veterinary nurses must respond promptly, fully and courteously to clients' complaints and criticism.

3. Veterinary nurses and the profession

- 3.1 Veterinary nurses must take reasonable steps to address adverse physical or mental health or performance that could impair fitness to practise; or, that results in harm, or a risk of harm, to animal health or welfare, public health or the public interest.
- 3.2 Veterinary nurses who are concerned about a professional colleague's fitness to practise must take steps to ensure that animals are not put at risk and that the interests of the public are protected.
- 3.3 Veterinary nurses must maintain and develop the knowledge and skills relevant to their professional practice and competence and comply with RCVS requirements on the Period of Supervised Practice (PSP) and continuing professional development (CPD).
- 3.4 Veterinary nurses must ensure that all their professional activities are covered by professional indemnity insurance or equivalent arrangements.
- 3.5 Veterinary nurses must not: hold out themselves or others as having expertise they cannot substantiate; hold out others as specialists or advanced practitioners unless appropriately listed with the RCVS; or, hold out others as veterinary nurses unless appropriately registered with the RCVS.

4. Veterinary nurses and the veterinary team

- 4.1 Veterinary nurses must work together and with others in the veterinary team and business, to co-ordinate the care of animals and the delivery of services.
- 4.2 Veterinary nurses must ensure that tasks are delegated only to those who have the appropriate competence and registration.
- 4.3 Veterinary nurses must maintain minimum practice standards equivalent to the Core Standards of the RCVS Practice Standards Scheme.
- 4.4 Veterinary nurses must not impede professional colleagues seeking to comply with legislation and these standards or with the *RCVS Code of Professional Conduct for Veterinary Surgeons*.
- 4.5 Veterinary nurses must communicate effectively, including in written and spoken English, with the veterinary team and other veterinary professionals in the UK.

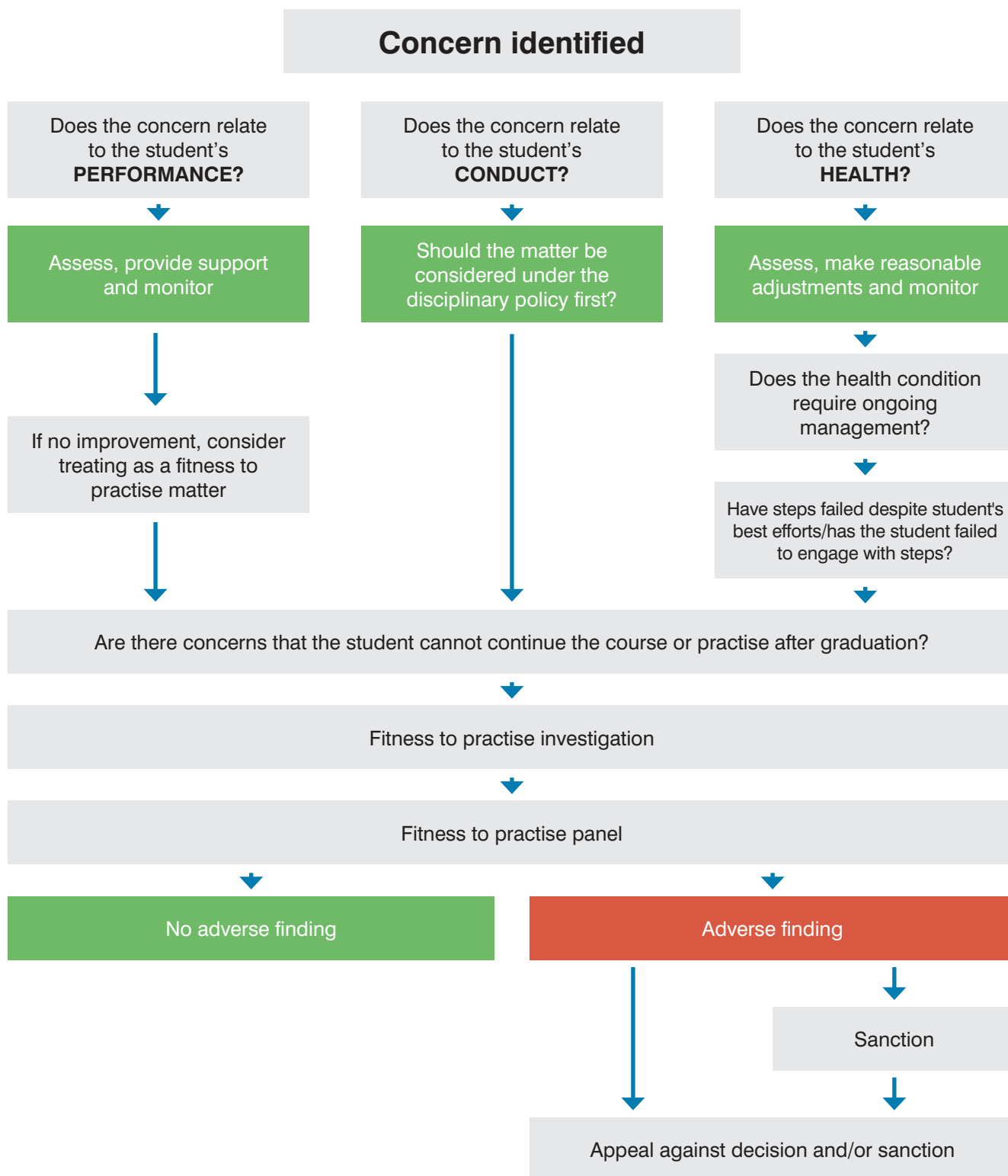
5. Veterinary nurses and the RCVS

- 5.1 Veterinary nurses other than student veterinary nurses must be entered in the Register of Veterinary Nurses.
- 5.2 Veterinary nurses must provide the RCVS with their PSP and CPD records when requested to do so.
- 5.3 Veterinary nurses and those applying to be registered as veterinary nurses must disclose to the RCVS any caution or conviction, including absolute and conditional discharges, or adverse finding which may affect registration, whether in the UK or overseas (except for spent convictions and minor offences excluded from disclosure by the RCVS).
- 5.4 Veterinary nurses and those applying to be registered as veterinary nurses must comply with reasonable requests from the RCVS as part of the regulation of the profession, and comply with any undertakings they give to the RCVS.
- 5.5 Veterinary nurses must report to the RCVS those veterinary nurses removed from the RCVS Register at the direction of the VN Disciplinary Committee who nevertheless continue to give medical treatment or carry out minor surgery unlawfully.

6. Veterinary nurses and the public

- 6.1 Veterinary nurses must seek to ensure the protection of public health and animal health and welfare, and must consider the impact of their actions on the environment.
- 6.2 Veterinary nurses must report facts and opinions honestly and with due care, taking into account the 12 Principles of Certification.
- 6.3 Veterinary nurses promoting and advertising products and services must do so in a professional manner.
- 6.4 Veterinary nurses must comply with legislation relevant to the provision of veterinary services.
- 6.5 Veterinary nurses must not engage in any activity or behaviour that would be likely to bring the profession into disrepute or undermine public confidence in the profession.

Managing different types of concern



■ Finding that may affect registration and which the student must disclose to the RCVS on registration

RCVS Professional Behaviours for Veterinary Nurses

These behaviours will be developed during the course of a student's veterinary nurse's training in accordance with the RCVS Day One Competences and Skills for Veterinary Nurses.

1. Be fully conversant with, and adhere to the *RCVS Code of Professional Conduct*

2. Understand the professional, ethical and legal responsibilities of the veterinary nurse in relation to patients, clients, society and the environment

This includes recording and reflecting on professional experience and taking measures to improve performance and competence

Practise in accordance with the RCVS Code of Professional Conduct

Professional competence

Honesty and integrity

Independence and impartiality

Client confidentiality and trust

Professional accountability

Use professional standards of practice to self-assess performance

15. Demonstrate that they recognise, and work within, personal and professional limits, and know how to seek professional advice, assistance and support when necessary

16. Demonstrate a commitment to lifelong learning and professional development, both personal and as a member of a profession actively engaged in work-based learning. This includes recording and reflecting on professional experience, both in the academic and practice setting, and taking measures to improve performance, competence and confidence.

Recognise and work within personal limits

Seek advice, assistance and support when necessary

Manage time effectively

Identify one's own professional development needs by engaging in, and on, practice and lifelong learning

Develop a professional development plan (personal, professional and organisational needs)

Contribute to creating a climate conducive to learning

Skills scale

Professional behaviours and attitudes descriptors	Practice Level 1	Practice Level 2	Practice Level 3	Practice Level 4	Level 5
RELIABLE and ADAPTABLE APPLICATION OF KNOWLEDGE and SKILLS	Struggles with confidence or competence to complete simple nursing tasks. Doesn't adapt well to changing situations.	Able to carry out simple tasks but often lacks the knowledge and confidence to complete tasks competently. Slow to adapt to changing situations.	Often completes tasks competently but lacks the confidence to do this in a consistent way without guidance. Sometimes struggles with changing situations.	Is confident and competent to complete the required nursing tasks and has the ability to apply theory to practice. Adapts well to changing situations.	Comprehensive knowledge and skills often exceeding requirements for level of study. Adapts well to changing situations and often takes the lead.

WORKS WITHIN LEGAL and ETHICAL LIMITS	Does not understand or appreciate the requirement for supervision and does not take instruction well. Unaware of own limitations in work.	Sometimes has difficulty following instructions or working under supervision. Limited knowledge of the RCVS Code of Professional Conduct.	Usually follows procedures and works as instructed. Usually adheres to the RCVS Code of Professional Conduct.	Always conforms to approved procedures. Adheres to the RCVS Code of Professional Conduct and understands their professional responsibilities.	Uses and adapts approved procedures. Fully aware of the RCVS Code of Professional Conduct and promotes understanding within the veterinary team.
DEMONSTRATES INITIATIVE and ABILITY TO SELF REFLECT	Needs constant prompting and guidance. Lacks confidence or ability to self-reflect.	Hesitant to do things on their own. Often needs encouragement to develop suitable improvement strategies.	Developing confidence to work without guidance and needs little prompting to reflect and consider required improvements.	Confident in their abilities but can recognise their own limitations and implement appropriate improvement strategies as required.	Promotes self-reflection within the veterinary team and encourages personal and professional development.
ABILITY TO ORGANISE OWN TIME and WORK	Unable to plan or organise own work and often not adhering to scheduled shifts, or does not make themselves available when needed.	Limited ability to plan or organise own work but completes tasks as requested.	Able to plan and organise own work with assistance, but is not always mindful of wider team requirements.	Able to plan and organise their own time and work. A proactive and supportive member of the team who can be relied upon.	Promotes effective time management techniques to assist the smooth running of the practice.

COMMUNICATION SKILLS	Struggles to communicate effectively, both verbally and in writing, and tends to avoid communicating with clients and colleagues.	Attempts to communicate effectively but often requires prompting to ensure the correct message is conveyed.	Demonstrates adequate and timely communication which requires little prompting.	Communicates effectively and efficiently, both verbally and in writing, and actively contributes to discussions, acting as an advocate for their patients.	Promotes alternative and diverse communication strategies within the veterinary team.
ATTITUDE to FEEDBACK and GUIDANCE	Struggles to accept and action constructive feedback in a meaningful way.	Accepts constructive feedback but is slow to show improvement.	Accepts constructive feedback and considers improvements, whilst not always addressing the matter.	Accepts and addresses constructive feedback in a meaningful way.	Always shows positive and proactive responses to guidance and feedback.
DEMONSTRATES PROFESSIONAL ACCOUNTABILITY	Appears to be unable to take ownership for actions and does not understand the need to admit to mistakes.	Struggles to take ownership for actions and requires support and guidance to understand accountability.	Shows increasing ability to take responsibility. Recognises mistakes but does not always address these appropriately.	Takes responsibility and ownership for their actions. Recognises areas for improvement and addresses this accordingly.	Readily accepts responsibility and encourages promotion of accountability within the veterinary team.
CONSIDERATION OF PROFESSIONAL DEVELOPMENT	Seems unmotivated to learn or participate in clinical discussions and does not appear to reflect on their own practice.	Asks questions when prompted, but interest is generally focused on limited areas of practice, with little awareness of reflective requirements.	Actively questions areas of practice but struggles to reflect on their own capabilities in these areas.	Shows an intelligent interest in their personal and professional development. Asks good, relevant questions, and utilises the opportunity to reflect on their own practice.	Participates in all opportunities to improve practice. Reflects on their own work, implementing suggested outcomes where appropriate.
MAINTAINS A PROFESSIONAL and CLINICAL APPEARANCE	Does not follow practice protocol with regard to appearance. Struggles with their personal hygiene or maintaining a professional image.	Occasionally untidy in appearance or professional image. Sometimes adheres to the practice protocol with regard to appearance.	Usually tidy in appearance, professional image. Mostly adheres to the practice protocol with regard to appearance.	Always adheres to practice protocols with regard to appearance and consistently maintains a professional image.	Always presents a professional appearance acting as a professional role model.

UNDERSTANDING AND AWARENESS OF OWN WELLBEING	No understanding of the impact of emotional factors on themselves and does not appear to recognise signs of mental and physical stressors.	Little understanding of the impact of emotional factors on themselves. Can recognise basic signs of mental and physical stressors, but is unsure of how to address these.	Some understanding of the impact of emotional factors on themselves. Can recognise common signs of mental and physical stressors, but requires guidance to be able to address these.	Understands how emotional factors may impact upon themselves. Can recognise signs of mental and physical stressors and be aware of how to mitigate these and where to seek further guidance.	Consideration of the impact of emotional factors on themselves and others and promotion of an inclusive environment with reference to support mechanisms for the veterinary team.
ABILITY TO WORK AS PART OF THE VETERINARY TEAM	Does not appreciate the roles and responsibilities of the veterinary team and does not understand the remit of the SVN or their own limitations.	Little appreciation of the roles and responsibilities of the veterinary team, but has some awareness of the remit of the SVN.	Some appreciation of the roles and responsibilities of the veterinary team, with a good awareness of the remit of the SVN and how they contribute to the veterinary team.	Appreciates the roles and responsibilities of the veterinary team and understands and values their contribution to it.	Promotes the roles and responsibilities of all members of the veterinary team, acting as an advocate for the veterinary nursing profession.

Notification of student change of address and/or request to transfer centre or training practice

This form should be completed and sent to the RCVS **by the centre** for each student if they have:

- Changed address (Section A only)
- Transferred to a new centre or Training Practice (all sections)
- Withdrawn from training (Sections A & B only)

Both the student and Head of Centre will need to sign and date the Declaration section.

The Centre will be notified once the transfer has been completed and if necessary, access to the Nursing Progress Log (NPL) will be restored.

Section A – Student Details


Name:		RCVS enrolment number:	
Address:			
Postcode:			
Email Address:			
Telephone Number:			

Section B – Current Centre & Training Practice

Centre name:	Bottle Green Training Ltd	Centre number:	8003
Date of leaving:			
Head of Centre signature:		Date:	
Name (please print):	Judith Parry		

Training Practice Name:		TP Number:	
Practice address:			
Postcode:			
Date of leaving:			
Signature of TP Principal:		Date:	
Name (please print):			

Section C – Receiving Centre & Training Practice

Centre name:	Bottle Green Training Ltd	Centre number:	8003
Date of joining:			
Head of Centre signature:		Date:	
Name (please print):	Judith Parry		

Training Practice Name:		TP Number:	
Practice address:			
Postcode:			
Date of joining:			
Signature of TP Principal:		Date:	
Name (please print):			

Receiving Head of Centre's Declaration

I confirm that the candidate is registered for an RCVS-accredited qualification, and will, as an integral and planned element of their programme of studies, be provided with clinical placements at training practices affiliated to this centre, or training practices otherwise approved by me as suitable environments for training and assessment.

- I recognise my obligation to ensure the candidate for whom application is being made will:
 - i. complete an accredited programme of veterinary nurse education of a minimum of 94 weeks (equivalent to 2,990 hours) and be placed or employed for a minimum of 1,800 hours in clinical veterinary practice with an appropriate caseload and facilities.
 - ii. be supported in practice and assessed to meet the RCVS Day One Competences for Veterinary Nurses and the RCVS Day One Skills for Veterinary Nurses.
 - iii. be provided with day to day supervision of his/her work as a student veterinary nurse both in relation to developing his/her competence and in accordance with the requirements of Schedule 3 of the Veterinary Surgeons Act.
 - iv. be required to undertake, and achieve, all units or modules deemed a compulsory part of the approved programme leading to qualification as a veterinary nurse.
- I confirm that the applicant's passport / national identity card or birth and official change of name documents has been checked
- I confirm that I will notify the RCVS in writing if the student withdraws or is removed from training in order that his/her enrolment as a student veterinary nurse may be terminated.

I, as Head of Centre, approve the submission of this application for transfer of centre/training practice.

Signature:		Date:	
Name (print):	Judith Parry		

Student's Declaration

I confirm that the details above are correct and that I wish to change centre/training practice. I understand that work completed to date will be reviewed by the new centre and may not be accepted by the receiving centre part way through my training. I understand that this may affect the time it takes me to complete my training and that I may be required to complete additional assessments in order to achieve my qualification and be eligible to enter the Register of Veterinary Nurses.

Signature:		Date:	
Name (print):			

RCVS Day One Competences for Veterinary Nurses

1. This document sets out the minimum essential competences that the RCVS expects all student veterinary nurses to have met when they register, to ensure that they are safe to practise on day one, in whichever area of the profession they start to work.
2. Competence is a concept that integrates knowledge, skills and attitudes, the application of which enables the professional to perform effectively, including being able to cope with contingencies, change, and the unexpected. The standard of competence expected at any given time will depend upon the individual's level of experience and responsibility in a continuous way. Competence is therefore a relative term and increasing levels of competence will be expected throughout the professional's career.
3. Defined in this way, there is an important difference between 'competence' and 'skills'. An example of a competence would be "administer nursing care correctly". This may include a number of associated skills such as assess and record temperature, pulse and respiration, assess levels of consciousness, groom and bathe patients, hand feed patients etc, which would, in the main, be assessed and recorded during the student's clinical placement as evidence of developing competence. The more generic 'competence' requires more than just acquisition of technical skills: it involves applying relevant knowledge and having the confidence and ability to transfer what has been learnt to a variety of contexts and new unpredictable situations.
4. 'Day One Competence' which incorporates the Day One Skills is the minimum standard required for registration as a veterinary nurse with the RCVS and is the starting point for a variety of roles in the veterinary profession. After registration, ongoing professional development will be needed in whichever field the newly registered veterinary nurse decides to enter, and some roles may require further training and qualifications (eg. Specialist theatre nursing, education).
5. A newly registered veterinary nurse who has achieved day one competence should be capable and confident enough to practise veterinary nursing at a primary care level on their own (including simple calculations), under direction from a veterinary surgeon, while knowing when it is appropriate to refer

the care to more experienced colleagues. Newly registered veterinary nurses are likely to need more time to perform some functions. Support and direction from more senior colleagues should be available.

6. Achievement of day one competence is necessary but not sufficient for a student veterinary nurse to qualify for registration to practise in the UK. In addition to day one competence, all student veterinary nurses must, at all times, demonstrate competence in reading and writing the English language in order to be able to cope with the variety of situations they will encounter in veterinary practice,
7. The newly registered veterinary nurse must be fully conversant with and abide by the [RCVS Code of Professional Conduct](#) and its associated guidance, covering:
 - professional competence
 - honesty and integrity
 - independence and impartiality
 - client confidentiality and trust
 - professional accountability.

These principles, and compliance with the professional responsibilities set out in the Code, must underpin all their work as veterinary nurses. The latest version of the *Code* and supporting guidance can be found on the RCVS website www.rcvs.org.uk/advice-and-guidance/.

8. The day one competences below are set out under the broad headings of:
 - General professional skills and attributes expected of newly registered veterinary nurses
 - Practical and clinical competences expected of newly registered veterinary nurses
9. There are many ways in which these competences can be learnt and assessed, but the RCVS leaves the decisions on the details to universities and awarding organisations, subject to quality monitoring and periodic accreditation visits. Universities and awarding organisations are responsible for developing the Licence to Practise qualification for their students, encompassing a variety of assessment methods (which must include formal reading and writing assessment based on veterinary terminology) and ensuring that they have met the Day One Competences by the time they apply to register. They are greatly assisted in this by the RCVS Day One Skills List, which provides the essential practical skills that must be assessed throughout the course of their training.

10. Day one competence may be gained in relation to the care of either horses (or other equidae) or small animals, which should include dogs, cats and exotic species or all or a combination of the three.

RCVS Day One Competences for Veterinary Nurses

General professional skills and attributes expected of newly registered veterinary nurses	
Competence	Guidance
1	<p>Be fully conversant with, and adhere to the RCVS Code of Professional Conduct</p> <p><i>The RCVS Code of Professional Conduct is available on the RCVS website.</i></p>
2	<p>Understand the professional, ethical and legal responsibilities of the veterinary nurse in relation to patients, clients, the veterinary team, society, and the environment.</p> <p><i>To abide by the principles in the Code of Professional Conduct, newly registered veterinary nurses need to be able to make professional judgements based on sound principles. They must be able to think through the dilemmas they face when presented with conflicting priorities and be prepared to justify the decisions they make.</i></p> <p><i>Newly registered veterinary nurses must take account of the possible impact of their actions beyond the immediate workplace, for example, on public health, the environment and society more generally.</i></p> <p><i>Identify ethical issues and participate in the ethical decision-making process, applying frameworks and identifying ways of refining the impact of such decisions.</i></p>

		<i>Reflect upon the decision-making process and help colleagues and clients who wish to raise concerns about ethical issues.</i>
3	Demonstrate knowledge of the organisation and legislation related to a veterinary business.	<p><i>This includes:</i></p> <ul style="list-style-type: none"> • <i>knowing one's own and the employer's responsibilities in relation to employment, financial and health and safety legislation, safeguarding, the position relating to non-veterinary staff, professional and public liability</i> • <i>ability to work with various information systems in order to effectively communicate, share, collect, manipulate, and analyse information</i> • <i>understand the importance of complying with professional standards, protocols, and policies of the business</i> • <i>knowledge of legislation affecting veterinary businesses.</i>
4	Promote, monitor and maintain health and safety in the veterinary setting; demonstrate knowledge of systems of quality assurance; apply principles of risk management to their practice.	<i>This includes knowledge and explanation of the procedure for reporting adverse incidents and the procedures for avoiding them. It also includes following safe practices relating to the dangers in the workplace. Newly registered veterinary nurses are expected to have a knowledge and understanding of Quality Improvement and clinical auditing procedures and be able to suggest improvements to their practice.</i>
5	Communicate effectively with clients, the public, professional colleagues, and responsible authorities, using language appropriate to the audience concerned.	<i>Effective communication, including both verbal and non-verbal communication, includes active listening and responding appropriately, and utilising the appropriate tone. depending on the context.</i>
6	Ensure informed consent is obtained.	<i>Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable treatment options (including euthanasia), with associated fee estimates, and had the significance and main risks explained to them.</i>

Competence		Guidance
7	Prepare accurate clinical and client records, and laboratory reports, when necessary, in a format satisfactory to colleagues and understandable by the public.	<i>Patient records should be clear enough to be used by others for reference and (if written by hand) legible, avoiding idiosyncratic abbreviations, language, or jargon, so the case can be taken over by another professional for ongoing care if necessary.</i>
8	Work effectively as a member of a multi-disciplinary team in the delivery of services.	<i>The newly registered veterinary nurse should be familiar with and respect the roles and responsibilities of others in the team and be prepared to provide effective leadership when appropriate.</i>
9	Understand the requirements of Schedule 3 of the Veterinary Surgeons Act 1966 with respect to delegation	<i>The newly registered nurse should have a full understanding of the key considerations when accepting delegated activities from veterinary surgeons or veterinary nurses.</i>
10	Understand the economic and social context in which the veterinary nurse operates.	<i>Newly registered veterinary nurses need to appreciate the varying economic status and socio-cultural background of clients.</i>
11	Understand and demonstrate the ability to reflect on the emotional landscape of the veterinary nursing profession.	<i>Newly registered veterinary nurses should be able to demonstrate an awareness of the psychological context of their work. They should have an understanding of how emotional factors may impact on, and present in, themselves, their colleagues and clients. They should know how to recognise the signs of stress and how, and where, to seek support to mitigate psychological stress on themselves and others.</i>

12	Be able to review and evaluate literature, current evidence-based research, and presentations critically.	<i>Newly registered veterinary nurses must be able to appreciate the difference in value to be attached to different sorts of literature and evidence, for example, recognising commercial and other forms of bias, and ensuring that the literature that informs their decision making is current and reliable.</i>
13	Understand and apply principles of clinical governance, and practise evidence-based veterinary nursing.	<p><i>More guidance on clinical governance is included in the supporting guidance to the Code of Professional Conduct.</i></p> <p><i>It includes critically analysing the current evidence for procedures used, reflecting on performance and critical events, and learning from the outcome to make changes to one's practice. Veterinary nurses are encouraged, and should be empowered, to publish research findings.</i></p>

Competence		Guidance
14	Have developed the clinical judgement to cope with incomplete information, develop contingencies and adapt to change.	<i>Newly registered veterinary nurses must be able to manage patient care and identify and develop a dynamic clinical plan, where there is incomplete or unclear data. They need to be able to consult with the veterinary surgeons and veterinary professionals, be adaptable and dynamic, and adapt their care to fit changing circumstances. Newly registered veterinary nurses should use knowledge and understanding and reflect on evidence-based nursing and adapt to the unexpected and identify appropriate options for further care should a patient require it.</i>
15	Demonstrate that they recognise, and work within, personal and professional limits, and know how to seek professional advice, assistance, and support when necessary.	<i>Newly registered veterinary nurses must at all stages in their careers be competent in their performance or be under the close supervision of those more competent until such time as they can act alone under the direction of a veterinary surgeon.</i>
16	Demonstrate a commitment to lifelong learning and professional development, both personal and as a member of a profession actively engaged in work-based learning. This includes recording and reflecting on professional experience, both in the academic and practice setting, and taking measures to improve performance, competence and confidence.	<i>It is a requirement of the RCVS Code of Professional Conduct that registered veterinary nurses must maintain and develop their knowledge and skills relevant to their professional practice, competence and confidence. This includes being able to reflect, learn, and share information gained with others.</i>

Practical and clinical competences expected of newly registered veterinary nurses		
17	Handle and restrain patients safely, effectively, and humanely, and instruct others in helping the veterinary team perform these techniques, with due consideration of patient needs and behaviours.	<p><i>Safety applies not only to the patient and handler, but also to others nearby. The newly registered veterinary nurse should be able to make a rapid risk assessment of all procedures as duties are performed, as dangers may appear in situations that initially appear to be safe. They should be prepared to take a range of measures including adaptation, appropriate personal and patient protective equipment, seeking assistance or retreating from the task until safety measures can be put in place.</i></p> <p><i>The newly registered veterinary nurse should be able to handle and restrain a wide range of species, according to practice case load (for small animal - ideally, including exotics and wildlife).</i></p>
18	Deliver holistic nursing care in accordance with best practice and due regard to animal welfare	<p><i>Complete nursing care is not always required or appropriate in practice. Whilst the newly registered veterinary nurse should be able to complete all care they should know when it is appropriate to adapt their care to the circumstances.</i></p> <p><i>Administer nursing care in accordance with the RCVS Day One Skills for Veterinary Nurses</i></p> <p><i>The newly registered veterinary nurse should have the knowledge and understanding of developing a care plan and care bundles for a diverse range of patients according to the practice case load (small animal – ideally, including exotics and wildlife.)</i></p>

Competence		Guidance
19	Plan and administer appropriate care in the interests of patient welfare and with regard to the resources available.	<i>This includes being able to tailor patient specific care when there may be financial or other constraints whilst prioritising the welfare of the patient(s) and in consultation with the veterinary team.</i>
20	Administer emergency first aid and assist with the provision of emergency treatment to patients	<i>The newly registered veterinary nurse must be able to perform initial first aid and know when and how to call for assistance from others or where there are potential risks to health and safety. This involves being able to make a rapid risk assessment of the situation and taking appropriate action to protect the health and safety of themselves and those around them in accordance with practice policy.</i>
21	Collect, preserve, and prepare samples for safe transportation, prepare appropriate diagnostic tests, understand the limitations of the test results and identify the significance of spurious results	<i>Newly registered veterinary nurses are expected to have a working knowledge of relevant tests for the condition under investigation. They should seek assistance, where required, to interpret results prior to reporting to the veterinary surgeon.</i>
22	Communicate clearly and concisely and collaborate with referral and diagnostic services, ensuring they receive an appropriate history from the veterinary team.	<i>Newly registered veterinary nurses must ensure this is conducted in accordance with relevant data protection legislation.</i>

Competence		Guidance
23	Understand how to prepare and conduct diagnostic and other imaging techniques carrying out the procedure in accordance with health and safety and current regulations.	<i>This competence includes how to take images of diagnostic quality, as well as setting up the equipment safely (eg ionising radiation regulations) in accordance with best practice ('ALARA' principle – as low as reasonably achievable). 'Different modalities should include, for example, radiography, ultrasound and endoscopes, but a newly registered veterinary nurse would not be expected to perform an MRI or CT scan.</i>
24	Recognise signs of possible notifiable, reportable, and zoonotic diseases and understand the appropriate action to be taken, including observing the appropriate health and safety recommendations.	<i>This involves identifying the clinical signs, clinical course, transmission potential (including vectors) of pathogens associated with common zoonotic and food-borne diseases and transboundary animal diseases.</i>
25	Access the appropriate and reliable sources of data on licensed medicines.	<i>This competence includes the appropriate use of relevant and reliable Compendiums and the VMD website.</i>
26	Dispense medicines correctly and responsibly in accordance with veterinary surgeon direction, legislation, and current guidance.	<p><i>Newly registered veterinary nurses must be aware of health and safety issues so that they are able to inform clients appropriately.</i></p> <p><i>When using or dispensing antimicrobial agents, veterinary nurses must be aware of the risk of antimicrobial resistance.</i></p> <p><i>The newly registered veterinary nurse must have some knowledge and understanding of the prescribing cascade.</i></p>

27	Be aware of possible side effects and adverse reactions to medications and alert the veterinary surgeon.	<i>The newly registered veterinary nurse should be aware of the Veterinary Medicines Directorate procedures for reporting.</i>
28	Be aware of common poisons and toxic substances	<i>The newly registered veterinary nurse should be aware of how to access the Veterinary Poisons Information Service and understand nursing care and management interventions.</i>

Competence		Guidance
29	Identify risk and apply principles of biosecurity correctly, including sterilisation and disinfection of equipment and clothing.	<i>This applies to all areas of veterinary practice. All veterinary nurses must maintain high standards of biosecurity at all times in order to minimise the risk of contamination, cross-infection and accumulation of pathogens in the veterinary premises and in the wider environment.</i>
30	Understand how to prepare the environment, equipment, and patient for surgery.	<i>The newly registered veterinary nurse must appreciate the requirement for asepsis during procedures.</i>
31	Understand how to appropriately assist the veterinary surgeon as a scrubbed nurse to perform surgical procedures on patients.	<i>This includes providing assistance whilst in theatre and when scrubbed up and also the handling of equipment and materials in a sterile manner during surgical procedures.</i>
32	Understand how to assist the veterinary surgeon by preparing patients, equipment, and materials for anaesthetic procedures.	<i>No guidance.</i>
33	Understand how to assist in administering and maintaining anaesthetics to patients.	<i>This includes the maintaining and monitoring of anaesthesia under supervision during veterinary procedures.</i>
34	Identify, assess, and evaluate pain and alert the veterinary surgeon accordingly.	<i>The newly registered veterinary nurse should be able to score and evaluate pain, using a validated or evidence-based protocol, in a manner relevant to the species.</i>

35	Be cognisant of behavioural changes of patients.	<i>The newly registered veterinary nurse should be able to recognise changes to patient behaviour and have an appreciation of contributory factors.</i>
36	Understand the appropriate need for euthanasia; sensitively support the owner and others with due regard for health and safety of those present; sympathetically advise on the disposal of the patient.	<i>No guidance.</i>
37	Advise clients on programmes of health and welfare, to include preventative medicine, appropriate to species and life stage and in accordance with legal requirements.	<i>Newly registered veterinary nurses will need to be able to assess clinical records and perform clinical examinations in order to provide appropriate advice.</i>

RCVS Day One Skills for Veterinary Nursing (Equine)

In order to determine the most appropriate way in which the student can work towards the skill, where deemed applicable, the following teaching or assessment methods should be utilised:

- A set task is an opportunity for students to demonstrate clinical skills in areas that do not require a patient, for example, preparing necessary equipment and materials for administration of intravenous fluids or applying bandages. Objective structured clinical examination (OSCE) stations are set tasks and can be utilised in the teaching and assessment of students.
- Role playing can provide powerful and significant learning opportunities in training. When implemented properly it allows for the opportunity to practise in a safe environment where mistakes have no real consequences as would be the case in “on the job” practice, for example communication with clients. Role plays can demonstrate how well students apply theory to practice.
- Mannequins can provide realistic clinical experiences for students and should be as realistic as possible to mimic real life.
- Simulation is an event or situation that is made to resemble clinical practice as closely as possible. It has a detailed scenario, patient and/or client information and requires careful planning. General points to consider include:
 - Is the situation as realistic as possible?
 - Does the chosen method reflect requirements of nursing practice?
 - Is student performance sufficient to make a decision that they would be competent with the skill in a real situation?
 - Have you recorded a clear rationale?

Day One Skill		Guidance
Section One		
1.1	Comply with Health and Safety requirements and local risk factors	Comply with legislative requirements.
1.2	Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials	
1.3	Take appropriate action and report injury involving self or others	Complete the accident book/record in accordance with practice protocol.
1.4	Critically evaluate a risk assessment for one area of the practice and suggest appropriate action where necessary.	
Section Two		
2.1	Communicate effectively using a variety of different methods Refer to and consider supporting guidance: 5 communication between professional colleagues	Communicate with clients, work colleagues, other veterinary professionals, and the public, considering diverse needs and requirements. Communication models should be considered.
2.2	Create accurate and legible written communications/documentation according to practice policy	Records to include: patient records and reports, laboratory reports, admission and consent forms, client home care plans and instructions.
2.3	Access and store client and practice records according to practice policy and data protection laws	

	Refer to and consider supporting guidance: 14 client confidentiality	
2.4	Admit patients Refer to and consider supporting guidance: 1 referrals and second opinions 9 practice information, fees and insurance 11 communication and consent	Obtain written and verbal informed consent; Respond appropriately to economic status of clients to include insurance; Develop care plans as appropriate.
2.5	Conduct effective nursing consultations or assessments. Refer to and consider supporting guidance: 18 delegation to veterinary nurses	History taking and appropriate examination; Identifying patients for referral to a veterinary surgeon or veterinary nurse; Application of treatments; Programmes of preventative medicine. This may be achieved through nursing assessments. Advise on transportation.
2.6	Provide discharge information and guidance to clients	Discuss home care plans with clients, to include advising clients on safe and correct routes of administration and potential side effects; Demonstrate to clients safe techniques for administering medication; Advise clients on the storage and disposal of medication; Wound care advice; Bandage advice; advise clients on out of hours services.
2.7	Complete appropriate documentation for referral and diagnostic services Refer to and consider supporting guidance: 13 clinical and client records	To include laboratory samples and clinical histories

2.8	Review and discuss evidence-based nursing	Identify an area of practice for discussion with members of the veterinary team; Appraise literature; consider cases in accordance with reviewed literature; Discuss and disseminate findings with practice team.
2.9	Identify and collaborate on quality improvement within the practice setting Review and consider supporting guidance: 5 communication between professional colleagues 17 veterinary teams and leaders	Review definition of quality improvement and guidance provided by RCVS Knowledge , discuss unexpected medical or surgical complications with the veterinary team, examples of which may include serious complaint, accident or anaesthetic death; Consider circumstances; Ensure effective protocols are in place; Discuss proposed improvements with the veterinary team.
2.10	Demonstrate compliance with practice protocols in regard to health and wellbeing of personnel. Refer to and consider supporting guidance: 15 Health Protocol	Discussion of health and wellbeing concerns which may be experienced by any member of the veterinary team, and the protocols in place to prevent and mitigate them. These should include reference to mental and emotional health concerns, as well as those relating to physical safety and health.
2.11	Communicate effectively expressing appropriate empathy and sympathy Refer to and consider supporting guidance: 8 Euthanasia of animals	Prepare the owner for loss; Support the owner through the euthanasia process; Provide follow-up support for a bereaved owner; Maintain and adapt professional approach to the circumstances.
Section Three		
3.1	Evaluate behavioural and environmental factors when approaching and handling animals	Recognition of and minimising fear and distress, utilising approaches which reduce stress. Handling techniques with reference to welfare, for example positive reinforcement.

3.2	Select and use appropriate personal and patient protective equipment	
3.3	Demonstrate techniques for approaching and handling patients.	With due regard to patient needs and behaviours.
3.4	Lead and move animals using the most appropriate equipment for the species using approved manual handling and lifting procedures	May include the use of hoists and slings.
3.5	Use appropriate restraint methods suitable for the patient and situation with due consideration for animal welfare	Maintain patient's emotional homeostasis and wellbeing; Recognise signs of distress and act accordingly to minimise this; Restrain for clinical examination, sample collection, administration of medicines.
Section Four		
4.1	Interpret and use individualised care plans to deliver the nursing process for a range of disorders and diseases	Interpret nursing care plans and carry out appropriate nursing interventions. Consider cross-referencing to Section 2
4.2	Critically evaluate a care bundle	This may be evidenced through research and a clinical discussion.
4.3	Carry out a nursing assessment ascertaining information about the patient's normal routine	Food and fluid intake; Urination and defecation; Behaviour (response to pain), Mobility and exercise; Sleep and rest; Stabling, turnout and companion requirements; Rugging.

		Consider cross-referencing to Section 2
4.4	Perform a clinical examination and record findings	To include temperature, pulse, respiration, weight and capillary refill times/mucous membranes, gut sounds and digital pulses.
4.5	Provide husbandry to patients, considering accommodation, nutrition, and excretions	Consider age, species, condition, demeanour and enrichment. Calculate food requirements based on disease and life stage/lifestyle, manage assisted feeding to include hand feeding, oral hydration and managing and maintaining stomach tubes.
4.6	Maintain patients' hygiene according to their needs	To include eyes, nostrils, hoof-picking and general grooming. Consider cross-referencing to Section 2
4.7	Assess, monitor, manage and report the status of wounds to the appropriate member of the veterinary team.	
4.8	Apply dressings appropriate to type of wound	Consider evidence-based techniques and materials.
4.9	Apply bandages appropriate to condition	
4.10	Administer medicines prescribed by the veterinary surgeon in accordance with instructions from the manufacturer	To include oral, topical, subcutaneous, intramuscular, and intravenous.
4.11	Monitor for side effects and adverse medication reactions and alert veterinary surgeon	

4.12	Provide fluid therapy to in-patients	Select appropriate fluids according to veterinary surgeon instructions; Select and prepare administration equipment; Place intravenous catheters into appropriate veins; Intravenous catheter management; Calculate amount and rate of fluid to administer; Observe and monitor patients receiving fluid therapy, reporting any concerns to an appropriate member of the veterinary team.
4.13	Identify, assess, and evaluate pain and alert the veterinary surgeon	Score and evaluate pain using a validated system; intensity of pain and associated anxiety and behaviour.
4.14	Perform basic physical therapy techniques to aid mobilisation	To include passive movement and active exercise.
4.15	Administer first aid for a range of situations within the limits of the law and the expertise of the student	First aid is defined as care that can be carried out by a lay person.
4.16	Assist with a range of emergency care techniques within the limits of the student's expertise.	Emergency care is defined as care delegated by the veterinary surgeon in an emergency scenario.
Section Five		
5.1	Discuss with the veterinary surgeon and prepare for an appropriate sampling strategy	Strategy to include: personal protective equipment (PPE), clipping and preparing sample site, preparation of patient and equipment; calibration of equipment. Strategies prepared for: blood, urine, faeces, skin/hair and tissue biopsies; peritoneal tap, synovial fluid sample.
5.2	Safely and effectively take appropriate samples	Samples to include blood, urine, faeces, skin, hair pluck, bacterial swabs. Assist with the collection of peritoneal fluid; synovial fluid sample.

5.3	Carry out haematological analysis	To include biochemistry, haematology, packed cell volume, total solids (protein) and smear.
5.4	Carry out urinalysis	To include urine reagent strips, specific gravity, sediment analysis.
5.5	Carry out faecal analysis	May include: gross visual analysis; microscopic analysis; quantitative examination.
5.6	Carry out skin and hair analysis	May include: hair pluck, tape strips and coat brushings.
5.7	Use a microscope to examine laboratory samples	To include: low magnification, high magnification and oil immersion. Record Vernier Scale readings.
5.8	Prepare samples for external analysis	To include: accurate completion of documentation, correct packaging and labelling, correct preservation and storage in line with current legislation.
5.9	Record laboratory test results and communicate accurately to the appropriate member of the veterinary team.	
Section Six		
6.1	Prepare and use radiography equipment to produce a diagnostic image.	

6.2	Use appropriate personal protective equipment (PPE) and radiation monitoring equipment in accordance with practice local rules	
6.3	Position a patient to obtain a diagnostic image of the area of interest	A variety of positions would be expected. Positioning of equipment must also be referenced.
6.4	Produce images according to practice procedure	
6.5	Record exposures and results of images according to practice procedure	Appraise the quality of the image.
6.6	Prepare and support animals during endoscopy investigation	To include setting up equipment and assisting with passing an endoscope.
6.7	Prepare and support animals during ultrasound investigation	To include setting up equipment.
Section Seven		
7.1	Ensure safe handling and management of pharmaceuticals in accordance with legislation and manufacturer guidelines.	Store, handle and dispose of medicines in line with legislative guidelines and specific requirements found in the Summary of Product Characteristics (SPC) and with reference to their drug category. To include: Controlled drugs and hormone based medicines which require special handling and disposal.
7.2	Interpret prescriptions and prepare medicines for dispensing	Calculate drug dosages and confirm with an appropriately qualified member of the veterinary team; Package and label in accordance with legal requirements

7.3	Maintain appropriate records	To include medicines records and Controlled Drugs (CDs), Withdrawal periods and hospital charts
Section Eight		
8.1	Recognise clinical signs of common zoonotic diseases and undertake strategies to prevent spread and infection	
8.2	Formulate and implement an appropriate infection control strategy according to practice protocol	Constitute appropriate cleaning and disinfectant solutions; Prepare, clean and maintain patient accommodation that maximises the welfare of hospitalised patients to include isolation accommodation; Prepare, clean and maintain examination rooms, preparation area and operating theatre to include periodic deep clean and after infected cases.
8.3	Dispose of hazardous and non-hazardous waste safely and correctly according to current legislation	To include recycling and correct disposal of medications.
8.4	Ensure appropriate hygiene skills are followed before and after handling animals and equipment	Comply with the World Health Organisation hand washing method; Use and dispose of PPE.
8.5	Carry out effective barrier nursing	Taking into account accommodation, PPE, equipment and patient condition, to include reverse barrier nursing.
9.1	Maintain common surgical instruments	Identify, check, and clean common surgical instruments; Identify and report damage to equipment and instruments.

9.2	Prepare, package, and monitor the sterilisation of instruments and materials	
9.3	Prepare the theatre for use based on patient, equipment, and procedure	
9.4	Position patients appropriately in accordance with the planned procedure considering patient condition	Correct and safe use of the hoist. Consideration of lateral and dorsal recumbency and standing surgeries.
9.5	Prepare the surgical site appropriately for the procedure in accordance with practice protocol	Consider cross reference to Section 2
9.6	Assist as circulating nurse	Open and pass sterile materials direct to scrubbed personnel; Prepare ancillary and powered equipment, complete surgical safety checklists.
9.7	Prepare hands and arms using appropriate method	Consider cross referencing to Section 2 To include pre-surgical scrub prior to donning gown and gloves.
9.8	Prepare for surgical assistance wearing appropriate attire in accordance with practice protocol.	Don gown and gloves (closed gloving method) in an aseptic manner to assist with surgery.
9.9	Put on surgical gloves (open gloving method) in an aseptic manner to assist with sterile procedures	Maintain sterility of self and others during procedures
9.10	Assist with draping patients maintaining sterility in accordance with practice protocol.	

9.11	Monitor and record materials during surgery	
9.12	Handle and pass instruments and equipment aseptically during surgery	
Section Ten		
10.1	Assess the patient and identify the patient's anaesthetic risks	To include ASA guidelines, behaviour and temperament; clinical assessment, and discussion with an appropriate member of the veterinary team.
10.2	Prepare equipment for anaesthesia	Prepare the knockdown box. Check and prepare the anaesthetic machine in accordance with practice protocol; Select, check, and prepare breathing system/circuit and pollution control system in accordance with practice protocol; Select and prepare monitoring equipment according to the patient's condition; Prepare materials and equipment required for induction of anaesthesia to include pharmaceutical agents (according to veterinary surgeon direction) and appropriate airway management device.
10.3	Prepare patients for anaesthesia in accordance with practice protocol.	Starvation (if appropriate); determine patient weight; pre-operative clipping of the surgical site (if safe to do so); grooming, tail bandages, foot preparation including shoe removal; intravenous catheter placement and mouth washing, administer pre-medicants.
10.4	Assist with induction of anaesthesia	Assist with physical stabilisation of the patient until recumbency and unconsciousness has been attained.

10.5	Maintain and monitor the patient during the anaesthetic process under continuous and direct supervision Refer to and consider supporting guidance: 18 delegation to veterinary nurses	Measure temperature, heart rate, peripheral pulse, respiratory rate; Monitor equipment (systems/circuits and tube, gases and volatile agents, patient monitors); Interpret and report observations to the directing veterinary surgeon (Inconsistencies, patient monitors); complete anaesthetic monitoring records. Calculate and administer inhalation anaesthesia under veterinary direction (Change the depth or level of inhalation anaesthesia under veterinary direction) disconnecting patient from anaesthetic equipment and materials.
10.6	Assist with recovery from anaesthesia under continuous and direct supervision	Assist with: positioning patients for recovery; Administration of 100% oxygen in the recovery room, if appropriate; removing airway management device at appropriate stage of recovery; Assisted recovery if appropriate; assessing if the patient is ready to leave the recovery box and return to the stable. Maintain accurate recovery records; Communicate post-operative and/or anaesthetic recovery progress to the veterinary Surgeon and other appropriate members of the veterinary team.

RCVS Day One Skills for Veterinary Nursing (Small Animal)

In order to determine the most appropriate way in which the student can work towards the skill, where deemed applicable, the following teaching or assessment methods should be utilised:

- A set task is an opportunity for students to demonstrate clinical skills in areas that do not require a patient, for example, preparing necessary equipment and materials for administration of intravenous fluids or applying bandages. Objective structured clinical examination (OSCE) stations are set tasks and can be utilised in the teaching and assessment of students.
- Role playing can provide powerful and significant learning opportunities in training. When implemented properly it allows for the opportunity to practise in a safe environment where mistakes have no real consequences as would be the case in “on the job” practice, for example communication with clients. Role plays can demonstrate how well students apply theory to practice.
- Mannequins can provide realistic clinical experiences for students and should be as realistic as possible to mimic real life.
- Simulation is an event or situation that is made to resemble clinical practice as closely as possible. It has a detailed scenario, patient and/or client information and requires careful planning. General points to consider include:
 - Is the situation as realistic as possible?
 - Does the chosen method reflect requirements of nursing practice?
 - Is student performance sufficient to make a decision that they would be competent with the skill in a real situation?
 - Have you recorded a clear rationale?

Day One Skill		Guidance
Section One		
1.1	Comply with Health and Safety requirements and local risk factors	Comply with legislative requirements.
1.2	Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials	
1.3	Take appropriate action and report injury involving self or others	Complete the accident book/record in accordance with practice protocol.
1.4	Critically evaluate a risk assessment for one area of the practice and suggest appropriate action where necessary	
Section Two		
2.1	Communicate effectively using a variety of different methods Refer to and consider supporting guidance: 5 communication between professional colleagues	Communicate with clients, work colleagues, other veterinary professionals, and the public, considering diverse needs and requirements. Communication models should be considered.
2.2	Create accurate and legible written communications/documentation according to practice policy	Records to include: patient records and reports, laboratory reports, admission and consent forms, client home care plans and instructions.

2.3	<p>Access and store client and practice records according to practice policy and data protection laws</p> <p>Refer to and consider supporting guidance: 14 client confidentiality</p>	
2.4	<p>Admit patients</p> <p>Refer to and consider supporting guidance: 1 referrals and second opinions 9 practice information, fees and insurance 11 communication and consent</p>	<p>Obtain written and verbal informed consent; respond appropriately to economic status of clients to include insurance and referrals; develop care plans as appropriate.</p>
2.5	<p>Conduct effective nursing consultations</p> <p>Refer to and consider supporting guidance: 18 delegation to veterinary nurses</p>	<p>History taking and appropriate examination; Identifying patients for referral to a veterinary surgeon or veterinary nurse; Application of treatments; programmes of preventative medicine.</p>
2.6	<p>Implant a microchip</p>	<p>This may be completed as part of a nursing consultation.</p>
2.7	<p>Provide discharge information and guidance to clients</p>	<p>Discuss home care plans with clients, to include advising clients on safe and correct routes of administration and potential side effects; Demonstrate to clients safe techniques for administering medication; Advise clients on the storage and disposal of medication; Wound care advice; Bandage advice; Advise clients on out of hours services.</p>
2.8	<p>Complete appropriate documentation for referral and diagnostic services</p> <p>Refer to and consider supporting guidance: 13 clinical and client records</p>	<p>To include laboratory samples, clinical histories and hereditary tests for example elbow and hip scoring, genetic testing, and blood tests.</p>

2.9	Review and discuss evidence-based nursing	Identify an area of practice for discussion with members of the veterinary team; Appraise literature; consider cases in accordance with reviewed literature; Discuss and disseminate findings with practice team.
2.10	Identify and collaborate on quality improvement within the practice setting Review and consider supporting guidance: 5 communication between professional colleagues 17 veterinary teams and leaders	Review definition of quality improvement and guidance provided by RCVS Knowledge , discuss unexpected medical or surgical complications with the veterinary team, examples of which may include serious complaint, accident or anaesthetic death; Consider circumstances; Ensure effective protocols are in place; Discuss proposed improvements with the veterinary team.
2.11	Demonstrate compliance with practice protocols in regard to health and wellbeing of personnel. Refer to and consider supporting guidance: 15 Health Protocol	Discussion of health and wellbeing concerns which may be experienced by any member of the veterinary team, and the protocols in place to prevent and mitigate them. These should include reference to mental and emotional health concerns, as well as those relating to physical safety and health.
2.12	Communicate effectively expressing appropriate empathy and sympathy Refer to and consider supporting guidance: 8 Euthanasia of animals	Prepare the owner for loss; Support the owner through the euthanasia process; Provide follow-up support for a bereaved owner; Maintain and adapt professional approach to the circumstances.
Section Three		
3.1	Evaluate behavioural and environmental factors when approaching and handling animals	Recognition of and minimising fear and distress, utilising approaches which reduce stress.

3.2	Select and use appropriate personal and patient protective equipment	
3.3	Demonstrate techniques for approaching and handling patients	With due regard to patient needs and behaviours.
3.4	Lead and move animals using the most appropriate equipment for the species and approved manual handling and lifting procedures	
3.5	Use appropriate restraint methods suitable for the patient and situation with due consideration for animal welfare	Maintain patient's emotional homeostasis and wellbeing; Recognise signs of distress and act accordingly to minimise this; Restrain for clinical examination, sample collection, administration of medicines and restrain patient for the introduction of an appropriate airway management device.
Section Four		
4.1	Interpret and use individualised care plans to deliver the nursing process for a range of disorders and diseases	Interpret nursing care plans and carry out appropriate nursing interventions. consider cross-referencing to Section 2
4.2	Critically evaluate a care bundle	This may be evidenced through research and a clinical discussion.
4.3	Carry out a nursing assessment ascertaining information about the patient's normal routine	Food and fluid intake; Urination and defecation; Behaviour (response to pain, strangers, commands etc); Mobility; Sleep and rest. consider cross-referencing to Section 2.

4.4	Perform a clinical examination and record findings	To include temperature, pulse, respiration, weight, body condition score and capillary refill times/mucous membranes, non-invasive blood pressure.
4.5	Provide husbandry to patients, considering accommodation, nutrition, and excretions	Consider age, species, condition, demeanour and enrichment. Calculate food requirements based on disease and life stage/lifestyle, manage assisted feeding to include hand feeding, oral hydration and managing and maintaining feeding tubes.
4.6	Maintain patients' hygiene according to their needs	Consider cross-referencing to Section 2
4.7	Assess, monitor, manage and report the status of wounds to the appropriate member of the veterinary team.	
4.8	Apply dressings appropriate to type of wound	Consider evidence-based techniques and materials
4.9	Apply bandages appropriate to species and condition	
4.10	Administer medicines prescribed by the veterinary surgeon in accordance with instructions from the manufacturer	To include oral, topical, subcutaneous, intramuscular, and intravenous.
4.11	Monitor for side effects and adverse medication reactions and alert veterinary surgeon	
4.12	Provide fluid therapy to in-patients	Select appropriate fluids according to veterinary surgeon instructions; Select and prepare administration equipment; Place intravenous catheters into appropriate veins; Intravenous catheter management; Calculate amount

		and rate of fluid to administer; Observe and monitor patients receiving fluid therapy, reporting any concerns to an appropriate member of the veterinary team.
4.13	Identify, assess, and evaluate pain and alert the veterinary surgeon	Score and evaluate pain using a validated system; intensity of pain and associated anxiety and behaviour.
4.14	Perform basic physical therapy techniques to aid mobilisation	To include passive movement and active exercise.
4.15	Administer first aid for a range of situations within the limits of the law and the expertise of the student	First aid is defined as care that can be carried out by a lay person.
4.16	Assist with a range of emergency care techniques within the limits of the student's expertise	Emergency care is defined as care delegated by the veterinary surgeon in an emergency scenario.
Section Five		
5.1	Discuss with the veterinary surgeon and prepare for an appropriate sampling strategy	Strategy to include: personal protective equipment (PPE), clipping and preparing sample site, preparation of patient and equipment; calibration of equipment. Strategies prepared for: blood, urine, faeces, skin/hair and tissue biopsies.
5.2	Safely and effectively take appropriate samples	Samples to include blood, urine, faeces, skin, hair pluck, bacterial swabs.
5.3	Carry out haematological analysis	To include biochemistry, haematology, packed cell volume, total solids (protein) and smear.

5.4	Carry out urinalysis	To include urine reagent strips, specific gravity, sediment analysis.
5.5	Carry out faecal analysis	May include; gross visual analysis; microscopic analysis; quantitative examination; commercial test kits.
5.6	Carry out skin and hair analysis	May include: hair pluck, skin scrapes, tape strips and coat brushings.
5.7	Use a microscope to examine laboratory samples	To include: low magnification, high magnification and oil immersion. Record Vernier Scale readings.
5.8	Prepare samples for external analysis	To include: accurate completion of documentation, correct packaging and labelling, correct preservation and storage in line with current legislation.
5.9	Record laboratory test results and communicate accurately to the appropriate member of the veterinary team	
Section Six		
6.1	Prepare and use radiography equipment to produce a diagnostic image	
6.2	Use appropriate personal protective equipment (PPE) and radiation monitoring equipment in accordance with practice local rules	
6.3	Position a patient to obtain a diagnostic image of the area of interest	A variety of species and positions would be expected.

6.4	Produce images according to practice procedure	
6.5	Record exposures and results of images according to practice procedure	Appraise the quality of the image.
6.6	Prepare and support animals during ultrasound investigation	To include setting up equipment.
Section Seven		
7.1	Ensure safe handling and management of pharmaceuticals in accordance with legislation and manufacturer guidelines	<p>Store, handle and dispose of medicines in line with legislative guidelines and specific requirements found in the Summary of Product Characteristics (SPC) and with reference to their drug category.</p> <p>To include: Controlled drugs and hormone based medicines which require special handling and disposal.</p>
7.2	Interpret prescriptions and prepare medicines for dispensing	Calculate drug dosages and confirm with an appropriately qualified member of the veterinary team; Package and label in accordance with legal requirements.
7.3	Maintain appropriate records	To include medicines records, Controlled drugs (CDs), withdrawal periods and hospital charts.

Section Eight		
8.1	Recognise clinical signs of common zoonotic diseases and undertake strategies to prevent spread and infection	
8.2	Formulate and implement an appropriate infection control strategy according to practice protocol	Constitute appropriate cleaning and disinfectant solutions; Prepare, clean and maintain patient accommodation that maximises the welfare of hospitalised patients to include isolation accommodation; Prepare, clean and maintain examination rooms, preparation area and operating theatre to include periodic deep clean and after infected cases
8.3	Dispose of hazardous and non-hazardous waste, safely and correctly according to current legislation	To include recycling and correct disposal of medications
8.4	Ensure appropriate hygiene skills are followed before and after handling animals and equipment	Comply with the World Health Organisation hand washing method; Use and dispose of PPE.
8.5	Carry out effective barrier nursing	Taking into account accommodation, PPE, equipment and patient condition to include reverse barrier nursing.
Section Nine		
9.1	Maintain common surgical instruments	Identify, check, and clean common surgical instruments; Identify and report damage to equipment and instruments.

9.2	Prepare, package, and monitor the sterilisation of instruments and materials	
9.3	Prepare the theatre for use based on patient, equipment, and procedure	
9.4	Position patients appropriately on the operating table in accordance with the planned procedure considering patient condition	
9.5	Prepare the surgical site appropriately for the procedure in accordance with practice protocol	Consider cross-referencing to Section 2
9.6	Assist as circulating nurse	Open and pass sterile materials direct to scrubbed personnel; Prepare ancillary and powered equipment; complete surgical safety checklists.
9.7	Prepare hands and arms using appropriate method	Consider cross referencing to Section 2 To include pre-surgical scrub prior to donning gown and gloves.
9.8	Prepare for surgical assistance wearing appropriate attire in accordance with practice protocol	To include donning of gown and gloves, using open and closed gloving method in an aseptic manner.
9.9	assist with sterile procedures	Maintain sterility of self and others during procedures.
9.10	Assist with draping patients maintaining sterility according to practice protocol	

9.11	Monitor and record materials during surgery	
9.12	Handle and pass instruments and equipment aseptically during surgery	
Section Ten		
10.1	Assess the patient and identify the patient's anaesthetic risks	To include ASA guidelines, behaviour and temperament, clinical assessment, and discussion with an appropriate member of the veterinary team.
10.2	Prepare equipment for anaesthesia	Check and prepare the anaesthetic machine in accordance with practice protocol; Select, prepare and check an appropriate breathing system/circuit and pollution control system in accordance with practice protocol; Select and prepare monitoring equipment according to the patient's condition; Prepare materials and equipment required for induction of anaesthesia to include pharmaceutical agents (according to veterinary surgeon direction) and appropriate airway management device.
10.3	Prepare patients for anaesthesia according to practice protocol	Administer prescribed premedicants and assess the patient's response; Introduce airway management device (check position and secure airway management device).
10.4	Maintain and monitor the patient during the anaesthetic process Refer to and consider supporting guidance: 18 delegation to veterinary nurses	Measure temperature, heart rate, central and peripheral pulse, respiratory rate, blood pressure; Evaluate depth of anaesthesia; Monitor equipment (systems/circuits and tube, gases and volatile agents, patient monitors); Interpret and report observations to the directing veterinary surgeon

		(Inconsistencies, patient monitors); Calculate the fresh gas flow and administer inhalation anaesthesia under veterinary direction (Change the depth or level of inhalation anaesthesia under veterinary direction), Disconnect patients from anaesthetic equipment and materials.
10.5	Complete anaesthetic monitoring records	
10.6	Support and assess patient recovery from anesthesia and communicate concerns to an appropriate member of the veterinary team.	Position patients for recovery; Remove airway management device at appropriate stage of recovery; Maintain accurate recovery records; Communicate post operative and/or anaesthetic recovery progress to an appropriate member of the veterinary team.

Sexual harassment guidance for employers

Sexual harassment at work is a serious matter. It is sometimes viewed as a joke, but it can make people's lives a misery and seriously affect how they do their job. Employers can be liable for the actions of their employees that cause offence to another employee at work. Employers may also be liable for acts committed away from the workplace, especially where the harassment occurs at social occasions outside work.

Employers, therefore, have a responsibility to prevent sexual harassment and, if this is not possible, to respond effectively when a complaint is made. Remember, if a complaint does go to a tribunal, how you handled the complaint will come under scrutiny.

These guidelines, aimed mainly at line managers, should help you to minimise the number of complaints of sexual harassment in the workplace but, if they do occur, offer you a clear and speedy way to resolve them.

What is sexual harassment?

When deciding what is 'sexual harassment' it's important to remember that it is the effect of the behaviour on the recipient that counts – and not how it appears to another person.

- "It was just a bit of fun". Even if someone didn't mean to harass an individual, their behaviour or conduct is unacceptable if the recipient thinks it is unwanted, unreasonable and offensive.
- It's not just women who are sexually harassed – men are too, either by women or other men.
- Sexual harassment is not only unwanted physical contact or making obscene or suggestive remarks. It can be:
 - abusing managerial authority by making work opportunities conditional upon a close relationship - circulating emails with innuendo or 'dirty' jokes
 - displaying lewd posters
 - 'eyeing someone up' and leering
 - making personal and intrusive comments about physique and clothing
 - pestering someone for a relationship or following them around
 - repeatedly suggesting socialising after work after it has been made clear such suggestions are unwelcome, or
 - trying to share personal information about your sex life.

It's not always obvious. Sexual harassment can also be more subtle, such as excluding people from work teams, meetings or networking events, ignoring people or assigning certain tasks usually associated with individual sexes (such as female team members always taking minutes, ordering and serving refreshments etc).

It doesn't have to happen at work. Staff can be harassed by colleagues at conferences, away days and even when they are socialising after work.

It doesn't have to be directed at an individual. It may be creating an oppressive atmosphere, such as: - downloading pornography from the web - having offensive posters or calendars around, or - potentially offensive 'banter'.

It doesn't have to occur over a period of time. One incident may be enough if it is particularly serious.

Your role and responsibilities as a line manager

Your role as a line manager is particularly important in dealing with sexual harassment. You are probably going to be the person that is notified of any complaint and you will have to deal with it effectively. It's your responsibility to ensure that sexual harassment does not happen in your area and you need to be alert to the kind of behaviour that can be regarded as harassment. In addition, if you fail to deal with harassment effectively it can affect your team's ability to work together in a productive way.

You can help to minimise the chances of harassment occurring

– by treating all staff and customers with respect.

Seeing or hearing unacceptable behaviour from colleagues and customers but doing nothing about it can be seen as condoning harassment.

You should not tolerate an environment where sexual 'banter' is common just because no one has complained. A lack of complaints does not mean there is not a problem in your area. It may mean that people are too embarrassed or fearful to come forward.

You need to explain the organisation's "zero tolerance" approach to sexual harassment to your staff. Each member of staff should have a copy of the policy and new staff need to be given one when they join the organisation.

You also need to ensure that people understand that harassment is a disciplinary matter and to have a disciplinary policy and procedure.

Let your staff know. Make sure that the staff you manage understand what sexual harassment is, why it is unacceptable and that sexual harassment is serious. For this reason, many organisations treat a false accusation of sexual harassment, made out of malice, as gross misconduct.

People are often reluctant to make a complaint as they don't want to be seen as a troublemaker. But knowing they can get the harassment stopped with a minimum of fuss should enable people to feel they can raise the issue.

It won't go away. Avoid the temptation to hope the situation will 'blow over' or sort itself out. Although it can be difficult to tackle individuals about their behaviour or actions, it is better to take action early rather than allow Equal Opportunities Commission – revised April 2006 4 it to worsen by doing nothing, or for the situation to be repeated with others.

Take charge. It is unfair to expect your staff to tackle harassment by themselves. If they can't deal with the situation, you should step in and help.

Get help. If you're not sure how to handle a complaint or situation, get advice from your HR department, other managers or your line manager.

If you don't have a policy on sexual harassment, your organisation should produce one. Further information on this is presented in "Additional notes for employers" at the end of this document.

If you do have a policy, as a line manager you have to make sure people know about it and understand how to make a complaint.

The law and sexual harassment Sexual harassment is unlawful under the Sex Discrimination Act. Lesbians and gay men are also protected, under the Employment Equality (Sexual Orientation) Regulations. An employee who experiences sexual harassment at work can seek compensation by taking a case to an employment tribunal.

Receiving a complaint of sexual harassment

Dealing with harassment in your team can be difficult. However, handling it promptly and professionally will let your staff know that complaints will be taken seriously and dealt with impartially.

Refer to your organisation's harassment policy and seek guidance about any help or support you may need.

Informal or formal? Where possible, it's usually better to handle complaints of harassment informally, as it can resolve problems with a minimum of anxiety for those involved. Formal procedures are usually implemented when informal attempts have failed, or where the situation is so serious that it merits formal proceedings.

Don't dismiss complaints before you thoroughly investigate them. It's unacceptable for someone to claim that "it's just a personality clash", or to assume that the person complaining is "over-sensitive", or there is too much at stake because "someone's job may be on the line".

Take action. You need to deal with any complaints quickly and in confidence.

Be fair. You will need to be responsive and supportive to anyone who makes a complaint while at the same time treating the alleged harasser fairly.

Don't take sides. It is important that other members of the workforce do not take sides. It needs to be made clear that other staff must not victimise or prejudge either the complainant or the alleged harasser and that this is a potential misconduct issue.

If there is a problem over the complainant and alleged harasser continuing to work together you may have to suspend both on full pay for the duration of the investigation.

If you don't have clear procedures for dealing with sexual harassment you may face a claim of constructive or unfair dismissal from either the person being harassed or the alleged harasser. A policy that gives examples of unacceptable behaviour, makes clear to employees the kinds of actions that won't be tolerated. It also spells out what is considered to be inappropriate behaviour and should help to stop problems before they start.

If complaints are made, having a policy should help to sort them out quickly and informally and reduce the chances of you having to defend an employee's claim at a tribunal. In addition, people will know they do not have to put up with sexual harassment and what they and their employer can do about it.

If your organisation doesn't have one, you should put together a policy that covers sexual harassment.

If you do have one

- train staff on the policy and the procedures for making and dealing with complaints.
- publicise the policy through posters and put the policy on your company intranet and in your staff handbook.

- you should have people of both sexes trained to hear complaints of sexual harassment. Given the sensitive and potentially embarrassing nature of such incidents, it is probable that a person making a complaint will wish to speak about it to someone of the same sex as themselves.
- it's essential to periodically check if your policy is being successfully implemented
- each member of staff should have a copy of your policy and new staff need to be given one when

More detailed guidance

Sources of advice ACAS provides information, advice and training and works with employers and employees to solve problems and improve performance in the workplace. Tel: 0845 747 4747
www.acas.org.uk

Equality Direct Equality Direct is a confidential telephone advice service for employers, providing help on managing equality issues. Tel: 0845 600 3444 www.acas.org.uk

Student's Record of Veterinary Nurse Training

This is an important document

It provides essential evidence of training required by the Royal College of Veterinary Surgeons in order to process an application for entry to the Register of Veterinary Nurses.

The information and signatures herein will be subject to audit checks

Name:	
Enrolment Number:	

This Record of Education and Training must provide evidence that you have completed the mandatory period of veterinary nurse education and practical training, as set out in the *Veterinary Nurse Registration Rules*.

- You must show that you have completed a minimum of **2990 hours** in training as part of an accredited further or higher education qualification. *This includes **both** your practical experience whilst employed, or on placement from your college, in an approved training practice **and** your time attending college.*
- Your training programme must include a minimum of **1800 hours** employed, or on placement, in an approved training practice **in addition to your taught university or college course.**

Your period of practical training shown in this record must be based on your **normal contracted or agreed working hours** and must exclude your annual leave, and other absences including sick leave and bank holidays, overtime and on call time.

Checklist – please complete this before submitting to the RCVS

1	Record of Practical Training signed and dated by Training Practice Principal	
2	Record of Absence signed and dated by Training Practice Principal	
3	Record of Education signed and dated by Head of Centre	
4	All amendments/alterations to record countersigned and re-dated by TPP (or Head of Centre where appropriate)	
5	No photocopied records included	
6	No training time counted prior to enrolment date	
7	No fields left blank	

Summary of Veterinary Nurse Training

	Final Weeks	Final Hours
Training in Practice		
Training in College	N / A	
Total time:		
I hereby confirm that I have completed the required 2990 hours in Veterinary Nurse Training, at least 1800 hours of which were completed in an approved training practice.	Signature of student:	

Student's record of Practical Veterinary Nurse Training

This record must be kept up-to-date by the student. It should be signed by the **Training Practice Principal** of the **approved Training Practice** in question when:

- The student **leaves employment or placement** at a Training Practice (TP) and/or
- The student **completes attendance** at a higher education or full-time veterinary nursing course

The signatory should ensure that all data entered on this record is accurate. Signatures are routinely checked and audited.

If you are unsure who your Training Practice Principal is, please contact the Veterinary Nursing Department at the RCVS for advice.

Surname:	
Forename(s):	

Enrolment no:		Date of enrolment:	
Level 3 Diploma students only:	Employed student	Placement student	

Please ensure:

- All amendments made to entries on the Record of Training or absence are countersigned and re-dated by the Training Practice Principal (or Head of Centre where appropriate)
- The 'from' date for practical training does not precede your enrolment date
- The hours per week do not include on-call, overtime or breaks
- All dates given are specific (dd/mm/yyyy)
- All signatures provided are original and not photocopied

Name and full address of Training Practice including postcode: <i>This MUST be the veterinary practice where the student is working. Time spent in unapproved branch surgeries cannot be counted towards veterinary nurse training.</i>	Period of employment or practical placement as an enrolled student <i>Please give exact dates</i>		A Number of weeks	B Absence during this period <i>(divide days by 5 to give weeks absent)</i>		C Full weeks counting towards training <i>(A minus B2)</i>	D Hours Per Week <i>(excluding on-call or overtime)</i>	E Total hours counting towards training <i>(C x D)</i>	Signature of Training Practice Principal <i>I certify that, to the best of my knowledge and belief, the above named student completed the period of clinical training indicated in column C</i>	Date of Principal signing (to be completed by Principal)
	From	To		B1 Days	B2 Weeks					
									Print name:	
									Print name:	
									Print name:	
									Print name:	
Students in higher education only	I hereby confirm that the student named above has completed a minimum of 1800 hours) in practice placements as set out above.					Signature of Head of Centre:				

Please attach a continuation sheet if necessary

