Veterinary CPD across Europe: not yet a level playing field

In the UK, undertaking CPD is considered to be a mandatory professional obligation. However, as David Babington, managing director of Improve International, explains, CPD requirements and standards vary across Europe.

LAST year, to coincide with Improve International’s 15th birthday, we launched two veterinary CPD businesses in Holland and Switzerland. As a company, we now offer CPD in 15 European countries and our experience helps us to assess future trends and developments.

Perhaps the first point to make is that, currently, there is little consistency in the way that veterinary postgraduate training and qualifications are treated by EU member countries, but there are signs that change is coming, and this will be a positive move for the modern Eurovet.

Let’s take as an example the requirement to carry out CPD. Since 2007, UK veterinary surgeons have been required to undertake 105 hours of CPD, averaged out over a three-year period. It is considered mandatory, and vets must record their CPD and self-certify that they are making a genuine effort to keep up to date, as per the RCVS Code of Professional Conduct. The RCVS Practice Standards Scheme, which accredits around half of UK vet practices, also requires evidence that professional staff are meeting their CPD obligations.

In other key markets in Europe, such as Germany and some of Scandinavia, this mandatory requirement for veterinary CPD also exists – yet, in many other countries, Spain and Italy among them, there is no official obligation. It seems likely that, in time, the requirement for veterinary CPD will become mandatory across Europe. This will be driven both by changes in legislation and external pressures applied to the veterinary sector.

Inconsistency also exists in how CPD is accredited. Here in the UK we have no system for accreditation, although the Veterinary Council of Ireland does run one, as do veterinary bodies in Austria, France, Germany, Holland, Switzerland and most countries in Scandinavia.

There is also a wide variety in the levels of different postgraduate veterinary qualifications available to vets in Europe, with little benchmarking. In the UK, we have a well-developed system for training and awards. Vets can choose to study for a number of different certificate level qualifications, including the Certificate in Advanced Veterinary Practice, awarded by the RCVS, certificates awarded by BSAVA in association with Nottingham Trent University, and other certificates awarded by Harper Adams University in association with Improve International and the European School of Veterinary Postgraduate Studies (ESVPS).

Later this year, the RCVS plans to launch the new ‘advanced practitioner’ status which represents the middle tier of veterinary accreditation in the UK. To be included on the list, vets must hold a postgraduate clinical qualification awarded by a university or recognised awarding body at Level 7 in the framework of higher education qualifications (at least 60 credits of which 40 credits are in the clinical area applied for). The UK is ahead of the game in the creation of a middle level that vets in practice can aspire to achieve.

Many of our European neighbours recognise a ‘specialist’ or ‘higher tier’, which is supported by the diplomas awarded by the various European Colleges, but others, including France, Germany, Austria, Sweden, Denmark and Finland, run country-specific ‘specialist’ systems.

‘The increasing movement of vets from one EU member state to another can create confusion. After all, which awards show that a vet is practising at an advanced level?’

There is little cross-recognition between the different countries and their various postgraduate awards and, with the increasing movement of vets from one EU member state to another, this can create confusion. After all, which awards show that a vet is practising at an advanced level?

The varying economic, political and social factors that exist throughout Europe all play a part in influencing veterinary CPD. The UK, for instance, has a well-established pet insurance industry which is not the case in many other European countries. This helps to support veterinary fees and enables practices to offer better employment conditions, including funded CPD, which can often be undertaken during weekdays.

Our Spanish colleagues are not so fortunate. More than 50,000 vets are currently unemployed or working for relatively low wages. It is unusual for them to receive a budget for CPD as part of an employment package, so most CPD is self-funded and undertaken at weekends. However, there is a huge demand for modular postgraduate training programmes leading to postgraduate qualifications in Spain, because vets
know that they must develop new skills and achieve additional qualifications in order to compete better in a crowded job market.

So the recession which has gripped veterinary practices across Europe in recent years is proving a catalyst for change. While the economic situation is slowly improving, many veterinary practices have learnt lessons. With a reduced frequency of client visits, they realise that they must offer a greater range of services to their clients and this creates the need for additional training to enable the development of new skills and expertise. This is driving a move towards postgraduate qualifications in all countries.

Also contributing to this is the oversupply of vets in some European countries. This increases competition still further and also encourages the movement of vets into other sectors such as commerce. EU vets are entitled to work in the UK and we expect to see a much greater movement of vets between different countries in the future. The UK has always been seen as an attractive place to seek work as a qualified vet and, in 2011/12, around 600 overseas vets were admitted to the RCVS Register.

These developments are leading veterinary bodies to consider how CPD can be made more consistent across Europe. In one example, a new organisation called VetCEE (Veterinary Continuing Education in Europe) has just completed a pilot study involving educational organisations in the UK, Poland and Denmark with a view to establishing a middle-tier qualification that is recognised on a pan-European basis. VetCEE will act as a Europe-wide accrediting body and will establish programme standards for this ‘middle-tier’ qualification. Beginning on the small animal side, this will focus on internal medicine and surgery and will also involve some core competencies. Existing CPD providers and awarding bodies will be able to ‘map’ their programmes and academic credits onto this framework and in this way a Europe-wide standard could be established.

In the UK, the new veterinary school at the University of Surrey is opening later this year, and there are also reported to be plans for new vet schools in Ulster and Aberystwyth. It is highly likely that vets graduating today throughout Europe will see the benefit in obtaining an additional qualification and that this will become the norm. The middle tier will become the logical next step in professional development for vets in general practice and a smaller number of vets will then go on to gain diplomas and specialist status.

Gaining transferable skills will benefit individuals and practices. It will open up new career opportunities for the individual across different countries. Ultimately this will help to develop the veterinary profession across Europe with accompanying wide-ranging benefits to both pet owners and their pets.

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Ten-minute chat

Clare Bolitho is a vet at the St George’s Veterinary Group in Wolverhampton. In 2011, she gave one of her kidneys to a stranger.

**How did you hear about altruistic donation?**

In 2010 I was looking for a way to celebrate 21 years of sobriety when I heard a snatch of conversation on Radio 4 about altruistic kidney donation. It was about a relatively new change in the law allowing people not related to or known by a recipient to donate a kidney. It was a lightbulb moment – what better way to celebrate my new life than by giving someone else the chance to do the same?

**What did you do next?**

Needless to say the next step was to Google it and I was directed to my local hospital, and from there to my nearest transplant centre. I was advised the first thing I should do was to discuss it with my family and my employer.

**What did they think?**

My family was a bit bemused but happy to support me, as was my employer. The problem was I needed around six weeks off work after the surgery. The dozens of trips to hospital that I needed beforehand for the exhaustive medical checks could be arranged around work; it was that chunk of leave that was the problem.

**Tell us a bit about the experience**

Eventually, after the planned surgery was postponed twice due to illness/accidents of my colleagues, which meant I couldn’t be away at the same time as they were out of action, I had the surgery in March 2011.

The operation went without incident. I was kept in for three days, during which time I developed a love of paracetamol drips, and urinary catheters. To be able to lie in bed and pee away was just bliss.

**Was your practice supportive?**

I did manage to get back to work after six weeks and my ego was slightly dented by the fact that very few of my bonded clients noticed I had gone.

**Does every donor meet the recipient?**

No.

**Why did you do so?**

The best bit of the experience has been the fact I have met my recipient. The whole process is carried out anonymously, but recipients are allowed to write a thank you note, via a third party, if they wish. Mine did so, and I expressed a desire to meet her if she was willing. I received a most unexpected phone call not long after. Since then we have kept in fairly close touch and we meet every year on the anniversary of our operation. This is quite rare, and after talking to fellow altruistic donors, I realise what a risk I was taking. She might have died postoperatively, we might not have liked each other, my/her kidney probably isn’t going to last her lifetime. Happily none of these has happened yet. She is a lovely person who was dealt a really rough deal and I have been able to help redress the balance between her lot and mine.

**How do you feel now?**

I am, as far as I am able to tell, as well now, both physically and mentally, with one kidney as I was with two. I have annual check ups and everything is fine apart from a slightly raised creatinine level. And I have the benefit of knowing, certainly at the time of surgery, I was in extremely good working order.

**Would you do it again?**

If I could give another organ I would. It was a most uplifting experience.

Clare (right) and Marion, who received one of her kidneys. The photograph was taken in March 2012, marking the first anniversary of their operations.

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Clare tells her story in a film on YouTube, which can be viewed at www.youtube.com/watch?v=kjL_tCBWzZ0
Ten-minute chat

Clare Bolitho

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