

Quality control of the private veterinary profession in the Netherlands

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Summary

It was as early as the 19th Century when attempts were first made to organise the veterinary profession in the Netherlands into a professional association. Since then, the Royal Veterinary Association of the Netherlands has developed into an organisation which fully promotes the interests of the profession. From the beginning, the issues of professional standards and veterinary legislation were given high priority, and codes of conduct were established with the aim of improving the quality of professional veterinary practice. Having some form of independent regulatory body has always been important for maintaining these professional standards, even if history has taught us that establishing such independent testing and sanctioning facilities is a laborious process that requires perseverance and patience. By organising the control of animal diseases and promoting public health (e.g. meat inspection), the veterinary profession has always had a key role to play in the food production industry, and quality control programmes that monitor the food production chain now make use of veterinary surgeons tested by external organisations. To avoid any semblance of a conflict of interest, a new organisational structure has been developed recently: the Veterinary Quality Organisation (VKO: *Veterinair Kwaliteits Orgaan*). The VKO maintains the register of qualified veterinarians, upholds standards and organises the independent quality control of the profession.

Keywords

Code of conduct – Continuing education – Good veterinary practice – Public disciplinary regime – Quality control – Quality management in veterinary practice – Self-regulation – Veterinary standard.

History of the regulatory regime

Role of the private veterinary profession

The first veterinary association in the Netherlands, the Groningen Veterinary Society (*Groninger Veeartsenijkundige Gezelschap*), was founded in Groningen in 1842. This initiative was followed, in 1847, by the establishment of the South Holland Association for Veterinary Medicine (*Zuid-Hollandse Maatschappij voor Veeartsenijkunde*). Similar groups were later founded in the other provinces of the Netherlands. After lengthy preparations by a committee at the 1862 General Assembly of the various regional veterinary associations, the Veterinary Association of the Netherlands was founded on 27 August (1). (At the time the Association was known as the Society for the Advancement of Veterinary Medicine in the

Netherlands [*Maatschappij ter Bevordering der Veeartsenijkunde in Nederland*]; it went on to receive royal assent 100 year later, when it became known as the Royal Veterinary Association of the Netherlands [KNMvD: *Koninklijke Nederlandse Maatschappij voor Diergeneeskunde*].) The original objective of the Association was a scientific one: 'the promotion of veterinary medicine'. The seat of the Association was established in Utrecht and the central board consisted of five members. On 17 January 1863, the first Chairman, Dr. C.G. von Reeken (doctor and veterinary surgeon), appealed to the Secretary of State for the Home Department with regard to the bill pertaining to government regulation of the medical professions, stating that veterinary medicine 'is entitled to have its own regulatory body and to promote its own interests' (23). This was the foundation of self-regulation in the profession. In 1870, the government introduced the Act for the Regulation of the Government

Veterinary Inspectorate and the Veterinary Police. This act proved to be useful in the control of contagious bovine pleuropneumonia. Around that time, the Association urged the government to introduce an act governing veterinary medicine, and, in 1874, the Act for the Practice of Veterinary Medicine came into effect. In the meantime, the Association not only continued to address scientific objectives, but also focused increasingly on social matters. The Association became an active participant in the preparation of a variety of laws.

In 1907, the statutes and regulations of the Association were revised. It was in these new rules and regulations that disciplinary measures were introduced for the first time. Article 15 of the statutes says: 'Each province is authorised by the Central Board to file a complaint against a member of the Association; this complaint should be well reasoned and thoroughly supported by documentary evidence and it should bear the signatures of at least two thirds of the members of the province concerned' (29). If such a complaint was made, the Central Board was under an obligation to start a preliminary investigation and to act as a mediator. When the investigation was complete, or if attempts to mediate failed, the Central Board convened a special meeting. Following a guilty verdict, the special meeting had the following options:

- a) to issue the veterinarian with a written reprimand
- b) to suspend him/her from general, special and departmental branch meetings for a set period
- c) to temporarily withdraw all his/her rights of membership
- d) to cancel his/her membership.

Sometimes, in addition to one of the above penalties, the result of the investigation was also published in the journal of the Association.

Ten years after the central board introduced disciplinary measures, at the 62nd General Assembly in 1918, there were calls for the establishment of an independent 'Council of Honour' (2). Ten years after that, the then Chairman gave a lecture on ethics and civil responsibilities at the 1928 General Meeting (3). In 1932 an independent judiciary college was established and a central council, later known as the Council of Honour, was established on 16 January (4). The Council of Honour was completely independent from the governing bodies of the Association, and had the delicate tasks of regulating relations among members and upholding professional ethics. Any pronouncements made by the Council of Honour had to be strictly impartial. In that same year, the Council established several 'binding decisions', including a ban on the provision of serum and inoculums by members to laypersons. These 'binding decisions' of the Council of Honour brought about a new situation in which it was veterinary surgeons who determined what veterinary surgeons could do.

In 1938, amendments to the constitution were implemented, which opened up the possibility of establishing other bodies

(apart from the government) with regulating capabilities. The Association introduced the first code of conduct for veterinarians in 1940. The contents of the first code and the 'binding decisions' were largely aimed at discouraging the free establishment of private practices and encouraging the sound performance of professional duties. In 1947, the Association presented a draft of the disciplinary rules to the Minister of Justice (22). Nothing further happened until 1955, when a committee started to investigate whether or not more comprehensive regulations were necessary, in which case the association would have had to have been replaced by a veterinary statutory body. So far, this has turned out to be unnecessary. The 1956 act regarding the practice of veterinary medicine did not provide for disciplinary rules (5). The Council of Honour was able to hold a veterinary surgeon member of the Association accountable if that person did not comply with the code of conduct for veterinarians, but the only other method of holding veterinary surgeons accountable was by means of taking legal action in a criminal court, and this required an exact description of the offence. In 1961 the Council of Honour declared that the Netherlands needed a law dealing with disciplinary matters in the field of veterinary medicine, because the Council dealt with a number of cases that required a criminal judge. A long period of consultation with all involved parties and bodies followed.

Legal regulation of the veterinary profession

On 21 March 1990, a law for the practice of veterinary medicine (WUD: *Wet Uitoefening Diergeneeskunde*) was enacted (11). It was 14 July 1992 before a decision determined that the law would finally come into effect on 1 August 1992 (12). Both veterinary surgeons and paramedical veterinary surgeons were to be subject to the law. The legislator described the objective of the WUD as follows: 'safeguarding the quality of professional veterinary practice for the public interest'. In this context, 'public interest' meant the interest of the national economy, public health and the well-being of animals (9). The WUD and the disciplinary regulations contained within it were formulated in connection with the Animal Medicine Law (8). The legislator decided that the word 'careful' would be used to describe the desired level of professional practice (10). The KNMvD wanted the infringement of their rules of conduct and professional standards to be included in the WUD as disciplinary offences, but because not all the rules of conduct of the Association necessarily met the definition of 'serving the public interest', the legislator did not grant this request (7). Jeopardising public health is not stated as a separate disciplinary offence because this is punishable by criminal law (14).

An official veterinary statutory body (VTC: *Veterinair Tucht College*) was formed on the basis of the WUD and jurisprudence was established on the basis of the complaints submitted by this body. The sanctions are: a warning, a reprimand, a maximum fine of €2,269 and a full or partial suspension, which may be imposed with conditions attached.

In addition, the results of disciplinary cases may also be published in the KNMvD journal. In accordance with article 29 of the WUD, the Minister of Agriculture, Nature and Food Quality appoints a complaint official, and it is this complaint official, or persons directly concerned that can file a complaint. The Chief Veterinary Officer may file a complaint on behalf of the government when he is of the opinion that animal health, or the structure of medical care for animals, has been jeopardised. The complaint official does not have independent jurisdiction to investigate. In 2002 there was a study of the veterinary profession which was based on the the parliamentary history of the WUD, the large number of complaints received by the disciplinary judge, the nature and the extent of the jurisprudence of the veterinary disciplinary tribunal and interviews with various persons involved. The results painted a disappointing picture and one of the conclusions was that 'public disciplinary rules have limited significance for the livestock sector' (16). Between 21 March 1990, when the law came into effect, and 28 April 2003, there were 1,307 complaints. Of these, 1,262 were filed by private individuals and 45 by the complaint official. Not all complaints have been dealt with yet. The following can be said regarding the complaints that have been dealt with so far:

- 423 of the complaints were withdrawn
- 28 complaints were dismissed
- 105 complaints were declared unfounded due to lack of evidence
- 377 cases were declared unfounded
- 265 cases were declared valid.

The cases brought before the court by the complaint official dealt with actions contrary to the Animal Medicine Law (fourteen instances); the issuing of false statements (eighteen instances) and the unqualified practice of veterinary medicine by a veterinary para-professional (eight instances). Although the complaint official has only brought a limited number of complaints before the court since the law was introduced, all complaints were declared well founded, resulting in five warnings, six reprimands, fifteen fines, fourteen (partially conditional) suspensions, five conditional and unconditional disqualifications and twenty-three verdict publications. Half of these complaints had also previously been settled on the basis of criminal law or the Economic Offences Act.

Self-regulation of the veterinary profession

The KNMvD took the lead in formulating the sections of the WUD which dealt with professional conduct and on-going professional training, but the Association also formulated the KNMvD Code of Conduct for Veterinarians (25), the Standard Test Criteria for Good Veterinary Practice (24) and the Quality Guarantee: Guidelines for Quality Management in Veterinary Practices, based on guidelines of the International Organization for Standardization (28). The latter is very similar to the Code

of Good Veterinary Practice formulated by the Federation of Veterinarians of Europe (20). All these standards are based upon applicable law and regulations. Transparent compliance with this legislation is the most important part of the self-regulation of veterinary conduct.

Quality improvement starts with education. The KNMvD devotes much energy, both nationally and internationally, to improving the quality of veterinary education. In 1997, regulations for professional recognition for qualified veterinarians with specialist knowledge of certain animal species were introduced to improve the post-academic education of veterinary professionals and to make it possible for these professionals to demonstrate that they have attained a recognisable standard of expertise in their field. Veterinary surgeons are free to apply on a voluntary basis. A significant part of this education is provided by the Foundation for Continuing Education in Veterinary Medicine (*Stichting Post Academische Onderwijs Diergeneeskunde*), which was founded in 1986, as a result of an initiative of the KNMvD and the Faculty of Veterinary Medicine at the University of Utrecht.

The standardisation and supervision of self-regulatory rules and codes of conduct must be performed very carefully. To avoid any semblance of conflict of interest, a new organisation was developed recently: the Veterinary Quality Organisation (VKO: *Stichting Veterinair Kwaliteitsorgaan*). The VKO was officially founded on 10 July 2002 (15). This organisation is a private independent body which manages veterinary standards, organises inspections and imposes sanctions where necessary. The KNMvD has transferred the responsibility of monitoring professional standards to the VKO. In this way, any semblance of the regulations and the supervision being linked to the membership of the KNMvD, will be avoided. Preparations for a compliance assessment of the VKO by the Council for Accreditation are well underway.

The Royal Veterinary Association of the Netherlands

History and membership

Individuals are under no legal obligation to meet the standards set by the KNMvD and they are free to join the Association or not. It represents the interests of veterinary surgeons in the broadest sense of the word. When it was established in 1862, there was a total of approximately 160 state veterinary surgeons in the country, but the Society for the Advancement of Veterinary Medicine in the Netherlands, as it was known at the time, had just 57 members; proof that by no means all professional veterinarians were convinced of the importance of a national association. At first, provincial and personal ambitions hindered the development of the new organisation;

the first General Meeting on 5 September 1863 was attended by as few as ten members. The number of members increased slowly and ten years after its establishment the Society consisted of 79 members. However, the tone of the 1882/1883 annual report was still fairly pessimistic, with the Secretary calling the situation 'plain miserable'. Department meetings were poorly attended and reports of meetings were never made; a meeting of the entire Central Board never took place. Twenty-five years after the Society was founded, things began to improve at last. In 1887, there were 150 members and more important issues were discussed at meetings, especially regarding animal disease control and meat inspection. In 1890, a list containing the number of veterinary surgeons and veterinary empiricists (persons without formal training who practise veterinary medicine on the basis of practical experience) in the Netherlands and in the Dutch East Indies was drawn up, partially to track who was a member of the Society and who was not. It transpired that there were 284 qualified veterinary surgeons at the time; 201 were members of the Society and 220 were empiricists who were admitted to private practice (29). At the turn of the century, about 300 veterinary surgeons were registered and the Society was flourishing. The meetings were very well attended and young veterinary surgeons joined almost immediately after graduating. In 1905, the General Director of Agriculture lent his support to the organisation of courses in meat and milk hygiene, bacteriology and infectious animal diseases. In that same year, the Society had 380 members. In the beginning, professional veterinary practice mainly focused on organised animal disease control, meat inspection and veterinary education. The Society increasingly developed into an organisation which not only promoted scientific practice in the veterinary profession, but also sought to bring veterinary surgeons the status and the social position they were entitled to on the basis of their roles and responsibilities in society. In 1915 the name of the Society was changed to the Association for Veterinary Medicine (*Maatschappij voor Diergeneeskunde*). At that point, the organisation consisted of five subsidiary associations: the Military Veterinary Association (*Militaire Veterinaire Vereniging*); the Association of District Veterinary Surgeons (*Vereniging van Districtveeartsen*); the Association of Directors of Municipal Slaughterhouses (*Vereniging van Directeuren van Gemeenteslachthuizen*); the Association of State Inspectors in the Public Service (*Vereniging van Rijkskeurmeesters in algemene dienst*) and the Association of Practising Veterinary Surgeons in South Holland (*Vereniging van praktiserende veeartsen in Zuid-Holland*). The practising veterinary surgeons felt they were not adequately represented on the Central Board. In the period from 1910-1921, there were important debates on the Education Act, the Meat Inspection Act and the Livestock Diseases Act (an act regulating the government health inspectorate for veterinary medicine). The acts were published in the law gazette in 1917, 1919 and 1920, respectively. After many turbulent years, this marked a new era of calm for the Association; the fundamentally most important matters were properly dealt with. After the period of 1940-1945, the

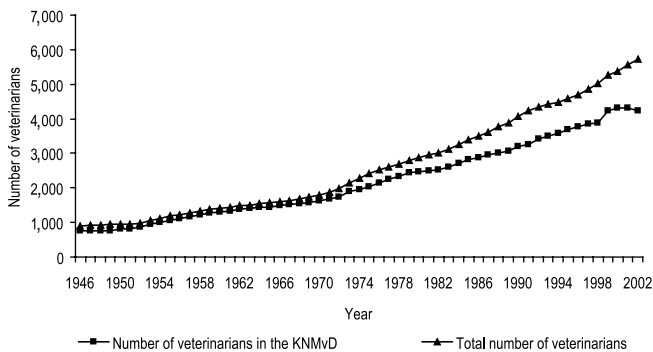
collapsed economy had to recover and the Association had to do the same. The whole organisation was rebuilt and an official secretary was appointed. The organisation was housed in Utrecht in its own building. Partly thanks to the dedication of the Association and its members, the battle against tuberculosis amongst cattle was won in 1951. The Association played an important role in every aspect of organised animal disease control. There is often co-operation between official and private veterinarians in the Netherlands when organising animal disease control measures (examples: tuberculosis, brucellosis, leukosis and more recently Aujeszky's disease).

At the centenary anniversary of the Association in 1962, 98% of veterinary surgeons belonged to the organisation and there was a strong sense of solidarity among the members. On 12 September of the same year, the Association for Veterinary Medicine received the designation 'royal'. At that time, there were 1,487 veterinary surgeons, 45 of whom were female (3%). The vast majority worked as practitioners. The others worked in the following areas (6):

- 283 veterinarians participated in the inspection of animal food products
- 203 worked in government employment
- 80 were attached to educational institutes
- over 180 veterinary surgeons found work at various research centres, public health services, animal feed industry and pharmaceutical companies, centres for artificial insemination and private organisations and companies.

A Central Board of five members governed the KNMvD, supported by a general board, consisting of representatives of the ten provincial departments, and representatives of the four 'groups'. The four groups were: the Artificial Insemination and Zootechnics Group; the Directors of Meat Inspection Services Group; the Poultry Science Group and the Companion Animal Medicine Group. The KNMvD was developing into a professional organisation that developed strategic positions, organised the professional body and promoted the interests of individual members, all of which contributed to the strong sense of solidarity. An office of administrative professionals was responsible for the daily management of the organisation and the Central Board met periodically to take decisions on matters of strategic importance. Strong networks with stakeholders were established, both nationally and internationally. However, over the last few years, the percentage of KNMvD members in relation to the veterinary profession as a whole has been in decline. More and more veterinarians are wondering: 'What's in it for me?' (Fig. 1).

To counteract this trend, there has been a shift away from promoting collective interests, focusing on strategy and managing a continuous flow of activities, in favour of promoting the interest of individuals, focusing on issue management and managing individual projects. In 2002, the



KNMvD: Royal Veterinary Association of the Netherlands

Fig. 1
Number of veterinarians in the Netherlands and members of the Royal Veterinary Association of the Netherlands (KNMvD), 1946-2002

year of the 140th anniversary of the KNMvD, the administrative structure was re-organised to better anticipate new developments within the profession. Elections were held and seven board members were appointed: a president, two representatives from the livestock sector, three representatives from the companion animals and horses sector, and one representative from those working in public health and quality. The board reports to a supervisory board, which consists of regional representatives elected by the members. In 2003, there were 5,728 veterinary surgeons in the Netherlands, among whom 1,899 were female (33%). The KNMvD had a total of 4,242 members and the key responsibilities of the Association were to develop the veterinary profession and serve the interests of its members and of the profession as a whole.

The enactment of the Competitive Trading Act in 1998 was a significant event for the KNMvD. The Association actively lobbied for dispensation on private practice rates to support the members. The KNMvD therefore handed over the KNMvD statutes, the KNMvD code of conduct and the minimum rates recommended by the KNMvD to the Dutch Competition Authority (NMA: *Nederlandse Mededingingsautoriteit*). On 31 March 1998 the verdict of the NMA was: 'No exemption'. The NMA also threatened the KNMvD with a penalty of up to 10% of the turnover, on the basis of the European Commission Regulation No. 2790/1999 of 22 December 1999 (18). At that time, 85% of active veterinary surgeons in the Netherlands were associated with the KNMvD. The total turnover of Dutch veterinary surgeons was estimated at €354 million. When joining the KNMvD, a veterinary surgeon is compelled to comply with all Association regulations. The KNMvD adapted all regulations and managed to avoid a penalty. The NMA does not grant exemption from regulations regarding the corresponding concerted practices. The NMA does grant exemption from regulations contributing to objectives (for example, safety and technical development) and quality

regulations, provided that an independent, objective authority manages the inspection. The veterinary profession as a whole should be able to participate (27). This explains one of the reasons why the standards established by a professional society should be regulated by an independent organisation (21).

Quality control of the private profession

Organisation

The VKO board has an independent president and consists of a college of interested parties, such as the KNMvD, the Dutch Organisation for Agriculture and Horticulture, the Dutch Society for the Protection of Animals, the Dutch Animal Health Service and university faculties of veterinary medicine. Various technical committees support the board. A college of appeal deals with objections and appeal procedures, which is chaired by a jurist. The VKO is the independent keeper of all the veterinary standards that the profession has established and it controls the administration and future development of these regulations. At this moment the VKO is focusing primarily on the system of veterinary guarantees in the food production industry. The organisational structure is determined by international standards for accreditation. Inspection audits are outsourced to certifying organisations. These organisations report to the Committee for Veterinary Recognition, which awards certificates and imposes sanctions (Fig. 2).

The VKO is closely involved with and advised by the Ministry of Agriculture, Nature and Food Quality, the Ministry of Public Health, Welfare and Sports and the Food and Consumer Product Safety Authority.

Private veterinary standards

In addition to the regular inspection audits performed by the government on the basis of legislation, there are also private certification audits.

In the Netherlands, there are three levels of 'veterinary quality':

VKO-qualified veterinarians

Since 1997, veterinary surgeons can voluntarily apply to be included on a register which recognises qualified veterinarians in various fields. To be eligible to be included on one of these VKO registers applicants must attain a certain standard of qualification. To demonstrate that they have achieved the requisite level of education veterinarians must follow a training course or present the certificates that show that they already comply with the inclusion criteria. Key elements of the training course are national and European legislation and instructions, training regarding OIE (World organisation for animal health)

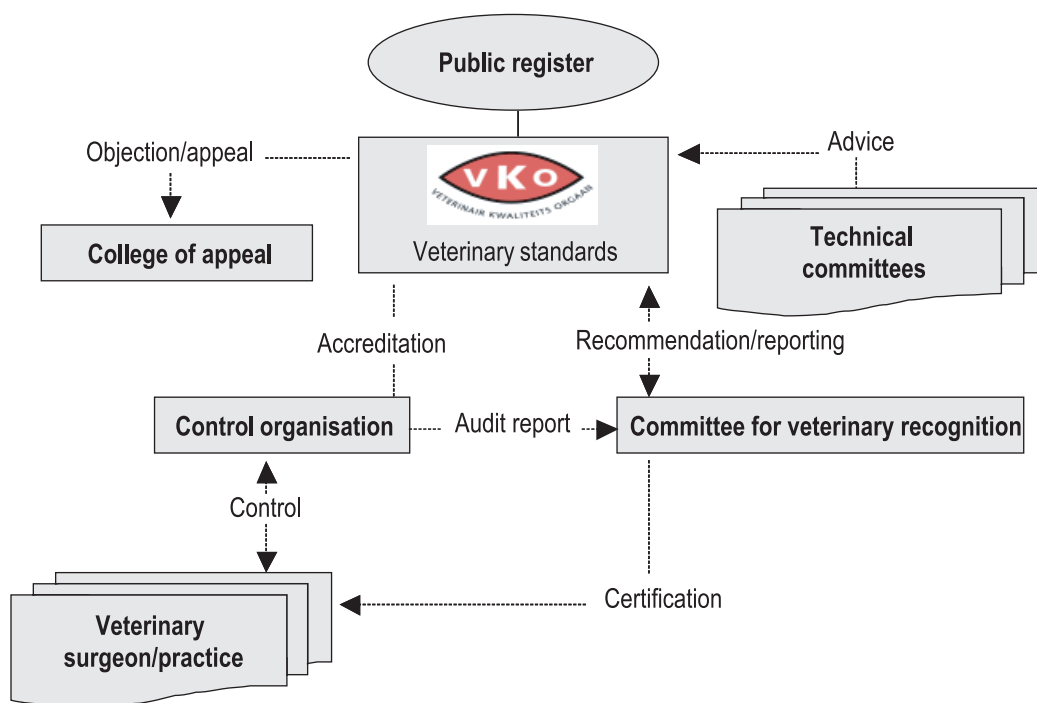


Fig. 2
Self-regulation of the veterinary profession in the Netherlands

List A diseases and working according to protocols. The qualification system focuses on sharing tasks between the public (veterinary official tasks) and private (veterinary service provision) sectors. In 2003, the numbers of veterinarians registered as experts in ruminants, pigs, poultry and horses, were 865, 370, 89 and 377 respectively. In September 2002, the auditing of on-going professional training and knowledge levels (based on contact hours in a specific working field) started. This auditing is an on-going process and the independent inspection organisations work according to the NEN-EN 45005 schedule (NEN is the Dutch organisation for standardisation).

Private parties (e.g. the Product Board for Livestock, Meat and Eggs, the Product Board for Dairy Products, the Royal Warmblood Studbook of the Netherlands and insurance companies) need veterinarians who indicate that they work in a certain market sector and who are willing to be tested. Examples are: the VKO-qualified pig veterinarian for the quality assurance system for pig production in the Netherlands: IKB Pig (*Integrale Keten Beheersing* – Integrated Chain Control); the VKO-qualified ruminant veterinarian who makes periodic quality control visits to dairy farms; the VKO-qualified poultry veterinarian authorised to perform export certification; and the VKO-qualified equine veterinarian, authorised by the Royal Warmblood Studbook of the Netherlands, and certain insurance companies, to perform examinations. The registers are public and can be accessed on the Internet: <http://www.veterinairekwaliteit.nl> (in Dutch).

Good veterinary practice

The general code for good veterinary practice (GVP) was determined on 13 April 1993. The code is based upon the general law and regulations and the KNMvD code for veterinary surgeons. The GVP includes guidelines on determining the development of the disease, performing an investigation, making a probable diagnosis, determining a possible treatment, selectively administering animal medicines taking into account the expected effectiveness and possible harmful side effects, and giving advice. For various animal categories, codes have been elaborated further, e.g. GVP for the IKB pig breeding scheme; GVP for dairy cattle farms and GVP for poultry farms.

Guidelines for quality management in veterinary practice

In the 1990s, the KNMvD developed quality guidelines for veterinary practice, which have been adapted on several occasions. The most recent version, as declared by the VKO on 24 October 2002, is the *Kwaliteit Richtlijnen Dierenartsenpraktijk (KRD)*/International Organization for Standardization (ISO) (9001-2000) for quality management systems of veterinary practices (version 2002-1). The KRD/ISO is very similar to the GVP code of the Federation of Veterinarians of Europe (19), which was determined in November 2002. The emphasis is on risk control regarding consumers (quality), personnel (law for working conditions) and surroundings (environment). By working in compliance with the ISO, a clear choice has been made for a system based upon continuous improvement (Table I).

Table I
Veterinary standards in the Netherlands

Standard	Register	Remit	Status
Code of conduct for veterinarians	Veterinarians on the the KNMvD register	Professional code of conduct with respect to: Legislation Professional handling of public health, animal health and animal welfare issues Attitude and integrity	KNMvD guideline
VKO-qualified veterinarian status	VKO register	Professional skills with respect to: Continuing education in veterinary medicine Contact hours in a sub-field or animal species	Voluntary private registration to participate in processes and/or production chain surveillance programmes after registration in the register of the official Veterinary Service
Good veterinary practice	VKO register	Code of good veterinary practice with respect to: Legislation in force Professional code of conduct in force	Voluntary private registration to practice after registration in the register of the official Veterinary Service
Quality management system	VKO register	Guidelines for quality management in veterinary practice with respect to: Legislation in force Professional code of conduct in force Requirements of customers, personnel and environment Commitment to continual improvement	KRD-ISO (9001-2000)

ISO: International Organization for Standardization
KNMvD: Royal Veterinary Association of the Netherlands
KRD: Quality guidelines for veterinary practice
VKO: Veterinary Quality Organisation

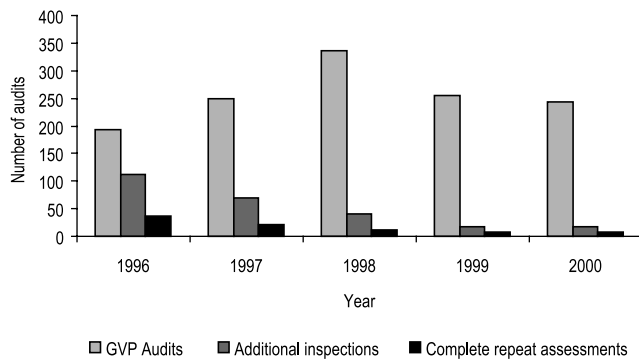
A link between the regulations for VKO-qualified veterinarians and the KRD/ISO has been established for the food producing sectors. The VKO strategy is to incorporate the GVP code into the guidelines for quality management in veterinary practice. The Committee for Veterinary Recognitions awarded the first KRD/ISO (9001-2000) certificates in May 2003.

Case study: applying international standards and the good veterinary practice code to the Integrated Chain Control system

In the early 1990s, the Product Board for Livestock, Meat and Eggs introduced a quality control system for the pig industry which encompassed the whole production chain: the Integrated Chain Control (IKB: *Integrale Keten Beheersing*) system. All links are part of the system, 'all the way from farmer to retailer'. By the end of 1992, the system, known as IKB pigs, was fully operational. IKB pigs is a voluntary system, but in 2003, 70% of all pig farmers participated in the scheme and their farms produced 90% of the total amount of pigs. Pig farmers producing IKB pigs must co-operate with a veterinary surgeon registered in the GVP register. The GVP code in the IKB pig breeding industry requires that pig farms are visited periodically. These visits must be performed according to a standard protocol (e.g. inspection, advice, restricted use of veterinary medicinal products, administration and evaluation).

In order to work transparently and verifiably, sound administration should be maintained by both the veterinary surgeon and the pig farmer. Veterinary surgeons have been registered in the GVP register since 1995 (909 in 2003). They are tested annually by an independent certifying organisation. Between October 1995 and October 2000, auditors visited 1,279 veterinary practices. The auditors check the documentation and implementation of GVP in the pig breeding and finishing sector. Visits to randomly chosen pig farms that are serviced by the veterinary practice are part of the audit. The audit report is sent to the Committee for Veterinary Recognition. Any incidental or structural shortcomings in the documentation or implementation need to be corrected and then reassessed. Between 1996 and 2000, there were 257 additional inspections and 94 complete repeat assessments (Fig. 3).

The first experiences with private GVP inspection in the pig breeding industry are positive; the quality of veterinary practice as a whole has reached a higher level and the phrase 'working transparently and verifiably' is now widely used and understood. The IKB system has developed. The VKO strategy for the reviewed IKB regulations states that a pig farmer can only enter into a bilateral contract with a veterinary surgeon registered on the VKO register. This signifies a clear preference for veterinarians with a higher level of education. A clear



GVP: good veterinary practice

Fig. 3
Number of code of good veterinary practice (GVP) audits and corrective actions in the pig breeding and finishing sector, 1996-2000

Source: (13)

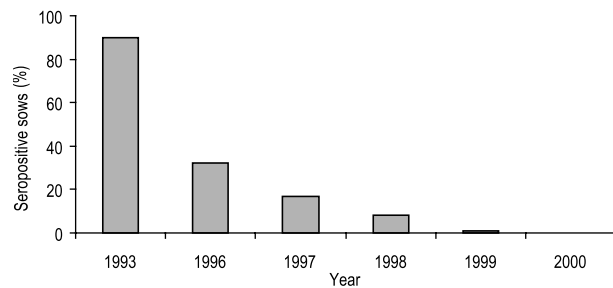
understanding of the dangers of exposure to pathogens, public health risks, organised animal disease control, epidemiology, and legislation and regulation are key components of on-going professional training. As from 1 January 2005 the recognised pig veterinarian must come from a KRD-ISO (9001-2002) certified practice. This way, the GVP will be upgraded to a Quality Management System (QMS).

By using a multidisciplinary approach, radical changes have been made in the pig breeding industry in the Netherlands. The multidisciplinary approach and the investments made by the pig breeding industry are illustrated by the measures taken to control Aujeszky's disease (OIE List B). Thanks to co-operation between the government (imposing compulsory vaccination), research institutes (the ID Lelystad Institute for Animal Science and Health), the pharmaceutical industry, the Animal Health Service, the Product Board for Livestock, Meat and Eggs, pig farmers and veterinary surgeons the virus was brought under control within a couple of years by vaccination (marker vaccine) and the culling of positive sows (Fig. 4) (17). The main part of the campaign was financed by the private sector. This case study demonstrates that the success of private initiatives is largely determined by voluntary participation and certification, collective interests and market processes.

Strengths and weaknesses of quality control

Consumers and governments, both nationally and internationally, have a need to feel certain about the quality of the goods and services they use. This can be achieved if suppliers transparently comply with the requested terms of delivery with respect to specifications, timing and price. Suppliers of these goods and services should take into account issues that are important to the public in general, such as safety, environment, public health, etc. Large-scale expansion, free trade and commercial traffic in the food producing sectors necessitate the development of 'emerging risk information systems', with early response as one of the main objectives.

a) Aujeszky's disease contamination after compulsory vaccination campaign



b) Aujeszky's disease seroprevalence in sows and finishing pigs (number of gE-seropositive pigs)

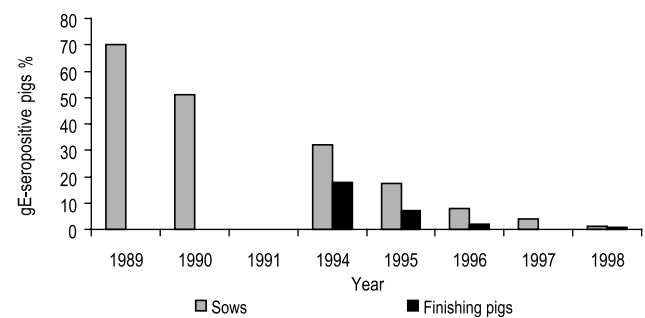


Fig. 4
Aujeszky's disease contaminations and seroprevalence in sows and finishing pigs before and after a compulsory vaccination campaign in the Netherlands

Sources: (17, 26)

The core business of the veterinary profession is public health, food safety, animal health and animal welfare. To meet these responsibilities the profession focuses on quality assurance, on-going professional training and professional conduct, all of which bring improvements to the profession and to society as a whole. Based on this vision, some strengths and weaknesses of quality control can be identified, as follows:

a) strengths:

- the veterinary profession determines its own standards (code of conduct, qualified veterinarians, GVP, QMS)
- the veterinary profession contributes to the development of national/international legislation and regulation
- the veterinary profession is responsible for its own quality improvement based on independent inspection and certification audits
- professional liability is enhanced by transparent working methods
- risk areas are mapped (quality, labour and environment), as a result of which structural faults are detected
- factual material is collected to support administrative decisions
- the profession becomes more proactive and less reactive

b) weaknesses:

- external compliance assessment by an independent certifying institution may contain subjective elements, because not all criteria are measurable and there is room for interpretation
- external compliance assessment by an independent certifying institution does not provide a watertight guarantee of correct legal conduct
- internal inspection does not provide a complete insight into the results of work
- a step-by-step process moves slowly
- there are limited sanctioning possibilities against ‘free riders’ operating outside the private systems: a thorough offence description is necessary to penalise on the basis of criminal law, the Economic Offences Act and public disciplinary law.

Private quality control can only succeed when it is soundly based on a well-balanced and complementary system of private

and public enforcement; establishing such a system is the main administrative priority for both the KNMvD and the VKO.

Transferability of private control systems to developing countries

The most important issue is a balanced allocation of responsibilities between the government and the private profession. The role of the government should be to encourage private initiatives. Individual responsibility and commercial motivating factors are important for the smooth implementation of private control systems. A clear view of the cost and benefits of the structure is essential. Proactive and positive thinking are very important. The relationship between the government and the private sector should be based on mutual trust. This is only possible with a clear and transparent sanctioning system for both the private and official authorities.

Contrôle de la qualité de la pratique vétérinaire privée aux Pays-Bas

S.J. de Groot & T. de Ruijter

Résumé

Aux Pays-Bas, les premières tentatives pour organiser la profession vétérinaire en association remontent au début du XIX^e siècle. Depuis lors, l'Association vétérinaire royale des Pays-Bas a évolué vers une organisation qui s'est donné pour mission de défendre les intérêts de la profession. Les normes professionnelles et la législation vétérinaire ont immédiatement été prioritaires. Des codes de déontologie ont été édictés pour améliorer la qualité de la pratique vétérinaire professionnelle. De tout temps, l'établissement d'une certaine forme d'instance réglementaire indépendante a contribué de façon déterminante au respect de ces normes professionnelles, même si l'histoire nous a appris que la mise en place d'un tel organisme indépendant de contrôle et de discipline constituait un processus laborieux, exigeant patience et persévérance. La profession vétérinaire n'a cessé de jouer un rôle clé dans l'industrie alimentaire, que ce soit en organisant la lutte contre les maladies animales ou en améliorant la santé publique (par le biais de l'inspection des viandes, par exemple). Aujourd'hui, les programmes de contrôle de la qualité font appel à des vétérinaires accrédités auprès d'organismes externes dans le cadre de la surveillance de la filière de production alimentaire. Un nouvel organisme, dénommé Organe de qualité vétérinaire (VKO : *Veterinair Kwaliteits Orgaan*), a été créé récemment en vue d'éliminer le risque éventuel d'un conflit d'intérêts. Dépositaire du registre des vétérinaires qualifiés, le VKO est également chargé de définir les normes et d'assurer un contrôle indépendant de la qualité de la profession.

Mots-clés

Autoréglementation – Bonne pratique vétérinaire – Code de déontologie – Contrôle de la qualité – Formation permanente – Gestion de la qualité dans la pratique vétérinaire – Norme vétérinaire – Régime public disciplinaire.

Control de calidad de la actividad veterinaria privada en los Países Bajos

S.J. de Groot & T. de Ruijter

Resumen

Ya desde el siglo XIX se pusieron en marcha en los Países Bajos las primeras tentativas de dar a la profesión veterinaria cierta estructura organizativa en forma de asociación. Con el paso del tiempo, la Real Asociación de Veterinarios de los Países Bajos se ha ido convirtiendo en una organización que defiende plenamente los intereses de la profesión. Desde buen comienzo, el tema de la calidad profesional y de la legislación veterinaria fue prioritario, y se elaboraron códigos de conducta con la idea de mejorar el nivel de calidad de la práctica veterinaria profesional. La existencia de algún tipo de órgano reglamentario independiente siempre ha sido importante para mantener ese nivel de exigencia profesional, aun cuando la historia nos enseñe que la creación de ese tipo de instituciones con potestad supervisora y sancionadora es un proceso laborioso, que exige tesón y paciencia. Al ocuparse de organizar el control de las enfermedades animales y promover la salud pública (por ejemplo con la inspección de productos cárnicos), la profesión veterinaria siempre ha desempeñado un papel central en el sector de la producción alimentaria; en los programas de control de calidad que se aplican actualmente a la cadena alimentaria intervienen veterinarios homologados por organizaciones externas. Con objeto de evitar el menor atisbo de conflicto de intereses, en los últimos tiempos se ha creado una nueva estructura organizativa: la Organización de Calidad Veterinaria (VKO: *Veterinair Kwaliteits Orgaan*), que se ocupa de mantener el registro de veterinarios titulados, establecer normas de calidad y organizar el control independiente de los niveles de calidad de la profesión.

Palabras clave

Autoreglementación – Buena práctica veterinaria – Código de conducta – Control de calidad – Educación continua – Gestión de calidad en la práctica veterinaria – Norma – Régimen disciplinario público.



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