

BVA, AGV, AVI, AVS, BEVA, BSAVA, BVPA, BVZS, SPVS and VMG response to RCVS consultation on Draft Accreditation Standards for veterinary degree programmes

Who we are

1. The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom. With over 18,000 members, our primary aim is to represent, support and champion the interests of the United Kingdom's veterinary profession. We therefore take a keen interest in all issues affecting the profession, including animal health, animal welfare, public health, regulatory issues and employment matters.
2. The following species and sector-specific divisions have contributed to and co-badged this response:
 - The **Association of Government Veterinarians (AGV)** is a specialist division of the British Veterinary Association representing the views of vets working in UK Government Departments and Executive Agencies.
 - The **Associations of Vets in Industry (AVI)** represents the interests of members working in commercial appointments, primarily pharmaceutical and allied industries
 - The **Association of Veterinary Students (UK & Ireland) (AVS)** is the representative body for veterinary students at the nine vet schools in the UK and Ireland. AVS has over 5,500 members, approximately 97% of vet students in the UK and Ireland and represents the views of members at all levels. AVS works closely with numerous organisations including the British Veterinary Association, Veterinary Schools Council and the RCVS to support veterinary students.
 - The **British Equine Veterinary Association (BEVA)**. BEVA serves and leads the equine veterinary profession in the championing of high standards of equine health and welfare and the promotion of scientific excellence and education. BEVA represents some 3,000 members.
 - The **British Small Animal Veterinary Association (BSAVA)**, which exists to promote excellence in small animal practice through education and science and is the largest specialist division of BVA representing over 10,000 members.
 - The **British Veterinary Poultry Association (BVPA)** is an active non-territorial division of the British Veterinary Association. The objective of the BVPA is to further the knowledge of its members, who are drawn from academia, research, government, commerce and practice, by holding educational and technical meetings. The Association also offers objective science-based advice and comment on issues affecting its members and the poultry industry in general.
 - The **British Veterinary Zoological Society (BVZS)** is a specialist division of the British Veterinary Association (BVA) dealing with the interests of free-ranging and captive wildlife, zoo animals and non-traditional companion animals (NTCAs). The Society has several hundred active members, including registered veterinary surgeons, veterinary nurses, students and other interested individuals in related academic fields. BVZS supports and promotes veterinary

knowledge and scientific advancement in the health, welfare and conservation of free-ranging and captive wildlife, zoo animals and non-traditional companion animals (NTCAs) and encourages veterinary input and support for the health and welfare of these species by those individuals and organisations responsible for their care.

- The **Society of Practising Veterinary Surgeons (SPVS)** is the division of the BVA with a primary focus on matters concerning vets in practice and the practices where they work. SPVS is a not-for-profit organisation for professionals within the veterinary industry. SPVS promotes responsible leadership by providing tools and resources.
- The **Veterinary Management Group (VMG)** is the professional association for all those in leadership and management roles in the veterinary sector. We champion the personal and professional development of people and practices; and empower leaders at all stages to learn, share and grow.

Introduction

3. We welcome this opportunity to comment on the RCVS Draft Accreditation standards for veterinary degree programmes. We strongly support the aims of this review to ensure that accreditation standards for veterinary degree programmes remain fit for purpose, robust across different models of curricula and programme delivery and in line with international best practice.
4. Current UK veterinary undergraduate programmes are held in high esteem for the high-quality veterinary surgeons they produce, and UK veterinary schools are internationally recognised for their global excellence in teaching and veterinary research.¹ We support well-structured and adequately resourced veterinary education programmes in order to produce a well-respected, adaptable veterinary workforce who are able to take the lead in improving animal health and welfare and public health for the benefit of society.² We are therefore generally supportive of the RCVS draft accreditation standards for veterinary degree programmes.
5. It is also important to recognise that the UK's vet schools are also employers and veterinary workplaces. As such, it is paramount that these draft standards are also considered in the context of ensuring that vet schools are a good place to work and can recruit and retain a sustainable workforce of educators and support staff.
6. Throughout this response we provide commentary on specific standards and additional guidance to suggest areas that should be strengthened or revised. Our comments relate specifically to the areas where we have specific positions and/or expertise, and we have not commented on standards that are outwith our areas of expertise.

Summary of key points

7. Demonstration of Day One Competences
We strongly support a reconsideration of the way in which students are required to demonstrate their Day One Competences. RCVS should enable students with physical and/or mental health conditions or disabilities to demonstrate competence through reasonable adjustments such as using simulation, or demonstration of competence through direction, as is the case in human healthcare education.³ This will support efforts to widen participation by ensuring equitable access to the veterinary profession for students with physical and/or mental health conditions or disabilities.
8. EMS
Specifying the model of delivery for EMS placements (eg, number of weeks) becomes less important when objectives and outcomes of the placement are clearly defined, measured and reflected upon. It is important to recognise that individual students will come with different experiences and have different objectives. It is therefore unlikely that one method of delivery will fit

¹RCVS, 2019. Outstanding performance of UK veterinary schools on world stage <https://www.rcvs.org.uk/news-and-views/news/outstanding-performance-of-uk-veterinary-schools-on-world-stage/>

² Also see BVA One Health in Action report

³ <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued>, https://www.gmc-uk.org/-/media/documents/practical-skills-and-procedures-a4_pdf-78058950.pdf

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all circumstances. Whichever way EMS is delivered, it should enable exposure to different veterinary environments and areas of work (both clinical and non-clinical). The offering should remain as varied as possible in order to allow students to gain experience in a wide range of work settings. There should be increased awareness amongst students and EMS co-ordinators about the variety of EMS placements available and breadth of career pathways that can be pursued.

9. We support the principle that EMS placements should be quality assured. However further detail is required to set out the level of quality assurance that is expected and how schools should demonstrate that this has been achieved. Consideration should also be given to how quality assurance processes may impact relationships with EMS providers and their willingness to provide placements should these processes become an additional bureaucratic burden.
10. While we recognise that the RCVS EMS policy has been recently updated, we would strongly support a wholesale review of the policy. The review must take into account the current landscape of the veterinary profession (which has changed significantly since 2019 with the profession having to adapt to Covid-19, EU exit, and the establishment of new vet schools), as well as reflecting on lessons learned from adapting EMS provision during the pandemic. Such a review would also enable RCVS and stakeholders to adequately consider the current challenges associated with the provision of, and access to, EMS, including:
 - The impact of current EMS requirements on efforts to widen participation in the profession eg. by restricting student's ability to work and earn additional income outside of term time, and the incurring of additional costs (accommodation, travel) to undertake EMS placements.
 - Ensuring that animal AHEMS and clinical EMS is accessible to all students, including those with health conditions or disabilities
 - The impact of distributed and community IMR models on wider access to EMS placements
 - The impact of new vet schools on provision of, and access to, sufficient EMS placements for an increasing number of students
11. We are concerned that there is likely to be an increasing mismatch between the number of students seeking clinical EMS and the availability of EMS placements. A recent and significant expansion of veterinary education appears to coincide with a corresponding reduction in practices that take EMS students, due to their new IMR commitments. EMS is one of the key foundations of veterinary education and the sustainability of the current EMS model should be reviewed as a priority by the RCVS.
12. BVA's current position on EMS is set out within our position on [UK undergraduate veterinary education](#), and our response to the RCVS Graduate Outcomes Consultation. We intend to review our vision for EMS in the context of Covid-19, EU exit, expansion of vet schools, and we look forward to continued dialogue with RCVS to develop a sustainable EMS model for the future.
13. Diversity of veterinary careers
Further, throughout the standards more emphasis should be given to schools providing opportunities to showcase the breadth of veterinary careers available to new graduates. These include non-clinical roles such as government veterinary work, research, academia, public health and epidemiology but also the broad range of other options open to those graduating with a veterinary degree. It is important to highlight the value of a veterinary degree in wider society.

Standard 1: Learning environment

1.1 The spaces, infrastructure, physical and digital resources across the programme must provide an effective and safe learning and teaching environment, support student welfare, and meet the needs of educators and support staff

14. We strongly support this standard. The additional guidance should make specific reference to making reasonable adjustments where needed to ensure accessibility for all students.
15. In the additional guidance, the reference to 'medical records' does not make clear whether these are the medical records of animals or students. This should be clarified.

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1.2 The learning environments across the programme must ensure the health and safety of students, staff and animals and comply with all relevant jurisdictional legislation including health, safety, biosecurity and UK animal welfare and care standards

16. Consideration should be given as to how this will be verified and reported on in the context of EMS placements.

1.3 All learning environments (within the school and off-site) should be quality assured to ensure appropriate standards of teaching, support and learning outcomes are achieved.

17. Given the shift to online learning and examinations during the Covid-19 pandemic, if hybrid models of education are to continue, consideration should be given as to how this standard would apply to virtual learning environments.
18. In addition, consideration should be given as to how EMS placements will be quality assured, and how this can be achieved without placing extra bureaucratic burdens on EMS providers. See our response to standard 6.9.

1.5 Normal and diseased animals of the principle domestic and exotic species must be available for instructional purposes, either as clinical patients or provided by the school. The school must provide access to sufficient numbers and range of animals and animal material to provide the necessary quantity and quality of animal husbandry and clinical instruction to meet the programme learning outcomes and achieve the RCVS Day One Competences

19. In the additional guidance for this standard it would be useful to define which species should be included as a minimum.

1.6 There must be sufficient up-to-date and well-maintained learning and teaching equipment to support the programme effectively, readily accessible by students.

20. There is a lack of clarity as to whether, or indeed how, this standard will be applied and evaluated in distributed and communicated models of veterinary education where some clinical education is delivered outside of the veterinary school itself.

1.10 Clinical education in veterinary public health training must be complemented by direct exposure in commercially run, approved abattoirs.

21. Overall, we support this standard. In order to attract more recent graduates into veterinary public health work, it is paramount that students are exposed to the full breadth of veterinary public health work and are able to recognise the importance of OV expertise and input in safeguarding animal health and welfare across the food chain, as well as the value they add to the economy and commercial landscape that is the food industry.
22. However, it is important to recognise that the delivery of official controls by Official Veterinarians (OVs) is likely to hold little attraction to many UK graduates, and so efforts should be made to demonstrate the value of the OV role and different career pathways during abattoir placements.
23. OVs are highly trained, with multi-species knowledge of food-producing animals, and play a vital role in helping maintain public trust and commercial confidence in food production. The World Organisation for Animal Health (OIE) recognises the importance of the role of vets in abattoirs, citing the detection of foot and mouth disease in an abattoir in 2001 as an illustration of the essential role of OVs.
24. We also note that there maybe limited capacity to deliver abattoir placements in some meat sectors, therefore consideration should be given to innovative ways to experience veterinary public health roles, eg. through virtual abattoirs.

1.13 The school must establish post-graduate programmes such as internships, residencies, and advanced degrees (e.g. MSc, PhD), that enrich, complement, and strengthen the professional programme

25. The additional guidance to this standard should specify that post-graduate programmes should include training programmes to support and provide training for those in veterinary practice and

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provide alternative routes to specialist status for those working in clinical practice (including part time routes).

Standard 2: Organisation culture and values

2.3 The school can demonstrate a culture which is inclusive, actively seeking and responding to feedback from stakeholders, and involving them in decisions relating to programme development, delivery, and enhancement.

26. The term 'stakeholders' should be better defined in this standard, specifically to make clear whether this includes future employers.
27. Schools should also be required to evidence how they have responded to feedback from stakeholders.

2.4 The school must actively promote and maintain a culture that does not discriminate and enhances diversity, consistent with applicable law. Diversity may include, but is not limited to, race, religion, ethnicity, age, gender, gender identity, sexual orientation, cultural and socioeconomic background, national origin, and disability. There must be reporting mechanisms in place for any individual to raise concerns about discrimination and harassment.

28. We support this standard. It is essential that the whole veterinary profession encourages greater diversity and works to make the profession more accessible for underrepresented and minority groups. As part of this, as higher education institutions and veterinary workplaces, schools should recognise and champion the importance and value of diversity and inclusion at all levels, including prospective students, currently enrolled students, and staff.
29. We recognise that the proposed additional guidance does set out that 'The school and associated sites where learning takes place must demonstrate commitment to an inclusive and diverse culture.' However, it would be useful for the guidance to set out what this commitment looks like in practice. We therefore consider that the additional guidance should make clear that:
 - Employers and employees (including EMS providers) must understand and act on equality law and their responsibilities.
 - Everyone should work to increase their awareness and understanding of issues affecting anyone they work with that may lead to discrimination or offence. To support this, employers should invest in training and be able to signpost to resources on diversity matters, ensure that any knowledge gained is implemented, and develop an open culture of discussing equality issues in the workplace.
 - Employers should regularly review any strategies aimed at improving diversity and inclusion, and should appoint or nominate an equality, inclusivity and diversity champion.
 - It may be necessary to make reasonable adjustments, for both staff and students, to support inclusivity eg. to accommodate religious clothing requirements in clinical settings.
30. Further, schools should treat prospective students, currently enrolled students and staff fairly and equitably, with no tolerance of prejudice or discrimination. To this end, the additional guidance for standard 2.4 should also explicitly state that:
31. Veterinary workplaces should be inclusive. A zero-tolerance policy for all forms of discrimination⁴ and inappropriate behaviour must be available and clearly communicated to everyone, including staff, members of the public, students and EMS providers. The policy must be acted on consistently by all employers and employees, and managers should know how to handle incidents related to discrimination, and where to seek advice.
32. Employers should have fair and transparent processes at all stages of recruitment and employment that can be audited for equality of treatment. This is equally applicable to admissions processes as per standard 3.6.
33. Incidents of discrimination should always be reported and recorded, and reporting mechanisms should be fit for purpose.
34. It would also be beneficial to set out that staff and students should know how to access support when they need it. Schools should signpost relevant helplines and guides, and individuals should consider joining support networks and groups.

⁴ <http://www.legislation.gov.uk/ukpga/2010/15/part/2/chapter/2>

2.5 The school must demonstrate a no-blame culture that investigates, reflects, and learns from mistakes and adopts effective reporting mechanisms and sharing of best practice. Students and staff should feel safe in raising and reporting concerns, and these should be dealt with effectively.

35. We support this standard, and this culture should extend throughout the veterinary profession, leading to safer, better workplaces, both for vets and their patients. All veterinary workplaces, including vet schools, should work to remove the 'blame culture' and instead create a '[just culture](#)⁵', which sees staff and students supported by a culture of fairness, openness and learning by making them feel confident to speak up when things go wrong, or are in conflict with previous teaching and/or experience. Supporting team members and students to be open about mistakes allows valuable lessons to be learnt so the same errors are not repeated.
36. To help achieve this, leaders should be the first to admit that they have made mistakes and recognise how they addressed the situation, be open and honest when intentions or plans go awry, and act as positive role models to their colleagues.

2.6 The school must demonstrate a commitment to sustainability, including consideration of the impact of delivering the programme on the environment.

37. We support this standard, however the additional guidance for the standard should be strengthened to provide examples of sustainability initiatives that could be undertaken by schools. For example:
38. Promoting the BVA, Vet Sustain, BVNA and SPVS [Greener Veterinary Practice Checklist](#);
39. Recommending that schools procure animal-derived food products that are UK farm-assured and promote the value of farm assured produce to students via the [BVA #ChooseAssured infographic](#), and
40. Encouraging staff and students to consider eating '[Less and Better](#)' animal-derived products.

Standard 3: Educational governance and quality improvement

3.2 The school demonstrates a commitment to continuous quality improvement across all accreditation standards and aspects of the programme, informed where possible by measurable outcomes and stakeholder engagement.

41. This standard should include specific mention of student involvement as part of the stakeholder engagement process. Students form a valuable source of feedback, and this should be utilised to ensure that the programme helps them flourish while instilling a feeling of belonging. Students should be able to help guide the improvement of the course they are on. This may be through student and staff committees, meetings or surveys on course enhancement.
42. Further, the additional guidance for this standard should recognise the importance of quality improvement in an educational setting.

3.5 The managerial, academic and support staff should have the necessary skills and experience for their role, and be sufficient in number to support the effective design, delivery and quality assurance of all aspects of the programme.

43. We support this standard, and it is essential that there are sufficient, appropriately qualified staff to maintain quality and standards in veterinary education.
44. This is a particularly pertinent consideration given the recent growth in UK vet schools and restrictions on EU immigration post-Brexit which may have impacted numbers in the academic workforce. Members working in UK vet schools have reported that in some specific disciplines, staff recruitment has been particularly challenging. Any increase in demand for academic staff or negative impacts on the attractiveness of UK vet schools as a workplace are likely to exacerbate this problem further.
45. In addition to the recruitment of academic staff, it should also be remembered that these issues are also likely to impact the recruitment of EBVS Residents, and post graduate students, who are often highly involved in delivery of teaching, particularly in clinical rotations.
46. Please see our response standards 6.8, 6.9 and 6.11 regarding EMS and IMR.

⁵ <https://improvement.nhs.uk/resources/just-culture-guide/>

3.6 The school must demonstrate that the recruitment, selection and appointment of students, educators and staff are open, fair, transparent and free from bias.

47. We support this standard. Schools should have clear procedures in place for recruitment of both staff and students, paying careful attention to all legal requirements and the risk of unconscious bias. As outlined above, schools should also regularly review any diversity strategies put in place, ideally appointing an equality, inclusivity and diversity champion who should be appropriately trained, resourced, and visible in their advocacy, with the capacity to affect organisational changes.

3.12 The school must have effective processes in place to monitor attrition and progression rates in relation to admissions and selection criteria and student support if required

48. We support this standard. It would also be helpful to use this data to conduct further research into the predictive validity of selection methods in veterinary education, both in terms of widening participation, as well as progression on the programme, future performance, resilience and job satisfaction.

3.13 The school must have effective processes in place to ensure that all locations where clinical teaching takes place, must demonstrate a continual commitment to student learning and teaching.

49. Further clarity is needed in the additional guidance for this standard to specify whether or not this applies to EMS placements. Please see our response standards 6.8, 6.9 and 6.11 regarding EMS and IMR.

3.14 The school must demonstrate that only students who are fully Day One Competent are able to graduate.

50. Under the Equalities Act 2010, vet schools are required to make reasonable adjustments to enable protected groups access to education. However, the current system outlined at standard 3.14 limits admissions from students with disabilities or health conditions as they would be unable to meet all of the Day One Competences. This requirement represents a barrier for those with disabilities who would first need reasonable adjustments to meet all of the Day One Competences, before going on to work safely in their area of competence post-qualification. With this in mind, we strongly support a reconsideration of the way in which students are required to demonstrate their Day One Competences. In the context of widening participation in the profession, RCVS should enable students with physical and/or mental health conditions or disabilities to demonstrate competence through reasonable adjustments such as using simulation, or demonstration of competence through direction, as is the case in human healthcare education.⁶ The permitted use of reasonable adjustments should then be made explicit in standard 3.14 and the additional guidance.

Standard 4: Supporting students

4.1 The school must have a strategy for widening participation which considers all aspects of diversity, and engages students from different ethnic and social backgrounds. The school must be proactive in their marketing to attract a diverse cohort of applicants and regularly review, and provide evidence of, their progress towards targets.

51. We support this standard. However, the standard and additional guidance should also refer to engaging students of all ages (eg. mature students, and those wanting to pursue veterinary medicine as a second degree/post-graduate entry). In addition, the guidance should encourage schools to consider how they can extend their geographical reach to include applicants from a wide range of backgrounds who may not be local to the vet school.
52. The additional guidance should also specify that widening participation strategies and targets should be evidence-based, focussing on interventions that will have the most impact. For example, the recommendations set out in the [ASPIRES 2: Young people's science and career aspirations](#).

⁶ <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued>, https://www.gmc-uk.org/-/media/documents/practical-skills-and-procedures-a4_pdf-78058950.pdf

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[age 10–19 research project](#) emphasise the importance of building science capital from early in primary school, and moving away from single-experience initiatives towards longer-term, regular partnership work with young people.

4.2 The school must provide accurate and current information regarding the educational programme easily available for prospective students. The information must include the accreditation status of the degree course (whether by RCVS or other relevant accrediting bodies), selection and progression criteria, the demands of the course and the requirements for eventual registration/licence, including fitness to practise. (In this context, “fitness to practise”, relates to meeting the physical, mental and legal demands of the role.)

53. We support this standard, however the standard should also include a requirement for schools to provide clear and easily accessible information for prospective students on the school’s efforts to promote and support applications from candidates who come from disadvantaged and underrepresented groups eg. widening participation schemes, gateway programmes and types of contextual information that may be considered throughout the admissions process.

4.5 There must be clear policies and procedures as to how applicants with disabilities or illness will be considered and, if appropriate, accommodated on the programme, taking into account the requirement that all students must be capable of meeting the RCVS Day One Competences by the time they graduate

54. As outlined at paragraph 14, under the Equalities Act 2010 vet schools are required to make reasonable adjustments to enable protected groups access to education. However, the current system (as set out in standard 4.5) limits admissions from students with disabilities or physical and/or mental health conditions as they would be unable to meet all of the Day One Competences. This requirement represents a barrier for those with disabilities or physical and/or mental health conditions who would first need reasonable adjustments to meet all of the Day One Competences, before going on to work safely in their own area of competence post-qualification. With this in mind, we strongly support a reconsideration of the way in which students are required to demonstrate their Day One Competences. In the context of widening participation in the profession, RCVS should enable students with physical and/or health conditions or disabilities to demonstrate competence through reasonable adjustments such as using simulation, or demonstration of competence through direction, as is the case in human healthcare education.⁷ The permitted use of reasonable adjustments should then be made explicit in standard 4.5 and the additional guidance.
55. As part of this, it is paramount that these considerations are handled by an appropriately trained and informed individual within the vet school or university.

4.6 Students must be actively supported to develop resilience, self-reflection and professional values in line with the RCVS Code of Professional Conduct, and should not be subject to behaviour which undermines their professional confidence, performance or self-esteem at any sites where teaching and / or learning takes place.

56. We strongly support the sentiment of this standard. To support the implementation of this standard, schools should promote the value of completing ‘professional EMS’, in order to encourage more diversity in career planning and the development of (transferable) skills to support ongoing career development.
57. In addition, the supporting guidance should emphasise that ‘resilience’ is not solely about the individual, but the systems in which they are working.
58. Whilst agreeing with the principle of this standard, it isn’t as clear as it could be, and we would suggest the wording is amended and the threshold for the standard clarified. In effect, all of the RCVS standards have to be evidenced by the school and independently tested by the accrediting panel. As worded, this standard means there is no way a vet school could prove to the panel that it never happens, nor any way for the panel testing to ensure this standard is upheld. It implies that

⁷ <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued>, https://www.gmc-uk.org/-/media/documents/practical-skills-and-procedures-a4_pdf-78058950.pdf

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a school would demonstrate it had met the standard by an 'absence of complaint'. We would suggest that it is re-written in a positive way such that a school can show evidence of positive activity and a panel can assess that activity. As an example to demonstrate our concerns, this standard suggests that a single complaint from a student would mean that the standard was not met (and therefore the whole school would fail).

4.7 Students must receive continuous and effective educational support to enable them to achieve the learning outcomes of the programme and the RCVS Day One Competences, including the provision of regular, constructive and meaningful feedback on their performance and progress in a timely manner.

59. We support this standard, which feeds in well to the VetGDP post-graduation. With this in mind, it is important to ensure that the additional guidance for this standard that students should be engaged in feedback and reflection in a way that prepares them for VetGDP.

4.8 Effective processes must be in place to support the physical, emotional and welfare needs of students

60. We strongly support this standard. It is paramount that students are able to access appropriate and timely support mechanisms. The additional guidance should make clear that there should be processes in place to support students both with issues directly linked to their programme of study, and issues outwith the programme eg. personal circumstances that may impact on their ability to study. Support should be tailored to the needs of the student, without othering the individual.
61. It is also important that the additional guidance recognises that a vet school should have enough flexibility within the wider university to provide support for students' needs which are specific to the veterinary course (and so may not be accounted for in university-wide support policies/processes). This links directly to standard 3.1 where schools are required to prioritise the specific needs of the programme – prioritising students is central to prioritising the programme itself.
62. AVS members have provided the below examples to illustrate this point:
- **Accommodation** - Some university accommodation contracts and policies do not account for the additional weeks of teaching or exams on veterinary courses that fall outside of the central university calendar and timetable. In some cases, AVS members have reported that this has resulted in students negotiating extensions to their accommodation contracts during exam periods or having to move accommodation due to the university scheduling repairs/maintenance works during exam periods.
 - **Exams and reasonable adjustments** – Reasonable adjustments for exams are often handled by a central university team as opposed to the vet school itself. AVS members have reported that while these teams are generally helpful, they are required to provide standardised support across courses, and are unable to offer options for reasonable adjustments that may be required in the veterinary context if they deviate from the central university policy.
 - **Timetabling and course provision** – Some vet schools are required to use the central university system for timetabling, to which they have no access should amendments or changes to scheduling be required. AVS members have reported that in some circumstances this had led to vet students missing out on teaching, teaching being rescheduled, and delays in notifying students of scheduling amendments.
 - **Welfare services** – AVS members have reported that some universities require welfare services to be centralised and they are unable to be delivered at remote sites. With these services heavily oversubscribed, students are often allocated a time rather than selecting one. While it is important to recognise this is likely due to resource constraints, given the busy schedule of vet students this can result in vet students making the difficult decision to miss teaching hours to access welfare support, or not being able to access services in a timely fashion at the times they have been allocated as they are unable to miss compulsory practical lessons. It is recognised that students can apply for sign-off to miss teaching time to access services, however this is another barrier to access as some students may not wish to disclose this information to vet school staff. In addition, vet students studying on remote campuses also have to factor in travel time and cost to attend a central site where services are based.

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4.10 The school must provide students with a mechanism, anonymously if they wish, to offer suggestions, comments, and complaints regarding compliance of the school with the RCVS standards for accreditation and that Day One Competences are being met. All such feedback from students must be reported to the RCVS as part of the annual report.

63. We strongly support this standard. In addition, we consider that this mechanism should also be available for educators and support staff and incorporated into Standard 5: Supporting educators

4.12 The school must ensure that students are competent and sufficiently experienced in animal handling before they begin clinical placements and / or workplace learning, and that they are fully briefed regarding all relevant Health and Safety matters.

64. The additional guidance for should specify which species are expected to be covered by this standard.

Standard 5: Supporting educators

General comments

65. It is important to recognise that the UK's vet schools are also employers and veterinary workplaces. As such, it is paramount that these draft standards are also considered in the context of ensuring that vet schools are a good place to work and can recruit and retain a sustainable workforce of educators and support staff.
66. Members working in UK vet schools have reported that in some specific disciplines, staff recruitment has been particularly challenging. Any increase in demand or negative impacts on the attractiveness of UK vet schools as a workplace are likely to exacerbate this problem further.
67. To increase the supply of vets to these positions, greater emphasis should be placed on academia as a career route for vets as part of the undergraduate veterinary degree programme.

5.1 The school must ensure that all educators who are involved with student teaching have successfully completed a quality assured programme of teacher training, which effectively prepares educators for their roles.

68. We support the sentiment of this standard, however, it would benefit from further clarification. As written, it would mean interns, residents and Masters students would have to complete a teacher training course before they could undertake these roles.
69. There is also a lack of clarity as to whether this would apply to practitioners in IMR practices.
70. In addition, we would wish to ensure that guest speakers are captured here as they will likely make up a higher proportion of the teaching in the future. We are aware that in some vet schools changes have been made, or plans are in place, such that all dermatology, cardiology, soft tissue surgery, ophthalmology, diagnostic imaging and exotics are currently or will be taught by 'guest lecturers'. As a result, a substantial number of personnel will not have to complete teacher training, while interns, residents and Masters students will have to complete this training.
71. There is also a lack of clarity as to whether, or indeed how, this standard will be applied and evaluated in distributed and communicated models of veterinary education where some clinical education is delivered by practitioners.

5.2 All educators involved in teaching and / or supporting students' learning within the programme must demonstrate their continued competence and effectiveness.

72. We support the sentiment of this standard, however it would benefit from further clarification. For example, it is not clear how an intern could demonstrate their continued competence as a teacher when they are in the early stages of learning themselves.
73. It is also not clear whether this standard refers to educators' professional competence as a vet or their educational competence as a teacher, or both.
74. In addition, it is not clear whether this would apply to EMS providers and those providing IMR placements.

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5.3 An appraisal system for all staff must be in place. The school must provide evidence that it has a comprehensive, effective and publicised programme for the professional development of staff. Promotion criteria must be appropriate, clear and explicit.

75. We support this standard, it is paramount that opportunities for career development and promotion criteria are clear and transparent. We also consider that there should be a requirement for schools to have in place minimum standards, and leadership and management training for all those responsible for leading and/or line managing vet school staff, whether in a clinical or other learning environment.
76. In addition, it is important to recognise that many of the activities undertaken by staff may not fit neatly into the career progression guidelines of the university. For example, many educators spend large proportions of their time engaged in clinical activity. There should be further clarity as to how vet schools should measure and value this activity in relation to career progression.
77. Vet schools should also be required to demonstrate the efforts made by the school to encourage research collaborations between departments within the same school, but also with colleagues across that university.

5.4 The school must support educators by dealing effectively with concerns of difficulties they face as part of their educational responsibilities. Effective processes must be in place to support the physical, emotional and welfare needs of staff.

78. Further guidance is required for this standard to illustrate how educators can be supported in dealing with the difficulties they face as part of the educational responsibilities.
79. In addition, as outlined in our response to standard 4.10, schools should also offer educators a mechanism, anonymously if they wish, to offer suggestions, comments, and complaints regarding compliance of the school with the RCVS standards for accreditation and that Day One Competences are being met. All such feedback from educators must be reported to the RCVS as part of the annual report.

Standard 6: Curricula and assessment

6.1 Veterinary programmes must be designed and delivered to ensure that students, upon graduation, have achieved the programme learning outcomes (targeted at FHEQ level 7 or equivalent) and the RCVS Day One Competences.

80. Further guidance is required for this standard. We note that the majority of newly qualified vets will pursue roles based in the general practice/primary care setting and that the majority of practising vets remain in this clinical working environment throughout their careers. However, many of the UK vet schools currently use referral practice to deliver a significant portion of clinical teaching. In effect, there is a mismatch between the practical content of the curriculum and what is experienced by vets in general practice/primary care settings.
81. With this in mind, we consider that there should be a blend of teaching and opportunities to gain practical experience in general practice/primary care; referral practice, and research. See response to standard 6.4 below.
82. We would also strongly support a reconsideration of the way in which students are required to demonstrate their Day One Competences. RCVS should enable students with physical and/or mental health conditions or disabilities to demonstrate competence through reasonable adjustments such as using simulation, or demonstration of competence through direction as is the case in human healthcare education.⁸ This will support efforts to widen participation by ensuring equitable access to the veterinary profession for students with physical and/or mental health conditions or disabilities.

6.4 The majority of clinical education delivered by the university should focus upon casework in the 'general practice' context, reflecting the reality of veterinary practice in society.

83. With the majority of new graduates entering general practice and this forming the basis of their future professional development, we consider that a focus on general practitioner/primary care roles would be of benefit to students. We are also aware that concerns have been raised that

⁸ <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued>, https://www.gmc-uk.org/-/media/documents/practical-skills-and-procedures-a4_pdf-78058950.pdf

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university and referral practice teaching is not always preparing students for the cases and decision making that they will encounter in first opinion practice^{9,10}.

84. A greater focus on general practice and primary care roles and the challenges presenting in such roles eg. cost considerations, compliance issues, working in team environments, may assist students as they make the transition into practice as new graduates, with a heightened awareness and confidence in tackling such challenges. This may also help increase satisfaction upon graduation by managing expectations.
85. However, we note that the additional guidance specifies that 'Anything more than 50% constitutes a 'majority'. We would support a more detailed definition that considers both clinical casework and teaching time.
86. While we recognise the need for focussing on casework in the general practice/primary care context, it is important to recognise this standard may have an adverse impact on specialists in vet schools in that it could potentially drive specialists from universities to referral practices and leave the universities relying on generalists to teach students but without having the benefit of the research leadership or post graduate programmes that currently are currently a feature in vet schools (as generalists are not trained researchers or able to teach post-graduates). Therefore, there is a balance to be struck between providing clinical education from both generalists and specialists for undergraduates, such that students have a suitably rounded foundation both in terms of skill set and expectations. To prevent this unintended consequence, consideration also should be given to developing a research basis for general practice and developing parity of esteem for this area of practice as a specialism in its own right.
87. In addition, it is paramount that there are opportunities within the curriculum to better showcase the breadth of veterinary careers available to new graduates. These include non-clinical roles such as government veterinary work, research, academia, public health and epidemiology but also the broad range of other options open to those graduating with a veterinary degree.
88. As well as clinical competences, it is also important to ensure that veterinary graduates have the opportunity to develop a range of non-clinical competences and are prepared to navigate the range and complexity of decisions they will be expected to undertake as part of their first clinical roles (eg. communication, resilience and emotional intelligence).¹¹ This will also serve to prepare them for the many different career pathways and opportunities that the veterinary degree presents, both clinical and non-clinical.
89. As a competence that spans both clinical and non-clinical skills, ethical reasoning is also an integral part of the veterinary surgeon's role in navigating the ethical challenges arising from a vet's duty to animals, clients and their employers. It is therefore important that awareness and training in animal welfare, science, ethics and law (AWSEL) are integrated across undergraduate curricula. Similarly, for the veterinary profession to position itself as animal welfare focussed, awareness and training in animal welfare advocacy at undergraduate level should be strengthened.

6.5 The curriculum must describe appropriate learning outcomes which represent and effectively align the required knowledge, skills, and behaviours of a veterinary surgeon with teaching, learning assessment activities within a cohesive framework.

90. Please see our response to standards 1.13 and 6.4 which are of relevance to this standard.

6.6 Under all teaching situations students must be actively engaged in the case. In the majority of cases, students must be actively involved in the investigation and management of the patient (including practical aspects of diagnosis and treatment, as well as clinical reasoning and decision-making).

91. We support this standard. The additional guidance for this standard should also recommend that students should be actively engaged with the financial aspects of the case, be actively involved in discussing the financial factors influencing decision-making, as well as other client factors such as the ability to give/administer medication.
92. Please also see our response to standards 1.13 and 6.4 which are of relevance to this standard.

⁹ [AVS Student Experience Survey](#)

¹⁰ 2017 [Vet School Council Employer Survey](#)

¹¹ British Veterinary Association, 2016. [Euthanasia of animals guide.](#)

6.7 The programme must give students the opportunity to learn and practise alongside other members of the veterinary team in an holistic manner that reflects the reality of veterinary practice in society.

93. We support this standard. The Vet Futures report notes that it will be essential that undergraduate training reflects the diversity of careers, promotes teamworking, management and leadership skills, appropriate delegation, and is fit for the future. However, it is essential that the additional guidance for this standard recognises that veterinary surgeons will require different management and leadership skills depending where they work and the allied professionals they interact with, and this is not solely limited to the provision of nursing care and the instruction of veterinary nurses. The (non-exhaustive) list of allied professionals and members of the vet-led team can include the following: Registered Veterinary Nurses (RVNs), Official Auxiliaries/ Meat hygiene inspectors, Embryo transfer technicians, Equine dental technicians, Foot trimmers, AI technicians, Farriers, Blood samplers, Groomers, Hydrotherapists, Behaviourists, Physiotherapists, and Animal care assistants.
94. Veterinary surgeons may require a wide range of skills depending on their role and the sector in which they operate. This can include project management skills, people management skills, and an ability to analyse evidence to provide advice and leadership on national or international situations which may affect animal and human populations and large commercial businesses.
95. With the advancement of technology, new ways of working that are likely to become more prevalent in practice should be included in the curriculum. For example, remote consultations will likely become more common practice and this may require modifications to current approaches to case management and an understanding of the RCVS Code of Conduct, students should therefore have a basic understanding of requirements.

6.8 Students must be supported to gain experience which consolidates their learning throughout the programme through the completion of Extra Mural Studies (EMS). This must be delivered in line with RCVS EMS Policy (Annex 2).

96. Specifying the model of delivery for EMS placements (eg, number of weeks) becomes less important when objectives and outcomes of the placement are clearly defined, measured and reflected upon. It is important to recognise that individual students will come with different experiences and have different objectives. It is therefore unlikely that one method of delivery will fit all circumstances. Whichever way EMS is delivered, it should enable exposure to different veterinary environments and areas of work (both clinical and non-clinical). The offering should remain as varied as possible in order to allow students to gain experience in a wide range of work settings. There should be increased awareness amongst students and EMS co-ordinators about the variety of EMS placements available and breadth of career pathways that can be pursued.
97. While we recognise that the RCVS EMS policy has been recently updated, we would strongly support a wholesale review of the policy. The review must take into account the current landscape of the veterinary profession (which has changed significantly since 2019 with the profession having to adapt to Covid-19, EU exit, and the establishment of new vet schools), as well as reflecting on lessons learned from adapting EMS provision during the pandemic. Such a review would also enable RCVS and stakeholders to adequately consider the current challenges associated with the provision of, and access to, EMS, including:
 - The impact of current EMS requirements on efforts to widen participation in the profession eg. by restricting student's ability to work and earn additional income outside of term time, and the incurring of additional costs (accommodation, travel) to undertake EMS placements.
 - Ensuring that animal AHEMS and clinical EMS is accessible to all students, including those with health conditions or disabilities
 - The impact of distributed and community IMR models on wider access to EMS placements
 - The impact of new vet schools on provision of, and access to, sufficient EMS placements for an increasing number of students.
98. We are concerned that there is likely to be an increasing mismatch between the number of students seeking clinical EMS and the availability of EMS placements. A recent and significant expansion of veterinary education appears to coincide with a corresponding reduction in practices that take EMS students, due to their new IMR commitments. EMS is one of the key foundations of

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veterinary education and the sustainability of the current EMS model should be reviewed as a priority by the RCVS.

99. BVA's current position on EMS is set out within our position on [UK undergraduate veterinary education](#), and our response to the RCVS Graduate Outcomes Consultation. We intend to review our vision for EMS in the context of Covid-19, EU exit, expansion of vet schools, and we look forward to continued dialogue with RCVS to develop a sustainable EMS model for the future.

6.9 There must be an appropriate structure and resources in place to ensure the oversight, coordination, and quality assurance of EMS. There must also be sufficient administrative support in place to assist the students

100. We support this standard. The additional guidance should specify that students should be supported where they are struggling to find placements or meet EMS requirements due to issues with accessing placements.
101. The additional guidance should also specify that there should be mechanisms in place for students to report concerns about an EMS placement should they feel unsafe or experience discrimination and inappropriate behaviour.
102. We support the principle that EMS placements should be quality assured. However further detail is required to set out the level of quality assurance that is expected and how schools should demonstrate that this has been achieved. Consideration should also be given to how quality assurance processes may impact relationships with EMS providers and their willingness to provide placements should these processes become an additional bureaucratic burden.
103. Workplace learning could be better supported by increasing the communication between veterinary schools and EMS providers about the aims of EMS, both in general and individual students. EMS providers should have a clear idea of the objectives that the student has for their placement, as well as their current level of knowledge and skills.
104. The use of a formal structure to communicate this information, such as the [AVS Pre-EMS objective setting templates for small animal, farm animal and equine practice](#), can optimise the experience for both students and providers. Ideally this information should be communicated at the time the EMS placement is booked to ensure that the practice feels able to support the student in meeting their learning objectives.
105. In addition, as part of considerations around the delivery of EMS it is important to recognise the time and effort required by EMS providers to deliver high quality EMS placements, as well as considering ways in which veterinary schools and professional associations can further support EMS providers in their delivery of placements. As highlighted in [the EMS Recommendations, Policy & Guidance as approved by RCVS Council in November 2009](#):
“Bearing in mind that practices receive no financial remuneration for their contribution to the training of veterinary students, universities should consider offering EMS providers discounted and/or preferential access to some services, facilities and/or CPD provided by the university. This will help to strengthen links between practices and universities, bringing benefits to both sides. Whilst these recommendations have financial implications for the universities, it should be recognised that it could cost them considerably more to try and replace EMS completely by in-house or university-owned provision, if indeed it ever could be replicated.”
106. Therefore, consideration should be given to the ways in which veterinary school, RCVS and professional associations can further support EMS providers in their delivery of placements. As part of this, clear information about course structure and school expectations of EMS should be clearly communicated with EMS providers by vet schools in advance of placements.
107. In addition, increased provision of mentorship and education-based training of staff in workplaces providing EMS placements would help staff to be able to confidently support and mentor students to develop both clinical and non-clinical skills, as well as supporting insights into opportunities for different career paths. This could be achieved through a future VetGDP module that highlights the ways in which mentoring skills can be applied to EMS students, giving those who undertake the VetGDP a common framework and shared language associated with mentorship. However, it is important to emphasise any training should not place an increased burden on practices that could potentially result in fewer places for EMS being available.

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6.10 The school must have processes in place to ensure students identify relevant learning outcomes on EMS, and record and reflect on their achievement.

108. The additional guidance for this standard could be strengthened by signposting to the [AVS Pre-EMS objective setting templates for small animal, farm animal and equine practice](#).

6.11 The EMS experience should be individual to the student, and they should be able to tailor their experience based on their own learning needs.

109. We support this standard. We recognise that individual students will come to EMS placements with different experiences and have different objectives. It is therefore unlikely that one method of delivery will fit all circumstances. Whichever way EMS is delivered, it should enable exposure to different veterinary environments and areas of work (both clinical and non-clinical). Therefore, the additional guidance for this standard should encourage increased awareness amongst students and EMS co-ordinators about the variety of EMS placements available and breadth of career pathways that can be pursued.

6.13 The school must demonstrate that EMS placements consolidate skills which have previously been taught during the programme.

110. While we support this as an aspirational objective for EMS placements, it is important to recognise that it is often not feasible for all skills to be taught on the course prior to students undertaking clinical EMS placements. Many EMS providers frequently teach students skills that they have not yet been taught, or demonstrate something unusual or specific to their practice that would not be taught at vet school.

111. Effective implementation of this standard would also require increased communication between vet schools and EMS providers so that they know which skills have been taught at each stage.

6.14 The school must develop and implement a comprehensive and robust assessment strategy, at the programme and modular level, which provides evidence that students meet the requirements for progression across the programme and the Day One Competences upon completion.

112. We support this standard. However, expectations of new graduates must be realistic, and assessment strategies should recognise that no graduate can be considered completely omniscient on graduation across all species, rather they graduate with omnipotential having been exposed to a broad range of species and areas of work throughout their undergraduate education.

113. Consideration should also be given to establishing feedback mechanisms with EMS providers and future employers.

114. As outlined throughout this response, we strongly support a reconsideration of the way in which students are required to demonstrate their Day One Competences. RCVS should enable students with physical and/or mental health conditions or disabilities to demonstrate competence through reasonable adjustments such as using simulation, or demonstration of competence through direction as is the case in human healthcare education.¹² This will support efforts to widen participation by ensuring equitable access to the veterinary profession for students with physical and/or mental health conditions or disabilities.

6.18 Assessment load should be sufficient to provide feedback to support students' progress, and to evidence achievement, remaining cognisant of workloads for staff and students.

115. We would consider that workload modelling for students and staff is going to be important for successful implementation of this standard and there should be greater emphasis on this in the additional guidance. What constitutes reasonable levels of expectations for student workload through the course, as well as for staff, need to be considered.

6.19 The school must have appropriate moderation processes in place to ensure parity within and between individual units of study, across the programme, with other institutions; and to ensure that each student is treated without bias.

¹² <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued>, https://www.gmc-uk.org/-/media/documents/practical-skills-and-procedures-a4_pdf-78058950.pdf

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116. This standard should be amended to include the term 'assessment' as follows: '[...]and between individual units of study and assessment.'

6.22 All students must be trained in scientific method and research techniques. All students must have opportunities to participate in research programmes

117. We support this standard, however it should also emphasise that students must have opportunities participate in research programmes and apply research to practice (not just clinical practice).

Definitions and Glossary

Referral/Advanced care: Many specialists work by receiving referrals involving cases of established disease, on which generalists have chosen not to proceed, or emergency cases where specialised facilities have equipment that it does not make economic sense for general practices to own.

118. We do not feel that this definition reflects the reality in practice, where many practitioners with significant practical clinical experience but no relevant specialist qualification might see cases from other practices and offer a 'referral' service. In the more remote areas of the UK, that lack large specialist centres, this is an essential provision. It also provides a benefit to students undertaking EMS in these practices.

General practice and generalism

119. There could be greater clarity in the definitions of the terms 'general practice' and 'generalism.'

Specialism

120. In this definition there is a need to distinguish between species and system specialism.

Primary care

121. We note that this definition doesn't reflect that primary care is not typically just the first clinical professional encounter with a client. We also consider that the terminology 'client complaint' is misleading and could be confused with complaints against a professional and/or practice, 'client presentation' would be clearer.