

EMS principles and emerging themes

What is EMS seeking to achieve?	
1.1	Current BVA position
	<ul style="list-style-type: none"> BVA's current position recognises that the provision of accessible, high-quality and appropriately funded extra-mural studies (EMS) is an important part of veterinary education. EMS enables exposure to a wide range of working environments, both clinical and non-clinical, as well as all aspects of the veterinary team. As such, EMS should be underpinned by a commitment to maintain exposure to different sectors and career routes and recognition of the importance of exposure to general practice as a cornerstone of veterinary education.¹
1.2	The need for change
	<ul style="list-style-type: none"> Students themselves are positive about EMS and how it supports their development. Change is needed but we need to keep the positives. EMS needs to be updated given the significant societal and professional changes that have happened since it was last amended. EMS requirements need to reflect the modern world both in terms of technology but also in regard to the needs of students including those with disabilities. A clear definition of the purpose of EMS is needed to enable a clearer discussion on the form that EMS should take. This would allow the development of online EMS resources which could match the expected outcomes. EMS is not well defined and therefore each stakeholder will have a different perspective on the purpose and intended outcomes. There had been a greater blurring between EMS and IMR and therefore the intended outcomes of each are more confused. Both need to be better defined. There is confusion about the contribution of EMS to the attainment of day one competences. Within the vet course there will be a shift to a greater focus on the 'general practice' context. This must now make up at least 70% of vet students' studies. EMS provision needs to reflect this new emphasis. Growing numbers of vet schools, and places will create unsustainable demands on veterinary workplaces to provide EMS. Associated IMR placements will take precedent further squeezing EMS provision.
1.2	Outcomes of EMS
	<p>We believe EMS should:</p> <ul style="list-style-type: none"> Be an individualised experience as part of personalised learning, recognising that everyone's starting point is different. Offer appropriate flexibility. In most cases this should see each student being asked what they want to achieve at the start of a placement, or even beforehand to ensure there is a level of understanding at the beginning.

¹ <https://www.bva.co.uk/media/3228/bva-policy-position-on-uk-undergraduate-veterinary-education-2019-full.pdf>

	<ul style="list-style-type: none"> • Be outcomes focused. This should reflect contemporary best practice in teaching, learning and specifically work-based learning. • Support the transition from student to new graduate • Support the development of clinical skills • Provide an application of academic clinical knowledge in the “real world” • Support the hidden curriculum – identification of role models, working in a team, workplace culture (farms and practices), developing professional skills through observation • Support the formation of a professional identity • Support (or allow time for) the formation of an identity outside of work/ being a vet i.e. create well rounded vets. • Offer an appreciation of a diversity of career paths – species and disciplines • Confer an understanding of animal handling and safety, across all species • Include time on farm where students develop an understanding the realities of farming and the perspectives of farmers. •
1.3	How to measure if EMS outcomes are achieved?
	<ul style="list-style-type: none"> • It is not known why the current requirement is set at 38-week (across AHMS and clinical EMS)? This rigid requirement for a number of weeks is an anomaly in an otherwise outcome focused approach. • Any new definition of outcomes should not see the achievement of those outcomes measured in terms of weeks. • Entrustable Professional Activities (EPAs) are units of professional practice that capture essential competencies in which trainees must become proficient before undertaking them independently. This may provide a basis to better harmonise EMS with the degree programme. Some schools are already utilising them within IMR. This should also be linked to post graduate development, where EPAs have recently been introduced by the RCVS. • Reducing the EMS time commitment does not mean vet students will not exceed that minimum level.
1.4	How does EMS reinforce the veterinary degree course/ learning outcomes? Hard skills
	<ul style="list-style-type: none"> • EMS reinforces the veterinary curriculum. It directly connects to the course providing practical experiences to bolster learning. • The process of learning between the course and EMS goes in both directions. Not only does EMS reinforce academic learning, but it also allows students to learn develop skills which support their learning of the course. • Exposure to “real world” veterinary decision making as opposed to academic theoretical learning or “textbook”/ “gold standard” practice sometimes experienced in IMR referral practices is a benefit. • Practical experience coinciding with theoretical learning provides students with a sense of purpose and practicality for their studies. • However, EMS can also undermine teaching. Where there are contradictions between what is taught and what happens in practice, this can potentially confuse students, including when assessed as part of objective structured clinical examinations (OSCEs). • EMS should be a complement to what was being learnt at vet school, rather than the place where students learn essential skills. If something is a competence expected on day one, it should be delivered as part of the course, not through the supplement of EMS.

	<ul style="list-style-type: none"> • EMS can be overly relied upon by universities to provide the practical requirements of the course. IMR rotations, especially within a referral hospital setting, offer limited experiences for students that would need to be found instead in EMS. • The structure of EMS varies between universities and therefore how it reinforces teaching. For example, Liverpool students are allowed to undertake clinical skills and EMS in their first year. • Distributive models of IMR are potentially providing more “real world” experiences during IMR than is provided by referral hospital IMR. • As a stated objective of EMS, there is overlap with the purpose of IMR. • RCVS new accreditation standards will see a greater focus on clinical education work in the ‘general practice’ context. If the course/ IMR provides a more real-world context for clinical skills, it is possible that will remove this as a central purpose for EMS.
1.5	How does EMS support the “hidden curriculum” ie the development of soft skills?
	<ul style="list-style-type: none"> • The “hidden curriculum” is important i.e. the unwritten, unofficial, and often unintended lessons, values, and perspectives that students learn during EMS. • EMS provides real world experiences that are different to IMR. EMS provides greater exposure to a variety of sectors and types of organisations within sectors. Students gain knowledge by interacting as part of a team, they experience the realities of clients, practice finances, and how the financial circumstances of clients impacted on treatment decisions. • The profession (including students) can be overly focussed on the clinical aspects of the job missing the human factors- communication, teamwork, influencing, that are often more important to veterinary jobs. It would be worthwhile to broaden the definition of EMS to include non-veterinary roles where these interpersonal skills are developed. • Exposure to clients is a benefit of EMS • EMS provides vet students with a wider understanding of the variety of functions within roles, in particular non-clinical aspects of clinical roles eg finance, insurance. • Ensuring exposure to the right kind of workplaces is important. • There will be cases of students working in vet practices alongside their studies. This provides much of the “hidden curriculum” outcomes of EMS but with the benefit of being paid and feeling like a team member. Often, as paid, this does not count towards EMS. • EMS provides an opportunity to meet vets, network and find mentors. • Students learn valuable skills for their work as vets from roles outside of EMS placements. Those skills are valued by employers. Students need time to undertake those roles alongside EMS and their course.
1.6	How does EMS provide exposure to different sectors/ areas of work?
	<ul style="list-style-type: none"> • An opportunity to explore areas of work and sectors without the commitment of signing a job contract. • Online EMS means these placements/ sectors become accessible for more students. • A national EMS database should be explored. • It would be beneficial to have an EMS database which could support better matching of vet students with EMS providers. • A large variety of placements was positive. But there was also a benefit to spending a longer portion of time in one setting as this gave a deeper understanding of the workplace that would be transferable to other workplaces.
1.7	The purpose of AHEMS

	<ul style="list-style-type: none"> • As AHEMS is a specific requirement it should have a specific set out objectives and outcomes. • AHEMS provides an opportunity for students to develop comfort on farm and with large animals. • It removed barriers to a farm career which is important for a sustainable farm vet workforce. • Those students without a farm background, and farm contacts, were the students most in need of this placement. • The Hetesey data indicates that 75% of respondents felt that they spent one or more of their placements only engaged in basic tasks and were unable to learn about species-specific husbandry. • This may be more pronounced during AHEMS (which has the potential for a negative on-farm experience to directly impact on the number of graduates choosing to pursue large animal work) or where the student is reliant on the EMS provider for accommodation. • AHEMS is seen as relevant. Data from the Hetesey paper shows a clear majority of students find it both academically and clinically relevant. • AHEMS happens very early in the course when students themselves have limited understanding.
1.8	How does EMS prepare students for the transition into post-graduate work/ support vet capacity?
	<ul style="list-style-type: none"> • Important to consider this discussion within the wider transition to graduate vets. See Veterinary Transition Study - investigating the transition from veterinary student to practising veterinary surgeon: prospective cohort study by R Allister.² • EMS should connect to graduate outcomes to support the transition into work. • EMS sets a precedent for work. This can establish good expectations as well as negative ones such as expectations of presenteeism or poor work life balance. It is important that the expectations of work set during EMS lead to a sustainable workforce and do not lead directly the burn out and poor retention amongst graduates. • EMS should support retention and sustainability of the profession. Reducing the time requirement could have wider benefits in terms of mental health, identity and retention. • The demands of EMS alongside the degree course could lead to students' identity being limited to "just being a vet". Allowing more time for other pursuits may allow vets to have more rounded identities and outside activities which may allow more stress relief, which in turn would support mental health and retention. • New graduates may not have all of the clinical skills expected by an individual employer on day one. Overburdened practices may not have the time, or would not find the time, to support to new graduates as they developed their clinical confidence.
2. The safety and wellbeing of vet students undertaking EMS	
2.1	Harassment and bullying of students
	<ul style="list-style-type: none"> • There are instances of harassment and assault of students on EMS placements this includes cases of sexual assault as well as threats of physical violence. • The best source of evidence to support our understanding of harassment during EMS placements is the paper "An Investigation into pre-Clinical Extramural Studies Working Conditions in the Veterinary Undergraduate Curriculum in the UK" by Gabriella Hetesey. This is an analysis of survey data from 348 vet students.

² <https://era.ed.ac.uk/handle/1842/37264>

	<ul style="list-style-type: none"> • Of those who answered the questions relating to harassment (on AHEMS placements), 31% had experienced harassment. 237 students reported facing no harassment or discrimination. 77% of students did not feel the need of assistance whilst on placement. The disconnect between the numbers experiencing harassment/ discrimination and the numbers feeling they needed to seek support is concerning. • AHEMS was raised as a particular concern, especially where vet students were living in farm accommodation. It is important to recognise this did not just come from farmers but also vets and the wider team. There was a need for wider change, and vets needed to be part of the solution and not the problem. • There are also cases where students were told to hide their religion, disability, and other protected characteristics.
2.2	Microaggressions
	<ul style="list-style-type: none"> • Microaggressions can have effects on the areas of work vet students chose to work in. • Discrimination and discriminatory language could be broad and therefore hard to define. Negative comments on body image were raised on AHEMS placements which would not fit within protected characteristics definitions. • Case reported where a student with a disability was treated during their placement. In discussions. their disability was centred in a way that they felt their provider was more interested in their disability than they were in them as a vet student seeking to get experience. (Relevant to access for students with disabilities below).
2.3	Support from universities during placements
	<ul style="list-style-type: none"> • There is a perceived lack of support during EMS placements. • An emergency contact (outside of office hours) should be provided, and students should be well aware of how to make use of this contact ahead of their placement. • Glasgow was noted as an example of good practice. Before placements, students were provided with a business card with numbers, including out of hours support. There was also a university "safe zone" app where students can talk with university security wherever they were in the UK.
2.4	Reporting of harassment and discrimination to universities
	<ul style="list-style-type: none"> • A system that was designed to work for the marginalised EMS student would also work better for everyone. • Many students who experience difficulties during EMS may be unwilling to make an official complaint or raise the matter with their university. Consequently, the scale of the issue is unknown. • BVA discrimination survey includes data from vet students- note this covers all aspects of veterinary student life not just EMS. Of note is the fact that only 19% of incidents witnessed or experienced by vet students were reported. • There is a power imbalance between the vet students and those signing off on their EMS placements. It is difficult for a vet student to raise a complaint or leave a placement even when they may want to. This is in part because of the strict 32-week requirement. It may feel impossible to rearrange another placement or there may not be enough time to do so to ensure graduation on time. • Furthermore, underreporting could be because of a lack of faith in the system to act where discrimination was identified. • Vet schools should be better at interacting with students when they raise a complaint. Students need to feel supported and believed by the university. Active listening was seen as a skill every EMS coordinator should have.

	<ul style="list-style-type: none"> • How can we provide more flexibility within the system to allow adjustments for students who encounter unexpected circumstances? • Where there are complaints raised it is important to understand how universities respond, and whether that is consistent. There must be a zero-tolerance policy on harassment and discrimination which is standardised across all the vet schools (links to BVA position on good veterinary workplaces) • The structure of EMS and growing pressures has limited vet schools' ability to act decisively when a complaint is raised. If there was a shortage of farms participating in AHEMS it was harder to strike one off the list for poor performance. The system relied on good will which limits what sanctions can be taken.
3. Quality Assurance (QA) of EMS	
	<ul style="list-style-type: none"> • The aims of EMS are not achieved for every student during their placement. Regulation and quality assurance of placements is often weak which meant the experience is variable. • How can we ensure consistency of standards across EMS provision? Weak QA means experience and outcomes are variable. • The system of EMS is too reliant on goodwill and connections • "Bad" placements remain on university databases despite complaints being raised. Considering how much students invested and sacrificed to take these placements, those databases should be updated. • Student groups had taken it upon themselves to develop and update lists of EMS placements. These are often sector specific as they are led by sector specific student groups. • EMS providers should have the necessary teaching skills. The model of QA of vet school teaching could be transposed, with amendments, to the teaching aspects of EMS, although this may be challenging given the different context. • There should be CPD for EMS providers. • Quality assurance for practices that provide IMR as part of distributive models appears to be done well. • Any new system of QA needs to be able to be applied to AHEMS as well as clinical EMS.
4. Access to EMS	
4.1	The effects of financing EMS for students
	<ul style="list-style-type: none"> • Glasgow survey undertaken by Luke McBlain asked- "Have you been disadvantaged due to an EMS placement costing too much?" Eg. Not been able to undertake it, had to cancel or postpone it etc." 85% of respondents agreed. • Understanding the financial costs to students would be useful to illustrate the "return on investment". • The effect of financial barriers can be seen in the EMS placements student chose and where they were willing to make compromises. • The costs associated with an EMS can be so high, that students are being strategic in how they prioritise the time and money they invest in each placement- in effect they are considering the return on investment. • Students sacrifice to take more attractive/ relevant opportunities. For example, students work part time jobs to save to cover these costs. Or take less expensive (e.g., because of travel costs) EMS placements that were of less interest, to save up to take more expensive placements.

	<ul style="list-style-type: none"> Some students will be in a position not to need to make these calculations or sacrifices. Others will not be able to make these calculations and just take the cheapest EMS available to them that meets the requirements. Do EMS bursaries to support students undertaking placements have real benefit? Or do they only serve to mitigate issues rather than solve the systemic issues. There are also funds available through universities linked to hardship. However, students may be unlikely to apply to these university funds because of a perception that someone else might have been in greater need than themselves. Different universities will offer different support, including financial support. It was suggested that Cambridge University offers funding to all students undertaking EMS. At Cambridge University, every student is paid for every day of Clinical-EMS they undertake. (£5 per day if undertaking EMS whilst staying at home, £10 per day if undertaking EMS staying away from home). Social capital as well as economic capital is important to consider. Students without a veterinary or farming background could struggle to set up placements without connections. Geography could exacerbate the costs of undertaking EMS and thus entrench inequalities. If students live in a part of the country with limited options for placements or which are great distances from areas with certain sectors, there were additional costs associated with taking those placements. For certain placement vet students needed to take on the additional costs, such as the expense of a car. Placements for in demand sectors such as exotics are rare. As such, students needed to travel further, and take on additional cost, when an opportunity is found. There is no additional financial or other support for international students undertaking EMS although there are additional complexities. Online EMS is less expensive and allowed students to maintain their part time jobs for more of the year, meaning they could save for more expensive placements which they saw as an investment. The Long Courses Loan is awarded where a student was attending their course for more than 30 weeks and 3 days during their academic year (other than for the final year of a course). This is to provide extra living cost support for students who were required to continue full-time study on longer courses at the end of the academic year. If a placement was a compulsory part of the course and the higher education institution (HEI) agreed that the placement is an integral part of the course the HEI would need to confirm with the Student Loans Company the true study period and attendance dates for the student, and a Long Courses Loan could then be awarded manually. Would RCVS recategorizing EMS allow access to this funding? Those with part time jobs were less able to partake in the benefits of EMS. Some universities will not allow a paid placement to be considered EMS. If a student has an existing part time job in a veterinary workplace this cannot be considered towards their weeks of EMS.
4.2	International students
	<ul style="list-style-type: none"> An international student may be unable to drive in the UK and therefore will be limited in the EMS they were able to undertake. Consequently, they were more dependent on public transport which may not extend to rural areas for AHMS. The ability to do EMS abroad is limited in terms of the amount permitted and how it is accredited by each vet school. International students will therefore spend more time in the UK outside of term time and be unable to visit family during the year, limiting much needed moral support. Online EMS would allow international students to undertake EMS while residing at home and therefore visit family more often during their years of study.

4.3	Access for students with disabilities
	<ul style="list-style-type: none"> • Veterinary students with disabilities experience barriers. Anecdotally disabled students who had undertaken EMS have noted stressful and tiring experiences sometimes resulting in being unable to study afterwards. • Online EMS has been a particular benefit for students with disabilities this flexibility should be maintained. It adapted to their needs in a way in-person EMS did not. • Online EMS had opened doors to new areas of work for students with disabilities. The fact that this was possible during Covid, meant it was always possible and should remain
4.4	Value of EMS for students
	<ul style="list-style-type: none"> • Within the student survey data there was a divergence between the satisfaction scores of students and recent graduates. Specifically, the perception of the utility of EMS increases in the transition from vet student to recent graduate. Recent graduates, simply by virtue of more time in work, may have more opportunities to apply any lessons they acquired from EMS. As recent graduates had more distance from their experience of EMS, they may be able to see negative experiences in a different light.
5. The perspective of providers of EMS	
	<ul style="list-style-type: none"> • Understanding the financial costs to organisations delivering EMS would be useful to illustrate the “return on investment”. • The fact EMS could act as a recruitment tool is a positive. It helped foster buy-in from employers. This can also be a weakness as it could increase the power imbalance between vet student and EMS deliverer/ potential future employer. • To what extent is it an issue if practices charge students for EMS? • Placing additional requirements on EMS providers (eg training or QA) could raise barriers to taking part which could see them opt out. Alternatively, increased support via training could encourage engagement. • There is an opportunity to bolster team vet by including vet nurses and other allied professionals in the delivery of EMS. • There was seen to be a move within some practices to provide a more structured EMS experience.
6. Comparisons with other professions	
	The RVN student placement system was seen as good. There was a clear online portal and sign off process.

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