EMS Working Group Meeting 4
22 June 2022 9am-1pm

Zoom Attendees
- Malcolm Morley (BVA Junior Vice President and alternate Chair)
- Sally Everitt (Policy Committee representative)
- Hannah Perrin (VMG representative)
- Andrew Parker (SPVS representative)
- Elysé Smith (BVA Council recent graduate representative)
- Anthony Ridge (AGV representative)
- Clare Owen (Vet Schools Council)
- Michael McGilligan (BVA Policy and Public Affairs Officer)
- Amelia Findon (BVA Policy and Governance Director)
- Vera Cottrell (BVA Policy and Public Affairs Officer)
- Hannah Killeen (BVA Policy and Public Affairs Officer)
- Charlotte Tobin-Williams (AVS)
- Calum McIntyre (AVS representative)

Apologies
- Liz Mossop (Chair)
- Osiris Ointa (deputized by Anthony Ridge)
- John Remnant (Clinical Lecturer in Farm Animal Health and Production)

Minutes of the previous meeting
1. The minutes of the meeting held 6 May 2022 were discussed. The working group agreed to clarify the following line: "It was noted that survey data had indicated 75% of students had spent their time undertaking basic tasks such as sweeping floors." It was noted that this should in fact show that 75% of respondents felt that they spent one or more of their placements solely engaged in basic tasks. This distinction was important to accurately reflect the data. With this change it was agreed to accept the minutes as an accurate record.

The perspective of vet schools
2. The working group was joined by EMS coordinators from the VSC EMS group including:
   - Philippa Yam, Glasgow University/ Chair of EMS group
   - Anna Hollis, Cambridge University (incoming)
   - Steve Brogden, Nottingham University
   - Megan Edwards, Surrey University
   - Penny Watson, Cambridge University (outgoing)
   - Jane Tomlin, Royal Veterinary College
   - Iain Richards, University of Central Lancashire

3. Philippa Yam delivered a presentation which outlined the perspective of vet school EMS coordinators. In discussion the following points were made:
   - The scale of EMS each year from an organisational perspective was significant. In 2018, 34,188 weeks of EMS were arranged for students across 6 vet schools (Glasgow, RVC, Nottingham, Surrey, Edinburgh, Bristol).
• Considering the scale of EMS that needed to be organised, the staff capacity within vet schools is limited. On average across the 6 vet schools noted above, 1.65 FTE admin staff and 0.38 FTE academic staff are allocated. However, there is also wider support needed from teams across the university such as legal and insurance.

• The total budget for every vet school to deliver EMS was estimated at approximately £1 million.

• A time-consuming aspect was that insurance for every placement had to be checked. It was noted that requests for waivers were becoming more common.

• Visa requirements were also complex. This had become more complex for placements in the EU since Brexit. There was also ongoing discussion with USA authorities to determine whether visas could be provided for non-USA students seeking to undertake EMS in USA.

• The financial impact on EMS on students was noted. Transport and accommodation were cited as the largest costs to students.

• Vet schools were very aware of the financial barriers for students posed by EMS. Financial support was available but limited with considerable variation between vet schools which was often reliant on alumni donations:
  - Glasgow: 2019-2022 - £48,411 had been awarded to students (approx. 130 students) in need of financial aid from alumni donations
  - Edinburgh: an annual round of around 20-25 bursaries, provided by the School and a few EMS gifts from alumni. They used to be worth £500 fixed, but now awarded more flexibly on amount.
  - Cambridge: C-EMS students have a daily allowance whilst on EMS (£10 per day when away from home and £5 per day when at home, for up to 26 weeks in total). An annual travel grant of £300 is also available for each student. There were also some college funds that they can apply for which vary from college to college and can be extremely generous, to help support specific placements.
  - Nottingham: Limited support available. A new £250 award recently launched. Bursaries available via University of Nottingham but not specific to the Vet School
  - RVC: students can apply for funding for EMS
  - Liverpool: none available

4. There was more being done on the issues of equality, diversity, and inclusion. The EMS Group was liaising with the Vet Schools Council EDI group. It was noted that the BVA microaggressions poster campaign had been of use.

5. Private EMS databases were currently held by each university. The benefit of private systems was their greater ability to “flag” placements internally with less legal or reputational risk to the university and providers. Flagging served a number of purposes. It allowed for informal exclusion of providers where there have been unconfirmed claims of discrimination or harassment. Flagging was also useful for matching students with placements. For example, where a placement may require a high level of sectorial understanding these could be flagged.

6. Flagging places a burden on students to contact the EMS administrator to determine why a flag has been raised. Managing internal databases with the expectations of flagging creates an administrative burden on vet schools.

7. There was discussion of a potential centralised EMS database, potentially operated by RCVS. Should such a project be initiated, it would be important to learn from the experiences of all relevant stakeholders including students, providers, and vet schools. In particular, the views of EMS coordinators would be valuable, as they held the practical experience of running existing systems.
8. It was suggested that a centralised database could free up resources and capacity within universities that may support students in other ways. However, a potential downside would be losing some of the flexibility afforded by the system of flagging.

9. The growth in the distributed model of veterinary education and the use of partner practices for the delivery of IMR was noted. There was a suggestion that partner practices were unable to take EMS students, and this reduced the number of placements available overall. This was particularly acute for areas such as equine and exotic practice where there was a limited pool of practices available and high demand for EMS placements.

10. It was noted that there may be limits on EMS placements because of contracts between universities and IMR provider practices. However, it was stressed there was no outright ban. For example, Surrey linked practices were not permitted to take EMS students at the same time as IMR students were in place. EMS placements would be available outside of term time. It was noted the different universities would have different term times which may affect the availability of EMS placements which are limited to outside “term time.”

11. Guidance to IMR providers was discussed. It was agreed that this was useful training for those who undertook the training to become clinical instruction mentors. One of the universities noted they were redeveloping their training offer to better align this with Vet GDP. It was hoped that this greater alignment would remove barriers for practices and make the system more efficient and enjoyable for providers.

12. It was noted that each vet school provides slightly different EMS guidance to providers which can confuse matters, especially as the general understanding of EMS was not low. One vet school provides students with a template document which they are asked to complete and share with their placement provider. The Surrey University version of this document includes the following fields:

- Name
- Year
- Photo
- Biography: This could include information relating to any specific disability, neurodiversity or chronic illness
- My Strengths are: (this could be personal, social or clinical skills e.g. following instructions carefully, being very organised, calculating drug doses, paying attention to detail, reading up on material in advance)
- Areas I struggle with are: (e.g. very busy environments, being given a list of tasks rather than one at a time, becoming overwhelmed, learning names, calculating drug doses, learning a new practical skill, standing up for long periods of time)
- Ways to help me include: (e.g. providing a stool during consults, checking my calculations, allowing me to step out for 5 minutes if I become overwhelmed, allowing me to write down tasks)
- Areas I would like to work on during my time with you: provide 3-5 things you would like to work on during your time – these could be clinical (e.g. taking a history, handling skills) or non-clinical (e.g. communication skills, understanding the business)
- University contact
- Emergency contact

13. When asked about student safety and wellbeing on EMS placements, it was agreed that this was an issue that students do experience on the ground. Examples of support provided included access to a 24/7 phone line for emergencies. One university noted a newly employed welfare officer. A mandatory lecture took place in the first year of the course.
Students were actively encouraged to repeat this lecture. Students could be removed from placements in cases where there is a need.

14. It was stressed that it was necessary to agree EMS placements with the university ahead of time. Retrospective EMS was difficult to log on with RCVS. Furthermore, it was not recommended, from a duty of care perspective, to retrospectively log a placement where appropriate checks had not been undertaken beforehand.

15. Robust reporting mechanisms may have been poorly communicated and underutilised by students. It was asked if there was sufficient dedicated capacity within universities to staff these worthwhile safety and wellbeing systems.

16. It was noted that there was a concern that proposed RCVS changes to accreditation could limit access to EMS outside of clinical practice settings. It was suggested this could remove some facility for online EMS or conference allowance. It was agreed that vet students needed a degree of flexibility to reflect the wide variety of veterinary roles post-graduation.

17. Changes to accreditation standards would see a shift to a greater focus on the ‘general practice’ context. This must now make up at least 70% of vet students’ studies. EMS coordinators were uncertain how EMS provision would need to reflect this new emphasis as it had not been defined yet. However, it was important for a degree of flexibility to remain for students to shape their EMS experience.

18. When discussing the question of evolution or revolution it was noted that more radical change sooner may be less disruptive and ultimately less costly than allowing the system to continue and delaying needed reform. Failure to reform the system would have knock on effects that need to be considered alongside a consideration of changes.

19. There may have been a need to change the terminology of EMS and replace this with a term that more accurately reflects the purpose and is more understood eg “work experience”.

20. When discussing the aims and objectives of EMS it was suggested that EMS had become disconnected from the wider veterinary curriculum. Providing a clearer purpose to EMS could more clearly align it with wider veterinary education outcomes.

21. It was noted that recent graduates, who had limited EMS due to Covid-19, had been affected. There had been feedback that they may feel less confident on day one of post graduate work.

**Learning from other professions: Thomas Gale, Professor of Medical Education, Peninsula Medical School**

22. The working group members were joined by Thomas Gale who provided a presentation on the education of medical students and preparation for practice. In discussion the following points were raised:

23. Medicine education had seen the beginning of a move from teaching for “competence” to educating for “capability”. Competency-based medical education was still widely utilised in health profession education, but a growing literature highlighted its limitations. Capability as a concept built on competence, while embedding the integration and adaptation of knowledge, skills and personal qualities. The key benefit being capability should prepare learners to adapt to uncertainty and complexity.

24. Simulation augmented training was discussed. The importance of fidelity of a simulation was discussed i.e., how well it accurately mimicked the critical cognitive and motor elements in the criterion task. Medical training was able to offer high-fidelity patient simulators for practice of technical skills, diagnosis and inter professional team training. It was noted that involving nurses in simulations had aided the understanding of students.

25. It was important to build confidence as well as competence i.e. for students to lose a fear of failure. Terminology was important to remove fear. There had been a move away from “assessments” towards “supervised learning events”.
26. Covid-19 saw a change to medical doctors’ introduction to the world of work. Many final-year medical students were qualified early with the voluntary option to join the workforce as foundation interim year 1 (FiY1) doctors. This has been evaluated in a mixed methods study which indicated that this interim year was beneficial as it allowed for “supported autonomy” - the ability to learn and grow with a sense of support.¹

27. Entrustable Professional Activities (EPAs) were well established in human medicine. These were mostly utilised in post graduate training. The process of incorporating these into veterinary medicine would require consideration of the differences between the training and regulation of the two professions.

28. In veterinary medicine, there was an expectation of being confident from graduation and being able to undertake work unsupervised which was not necessarily the case for day one of FiY1 graduate human health. It was recognised that out of hours in human medicine is beneficial as this was where there was the greatest level of unsupervised work and therefore the greatest ability to develop confidence in one’s own ability.

29. Clinical placements begin from the 3rd year of medical school. This is supplemental to the degree course but will take place in hospitals connected to the university during term time. “Near peer” training and engagement is seen as beneficial within human medicine education. Interacting with recent graduates as well as those more established in their careers.

30. Closest parallel to EMS in human medicine was the final year elective. An elective is a period spent away from medical school, often abroad. The timing of the elective and how long it lasts depended on the medical school, but they were normally for 6-12 weeks. Students were expected to submit an elective proposal, undertake a risk questionnaire and there was feedback from the provider who is asked if they would be happy to employ the student.

31. Key to recognise the different financial contribution by government towards human medicine. This would limit the ability to replicate lessons from human medicine.

32. It was noted that GMC could be slow to change requirements. However, there was an understanding that regulators were by nature cautious.

33. Tom Gale recognised that EMS would be beneficial for developing communication, teamworking and other interpersonal skills needed in the world of work.

Themes document
34. In a discussion of the emerging themes document, the following points were raised:

- There should be a greater emphasis on the importance of resourcing and staff within universities to oversee EMS.
- It was welcome that over three meetings, similar points had been raised by students, EMS providers and EMS coordinators.
- It would be important to recognise that there was divergence in the delivery of EMS and IMR by different universities. The themes document and final position should reflect that nuance.
- As an evidence-based profession, it was important that the provision of EMS was evidence-based.
- There was an opportunity to build a clear narrative around the need for reform of EMS in order to build a sustainable approach. This narrative was not clear within the themes document but should be pulled out within the final policy position.
- The need for an individualised approach to EMS was important. The practicalities of meeting this aim with limited resourcing within universities would be difficult.

• The importance of clear roles and responsibilities was stressed again. It was important to clarify where these were at present under the current system and provide a new framework that would sit alongside recommendations.

• Non-clinical EMS should be allowed and supported by all stakeholders.

• Clear communication between universities and students/ EMS providers was important to ensure the delivery of stated aims.

• The benefits of internal databases, as mentioned above, were noted.

• The pros and cons of a new centralised database were discussed. It was agreed there should be further thought on this issue within the working group.

AOB and next steps

35. It was noted that Liz Mossop and Malcolm Morley had been invited to engage with the heads of vet schools. This was welcomed as an opportunity to engage with universities on the wider aspects of EMS. The findings of this meeting would be reported back to the working group.

36. It was agreed that it would be beneficial to have information on the approaches taken in veterinary education in comparison with countries such as the USA or within Europe.

37. It was noted that EMS would be discussed at the next BVA Council meeting in July. Any key points would be reported back to the group.

Close of meeting

38. Next meeting was scheduled for Tuesday 26 July- 11am-3pm. (NOTE: since rescheduled for 6 September 11am-3pm).