18 January 2019

BVA, AGV, AVI, AVS, BCVA, BEVA, BSAVA, BVPA, GVS, LAVA, PVS, SVS, SPVS AND VPHA
RESPONSE TO RCVS CONSULTATION ON GRADUATE AND PROFESSIONAL
DEVELOPMENT PHASE OUTCOMES

1. BVA is the national representative body for the veterinary profession in the United Kingdom and has over 18,000 members. Our primary aim is to represent, support and champion the interests of the veterinary profession in this country, and we therefore take a keen interest in all issues affecting the profession, including animal health and welfare, public health, regulatory issues and employment matters.

2. We have developed our response in consultation with our education, funding and widening access working group (EFWAWG). The group comprises representatives from species and sector-specific divisions, Association of Veterinary Students (AVS), Society of Practising Veterinary Surgeons (SPVS), Major Employers Group (MEG), Vet Schools Council (VSC) and academic stakeholders. 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 BVA representing the views of veterinarians working in UK Government Departments and Executive.

- The Association of Veterinarians in Industry (AVI), which 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 Cattle Veterinary Association (BCVA). BCVA is a specialist cattle division of the BVA comprising 1,250 members, of whom approximately 950 are practising veterinary surgeons working with cattle in farm animal veterinary practice.

• 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 Goat Veterinary Society (GVS) is a division of BVA and has approximately 300 members, including veterinary surgeons with a specific interest in goat health and welfare, but also has a significant “non-veterinary” membership including owners and farm personnel from across the entire spectrum of goat keeping in the UK.

• The Laboratory Animal Veterinary Association (LAVA) is a non-territorial specialist division of the British Veterinary Association (BVA). LAVA's members are veterinary surgeons and students from the UK and elsewhere who are interested in laboratory animal medicine and science. Many members act as Named Veterinary Surgeons under the Animals (Scientific Procedures) Act 1986 in a full or part time capacity. Vets working in academic, drug discovery, commercial and contract research environments are represented as clinicians or in other aspects of the care and use of animals in biomedical research.

• The Pig Veterinary Society (PVS) is a specialist division of the British Veterinary Association. The membership of PVS includes veterinary surgeons and scientists who work in the pig sector, and the Society aims to assist its members in their professional lives by ensuring they have access to the latest information with regards pig health and production. PVS also represents the membership at a national level, making sure that pig welfare is a priority considering the latest research with regards health and management on farm.

• 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 that enable members to develop and expand their business and leadership skills.

• The Sheep Veterinary Society (SVS) promotes sheep health and welfare as a specialist division of the BVA. While most of its 700 members are vets, many are drawn from all sectors of the sheep industry.

• The Veterinary Public Health Association (VPHA) is a division of BVA and is committed to the protection of the consumer and the environment as well as to the promotion of animal welfare. VPHA currently has over 300 members many of whom work as Official Veterinarians in slaughterhouses dealing with both public health and animal welfare issues.
3. We welcome the opportunity to comment on this consultation. BVA believes in the importance of well-structured and adequately resourced veterinary education programmes in order to produce a well-respected and adaptable veterinary workforce, able to take the lead in improving animal health and welfare and protecting public health for the benefit of society.

4. BVA supports the Vet Futures Action Plan action points regarding developing “clarity around the outcomes required by graduates for their future veterinary careers and use this to inform a review of Day One Competences”, as well as undertaking a review of the purpose and relevance of EMS, including non-clinical EMS. It is important that any proposals take into account the full breadth of veterinary graduates entering the workforce across wide ranging career paths, both clinical and non-clinical, and from diverse backgrounds and socio-economic groups.

Day One Competences/Graduate Outcomes

5. BVA understands that the “Day One Competences” describe the knowledge, skills and attributes required of veterinary graduates so that they are able to work safely and independently upon entering the profession. It is understood that competence is a relative term, with Day One Competences describing the expected standard for a new graduate at the start of their career and the foundation on which further competence will be built.

6. BVA considers the current Day One Competences to be broadly relevant and useful but appreciate that it is important to review the current competences to ensure that they meet the needs of veterinary graduates at the start of their career as well as the broader needs of employers, animal owners and society. As well as clinical competences, it is also important to ensure that veterinary graduates should have the opportunity to develop a range of non-clinical competences eg. communication, resilience and emotional intelligence, in order to prepare them for the many different career pathways and opportunities that the veterinary degree presents, both clinical and non-clinical. We have also identified the need to prepare graduates to navigate the decision density of their first clinical roles and that the Day One Competences should be further developed to include specific reference to practical skills in surveillance activities (contributing to and using surveillance reports and understanding the value of doing so), which are consolidated by veterinary graduates throughout their Professional Development Phase.¹

7. As part of this, it is important to recognise the importance of, and opportunities for, continuing education and post-graduate qualifications throughout a veterinary career. These should use the Day One Competences as a foundation set of transferable skills that can be used and developed in a variety of workplace settings as careers develop and different career choices are made by individuals over time and/or as different life circumstances present themselves.

8. While we accept that the Day One Competences are general statements that may be applied in a range of contexts, and that many skills are transferable, we would also support the provision of guidance regarding species/sector-specific skills, which could be beneficial in aligning expectations of employers and new graduates, as well as supporting individuals who wish to move into other areas of the profession at different stages of their career with appropriate guidance. It is important to note that embarking on a career path in general practice and then specialising is not the only viable post-graduate route for veterinarians, and that the Day One Competences and guidance must properly acknowledge non-clinical veterinarians and career paths. Therefore species/sector specific guidance could be used to show how the competences are relevant for those working in specialist fields such as aquaculture, pig or poultry practice, laboratory animal medicine and science and non-clinical areas such as public health.

¹ British Veterinary Association, 2018. BVA position on veterinary scanning surveillance (animal health and disease monitoring). Available at: https://www.bva.co.uk/uploadedFiles/Content/News_campaigns_and_policy/Policy/Animal_disease_surveilla nce/BVA%20position%20on%20veterinary%20scanning%20surveillance.pdf
9. We consider that there is the opportunity for the species/sector-specific veterinary associations to help to develop guidance on what the ‘Day One Competences’ look like in their sectors. This information could help to align the expectations of employers, students and educators by showing how these competences apply and map against the realities of the world of work. For example, the BVZS Day One Competences resource or the BCVA Day One Skills List.

10. **Q1. The draft model (Figure 1. left) shows four linked areas of competence: Vet Capability, Professional Commitment, Personal Leadership and Reflective Relationships. Do you think these capture the knowledge, skills and attributes of a well-rounded veterinary graduate?**

From the consultation document it is not clear how the areas of competence and domains were arrived at or how they will relate to the current Day One Competences. We think that the knowledge, skills and attributes of a well-rounded veterinary graduate are covered by the broad areas of ‘Vet Capability’; ‘Professional Commitment’; Reflective Relationships’ and ‘Personal Leadership’. However, in discussion it was felt that the domains and competences may relate to more than one area. We think that further clarification is needed regarding the four linked areas of competence in the draft model. We suggest that UK vet schools are also engaged during the formulation of any proposals or recommendations to ensure these are realistic and achievable within the under graduate programme.

11. While we acknowledge that continuous lifelong learning is an important professional attribute, we would like to see animal health and welfare at the heart of any model that is developed.

12. As the consultation document states that the current consultation sits alongside work being done on outcomes-based continuing professional development (CPD) it would be appropriate for the domains to be harmonised.

13. Consideration could be given to a simplified model to ensure clarity, such as the simplified structure of the Utrecht model: Development and Validation of a Competency Framework for Veterinarians, the General Medical Council (GMC) Generic Capabilities Framework, and the VetSet2Go ‘crystal’ model of veterinary employability, consisting of five overlapping domains.

14. In addition, consideration should be given to aligning terminology used within this model and any changes to the Day One Competences with wording included in current EU Coordinating Committee on Veterinary Training proposals.

15. **Q2. Do you agree with the inclusion / revision of these six additional domains? We are interested in your feedback/rationale in response to this question.**

1. **Clinical Reasoning** – We agree that Clinical Reasoning is an essential clinical skill but would like to see the domain expanded to explicitly include problem solving and decision making, as these have been highlighted as important skills and areas that are sometimes problematic for recent graduates. The expansion of the domain to include problem solving and other types of decision making would also enable this domain to be a relevant area of competence for those working in non-clinical roles. It should also be made clear within the Day One Competences that decision making does not just apply to making a diagnosis, but also to recognising the context of the decision, seeking further information from appropriate sources and recognising when it is appropriate to seek assistance.

2. **Animal Population Care and Management** – It was not clear from the consultation document as to why this is a domain and how it links to the domains of “individual “and “population” in Figure 1 in the consultation document. As it stands, we would suggest that this domain is renamed as Animal Health and Welfare with subheadings for individual animals and populations of animals.
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3. **One Health/ Public health** – We support the inclusion of this as a domain. The terminology ‘Public Health’ should be amended to ‘Veterinary Public Health’ throughout the Graduate Outcomes consultation document and proposals.

4. **Communication** – We strongly agree that communication should be one of the domains of competence.

5. **Collaboration** – We agree that collaboration is an appropriate domain, although it is not currently clear how it relates to the current Day One Competences. We would suggest that it is appropriate to link this with leadership and management competences within the concept of the vet-led team (the model in which an interdisciplinary group of appropriately trained and regulated professionals work together under the direction of a veterinary surgeon).

6. **Professional identity, self-awareness and self-reflection** - We agree that all of these will be important attributes for a veterinary graduate but are not clear how they relate to the model set out at Figure 1 or current Day One Competences. We would suggest that the domain could be renamed as ‘Personal and Professional Development’.

16. **Q3. What are the three Day One domains of competence from the model which you think are most important to the success of a newly graduated vet?**

**Q4. Why do you think these are the most important domains of competences?**

It is important to reiterate that the premise of the RCVS Graduate Outcome review to date has been that all the domains are interlinked and important in the development of a well-rounded veterinary graduate. However, as a profession whose focus is animal health and welfare, in terms of prioritisation we would include Animal Health and Welfare (care and management) as one of the most important domains of competence, this is supported by a publication entitled *Perceptions of clients and veterinarians on what attributes constitute ‘a good vet’*, which found that “Knowledge about veterinary medicine and surgery” and “Good with animals / compassion for patients” were the highest scoring attributes.

Communication and decision making have also been highlighted as important non-technical competencies 3, 4.

17. **Q5. Do you agree or disagree with the competences and / or revisions proposed in Table 1**

<table>
<thead>
<tr>
<th>i. Clinical Reasoning</th>
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<tr>
<td>a. <strong>Synthesises and prioritises problems to arrive at differential diagnoses (Identifies problems, creates refined problem list, prioritises differential diagnoses).</strong></td>
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We agree with this competence, however, would emphasise that is important to make clear that a problem-oriented approach to diagnosis is not the only type of problem or decision making that needs to be undertaken in practice. It is important to recognise that clinicians, particularly those in a primary care setting, may also engage in a pattern recognition approach to decision making.

| b. **Prioritises situational urgency and allocates resources (Triages cases to address most** |

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3 Vet set2go Stakeholder survey [https://www.vetset2go.edu.au/reports](https://www.vetset2go.edu.au/reports)

4 Hughes, K. *et al.* (2018) ‘Care about my animal, know your stuff and take me seriously’: United Kingdom and Australian clients’ views on the capabilities most important in their veterinarians. *Veterinary Record*, 183, p. 534. [https://veterinaryrecord.bmj.com/content/183/17/534](https://veterinaryrecord.bmj.com/content/183/17/534)
urgent and important problems first, recognises emergent situation and directs action, recognises and responds to reportable, transboundary, epizootic and emerging/re-emerging diseases).

We agree with this competence and would support that this should be listed as the first competence within this domain. We would also suggest that ‘prioritises’ is also accompanied by the term ‘assesses’ or ‘determines’.

c. Adapts knowledge to varied scenarios and contexts (Extrapolates knowledge to novel species or situations, adjusts existing protocol or procedure when standard measures are unavailable).

We agree that it is important to be able to adapt knowledge, however, are uncertain as to what is meant by the term ‘standard measures’ and would suggest that this term is either explained in further detail or removed to ensure clarity. In addition, we would support the inclusion of reference to acquiring, appraising and applying knowledge from appropriate sources, so that graduates are not only able to adapt knowledge but know how to obtain knowledge from reliable sources.

d. Acts confidently in complex situations where there is ambiguity and uncertainty and where there may be no clear diagnosis.

While we agree that this is an important competence the current wording appears ambitious for a Day One Competence, we would therefore support that the guidance is clearer that this relates to how to deal with uncertainty and when it is appropriate to make decisions independently and when and how to seek clarification or assistance.

ii. Animal Population Care and Management

a. Applies population management principles in compliance with legal regulations and economic realities (Recommends disease prevention measures, advises on nutritional management, recommends housing and husbandry protocols, designs therapeutic plans for disease management).

We agree with this competence, but it should also be noted that this is equally relevant to individual animals.

b. Recommends and evaluates protocols for biosecurity (Develops isolation protocols, selects disinfection protocols, recommends protocols for animal movement).

We agree with this competence.

c. Advises stakeholders on practices that promote animal welfare (Advocates for animal welfare through communication of the physical, affective and natural needs of the animal, explains ethical and welfare-related aspects of production processes and slaughter, recognises proper handling and/or adequate production facilities by interpretation of appropriate animal behaviours, advises on animal husbandry and transport).

We agree that this is a reasonable competence, but there should be parallel competences relating to individual animals and to animal health.

iii. One Health/Public Health

a. Promotes the health and safety of people and the environment (Makes recommendations for management of animal waste, carcasses, and by-products, implements safety and infection control practices, advises on disaster/emergency preparedness and response, practises responsible use of antimicrobial agents, describes the role of the veterinarian in food safety).

The terminology ‘Public Health’ should be amended to ‘Veterinary Public Health’ throughout the Graduate Outcomes consultation document and proposals. We agree with this competence, however the wording should make it clear that the reference to “health and safety” refers to all
aspects of health and safety not just those covered by the Health and Safety legislation. We would therefore recommend that the definition of veterinary public health as “the sum of all contributions to the physical, mental and social well-being of humans through an understanding and application of veterinary science” should be used to replace “health and safety”, with an additional provision to encompass the environmental aspect. See the VPHA position on the veterinarian’s contribution to wider society.

iv. Communication

a. **Need to review current Day One Communications-related Competences in particular competence number 5 (see here) to be more specific about the skills that are required.** For example, communicating with diverse audiences, demonstrating empathy using appropriate terminology, listening attentively, making use of a variety of communication methods, educating clients, colleagues and other members of the veterinary team, demonstrating client centred communication, being able to elicit client goals, expectations, perspectives and constraints and engaging clients in difficult conversations such as financial decisions and end of life care, ability to pass on knowledge supporting peer learning, supporting the veterinary team.

We agree that it is appropriate to review the competences relating to communication and consider that all of these are good things but are perhaps more appropriate to the guidance than as individual competences. We would also like to see reference to shared decision-making and to communicating risk included in this section.

v. Collaboration

a. **Demonstrates inclusivity and cultural competence, though respect for diversity and encouraging diverse contributions within the workplace. Works effectively as a member of an interprofessional team, fully recognising the knowledge, skills and experience of each profession, and individuals within it, and contributes to the synthesis that ensures that team outputs are always optimal.**

We agree with this competence and would like to see reference to the concept of the vet-led team, the model in which an interdisciplinary group of appropriately trained and regulated professionals work together under the direction of a veterinary surgeon. In addition, we would support the recognition of unconscious bias training as a tool to promote inclusivity, equality and diversity in the workplace.

vi. Professional identity, self-awareness, self-reflection

a. **Need to amend Day One Competences to emphasise the significance of resilience, self-awareness and self-reflection in order to give graduates the skills they need to be curious and continue to learn, self-directed, responsive and adaptable, collaborative and externally focused, resilient and empathetic, confident and content.**

We agree with this competence, however it is important to ensure that the competences decided upon are both teachable and assessable. Consideration should also be given to emphasising the significance of emotional intelligence as part of this competence.

18. **Q6. Are there any specific existing Day One Competences which you think are no longer relevant and should be removed?**

19. **Q7. Why do you think these are no longer relevant and should be removed?**

We would suggest that competences 27, 28 and 29 could be combined into a single competence relating to the responsible use of medicines. Reference to sources of data and adverse reactions could be included in the guidance.

20. **Q8. Are there any competency areas that you think are missing? Please provide details.**
As set out in the BVA position on veterinary scanning surveillance (animal health and disease monitoring): BVA attributes equal importance to veterinary scanning surveillance and animal health and disease monitoring across production (including fish), equine, wildlife and companion animals. All forms of veterinary scanning surveillance (including diseases, infections, health syndromes and antimicrobial resistance) act as a sentinel for wider human and animal health and are underpinned by a common ‘One Health’ rationale to minimise harm.

5 As set out in the BVA position on veterinary scanning surveillance (animal health and disease monitoring): BVA attributes equal importance to veterinary scanning surveillance and animal health and disease monitoring across production (including fish), equine, wildlife and companion animals. All forms of veterinary scanning surveillance (including disease, infections, health syndromes and antimicrobial resistance) act as a sentinel for wider human and animal health and are underpinned by a common ‘One Health’ rationale to minimise harm.


7 As outlined in the BVA Veterinary Vision for Post-Brexit Agricultural Policy: “Public goods by their very nature, are not market goods in the same way as livestock products such as meat or milk. Public goods have no explicit value in terms of market prices and so the market cannot efficiently allocate resources to them. Other means therefore must be used – such as the intervention of Government in the form of regulation or financial support.”

8 “Developing the Attributes of Medical Professional Judgement and Competence”, a review funded by the Postregistration Medical and Dental Education Research Initiative of the Dept. of Health’s Policy Research Programme, by Professor Michael Eraut and Benedict du Boulay, University of Sussex.
veterinary graduates develop the competences required to have sustainable and fulfilling careers it will therefore be necessary to regularly review the competences, and the guidance which accompanies them to ensure that they are meeting the needs of all stakeholders.

27. We understand that it is primarily the responsibility of vet schools to ensure that graduates meet the Day One Competences, it is therefore essential that the competences are both teachable and assessable, so that meaningful assessment can take place.

28. According to the 2017 Vet School Council Employer Survey, the following areas received the lowest competency scores and therefore may benefit from enhanced guidance regarding the standard expected from the new graduate:
   - Can perform a systematic post-mortem examination, including recording their observations
   - Demonstrates an understanding of the economic context of the veterinary profession
   - Is aware of the legislation affecting veterinary businesses (e.g. disposal of clinical waste and safety of medicines)
   - Demonstrates knowledge of systems of quality assurance (e.g. knowledge and explanation of the procedure for reporting adverse incidents)
   - Remains calm and appears comfortable working in pressurised situations
   - Shows an awareness of expenditures involved in running a veterinary business

29. While we accept that Day One Competences are general statements that may be applied in a range of contexts, and that many skills are transferable, we also think that providing guidance linking competences to species/sector-specific skills would be beneficial in aligning expectations of employers and new graduates. It would also be helpful to include non-clinical and non-traditional examples eg. OV/ public health/ animal welfare/ animal exports (including exotic and zoo exports)/ laboratory animal medicine and science.

30. There is the opportunity for the species/sector-specialist veterinary associations to provide more detail on what the ‘Day One (and PDP) Competences’ look like in their sectors to illustrate how these competences map into the realities of the world of work. For example, the BVZS Day One Competences resource or the BCVA Day One Skills List.

Professional Development Phase (PDP)

31. BVA agrees that the aim of the Professional Development Phase (PDP) is to help newly qualified veterinary graduates (or those returning after time away from practice, changing their area of practice or overseas graduates) make the transition from life as a veterinary student to working as a professional veterinary surgeon, as set out in the consultation document. It is important to note that embarking on a career path in general practice and then specialising is not the only viable post-graduate route for veterinarians. While we acknowledge that the majority of veterinary graduates initially enter clinical practice, we would therefore recommend that the reference to clinical practice is not included in this statement so as to include veterinary surgeons working in non-clinical roles.

32. We consider that it is important that there continues to be a process for supporting new veterinary graduates during the transition from the structured environment of veterinary school to the world of work.

33. In order to help retain veterinary surgeons within the profession and in order to adapt to future changes in the requirements for veterinary surgeons, it is important to stress that the PDP is not only for new graduates but is also an appropriate way to support veterinary surgeons changing their area of practice or returning to work after a career break.

34. We note that the results of the RCVS/ BSAVA 2017 evaluation of the PDP in supporting veterinary graduates and agree with the main recommendations for improving the PDP:
   - redefining the purpose and objective,
   - wider engagement across the profession,
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- resources available
- and functionality.

35. **Q10. What do you think the focus of the PDP should be? More than one area may be chosen.**

BVA considers that the primary focus of the PDP is to provide support and guidance for the newly qualified veterinary graduates as they make the transition from life as a veterinary student, or another area of practice, to working as a veterinary surgeon.

36. We consider that all of the areas highlighted in the consultation question (mentorship, developing clinical skills, professional skills and confidence in area of practice (or work if in a non-clinical role) have an important role in the PDP, but it is also important that there should be guidance available for both the graduates and their employers providing realistic expectations of Day One Competences and support needed to help graduates achieve PDP competences.

37. Mentorship is integral in ensuring that graduates are able to develop in all of these areas, recognising that the requirement for support in each of these areas may be of differing importance, or of differing priority, based on the individual graduate and the circumstances in which they are working.

38. In addition, the [Student Minds Graduate Mental Wellbeing in the Workplace Report](https://www.studentminds.org.uk/) (although not specific veterinary graduates) highlights that a number of factors associated with the transition into the workplace. Addressing these factors could be emphasised within the PDP:

- The graduate has a manager who is interested in their personal development;
- The graduate has someone they feel confident contacting if they are struggling with their wellbeing;
- The graduate feels comfortable taking breaks during the workday, for example, taking a break for lunch;
- The graduate finds the work they are doing interesting;
- The graduate feels able to keep up with financial pressures;
- The graduate feels that their organisation is proactive about promoting wellbeing;
- The graduate feels included in work-related social activities.

39. **Q11. What type of structure is required for the PDP, and the degree to which interventions should be implemented for optimal effectiveness.**

We support the current structure in that the PDP competences largely mirror the Day One Competences. However, as competence is relative to the expected standard, both in terms of task and fluency, we think that much greater clarity is needed, for both graduates and those supporting them on the expected level of competence on completion of the PDP.

40. We are aware that completion of the current PDP is often seen as a tick box exercise with the emphasis more on the number of cases treated than on the learning that has taken place and the development of competence. This approach also creates problems for those who, for whatever reason, do not have access to particular clinical cases. We therefore recommend that the structure of the PDP should move away from an input-based process (often termed pejoratively as a ‘tick box exercise’) to an outcomes-based approach, i.e. focus on the outcomes that the graduate is expected to achieve by the end of their PDP, rather than focussing on the number of cases that have been treated. This would be in line with the outcomes-based approach the RCVS is taking towards CPD.

41. We note the results of the [RCVS/ BSAVA 2017 evaluation of the PDP for veterinary graduates](https://www.rcvs.org.uk/cpd nehancement/evaluation) which highlights particular challenges for graduates, such as the disparity between what students were being taught in veterinary school and how applicable this is to apply to real life cases, and around non-clinical skills, including making decisions independently and adapting communication styles for different clients. These are also the areas that employers find most challenging to support. It would
therefore be helpful to provide support and resources not only to recent graduates completing the PDP, but also to their employers so that they are able to effectively support and mentor their employees and understand the benefit of doing so.

42. **Q12. Based on your response to the previous question, what do you think would be the main benefits of implementing a more structured PDP?**

Proposals for a more structured PDP would necessitate more detailed guidance, for graduates and their mentors and employers, on the level of competence that is expected at the end of the Professional Development Phase. Any training, assessment or accreditation should not increase place an increased burden on practices that could potentially result in decreased provision of PDP.

43. **Q13. What do you think would be the main challenges of implementing a more structured PDP? For any challenges you state, can you provide any suggestions of mitigating factors?**

We think that the main challenges will be in developing clear guidance on the level of competence (outcomes) expected. As with the Day One Competences, we would suggest there is an opportunity to work with the species and sector specialist veterinary associations to develop guidance on appropriate levels of competence within specific areas.

44. There may also be opportunities for knowledge exchange with larger employers who have already implemented graduate support programmes (recognising that any best practice must also be applicable to all areas of practice and work, both small and large animal, as well as non-clinical areas of work).

45. **Q14. Considering these benefits and challenges, would you support the development of a more structured PDP?**

As outlined above, we support a change in the structure of the PDP to focus on outcomes but would not characterise this as a more structured PDP. However, we do see a benefit in providing more structured support for both those undertaking PDP and those supporting them as employers or mentors. As part of this, consideration would need to be given as to how to ensure that any new structures do not result in an increased burden to employers, which may result in only larger employers being able to support PDP.

46. **Q15. Do you think the PDP should be supported by a different system of recording?**

We agree that there should be a different system of recording and that this should include professional skills alongside clinical skills and that both the graduate and a mentor should be able to contribute.

47. It is also important that the recording system is easy to use and focuses more on outcomes (progression and building confidence) rather than just recording number of cases treated.

48. Consideration should be given as to whether it is possible to develop an integrated system to record experience and competence for students, graduates and post-graduates so that students and graduates have one system in which to record and reflect upon their professional development. As outlined at paragraph 7, it is important to recognise the importance of, and opportunities for, continuing education and post-graduate qualifications throughout a veterinary career. These should build upon the Day One Competences as a foundation set of transferable skills that can be used and built upon in a variety of workplace settings as careers develop and different career choices are made by individuals over time and/or as different life circumstances present themselves.

49. We would also recommend that consideration should be given to the development of an “app” to make recording easier and the development of online support groups, including mentor/peer groups within the team, so that reflection can take place without the requirement for long reflective essays.
50. **Q16 and 17. Do you think that the PDP should be accredited and/or quality assured by RCVS?**

While we would like to think that it will eventually be possible to have a system for PDP that is both accredited and quality assured by the RCVS, this should only be implemented after there is consensus that the structure of PDP is delivering its desired outcomes and stated aims in a user-friendly manner.

51. We are concerned that the introduction of compulsory accreditation or quality assurance at this time could have the unintended consequence as acting as a disincentive for smaller practices employing new graduates due to the financial and time burden of meeting these standards.

52. In the mean time we would support voluntary inspection through the Practice Standards Scheme where additional emphasis could be given to specific standards relating to PDP, developing staff, providing support for new graduates and mentor training for supervisory staff. In addition, consideration could be given to the RCVS accreditation of existing graduate schemes outside of the PDP.

53. We would support the development of appropriate CPD to support the role of mentor / supervisor. In addition, we are aware of suggestions to develop mandatory training for vets employing new graduates. Whilst we welcome this in principle, as highlighted at point 45, we would be concerned that the introduction of mandatory ‘employer training’ would act as a disincentive for smaller practices employing new graduates due to the financial and time burden of undertaking mandatory training.

### Extra-mural Studies (EMS)

54. BVA 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.

55. The [2018 AVS EMS Experience survey](#) recently highlighted the range of benefits of EMS as perceived by current students and recent graduates. Respondents frequently commented that EMS provides an opportunity to:

- Gain a hands-on, realistic experience which cannot be provided in lectures
- Watch, learn and improve skills in a range of situations, giving more breadth than university scenarios
- Understand the types of environments which vets work in, and which [the respondent] prefers
- Make professional contacts and build relationships with potential employers
- Put theory into practice, broaden knowledge, increase confidence and reduce nerves after graduation.

56. However, while the [2018 AVS EMS Experience survey](#) reported that respondents were highly positive about the ability of EMS to better prepare them for careers in practice than their degree rotations alone (96.7% agreed) we are also aware of concerns expressed around the variable quality of the EMS experience and the costs to students (both direct and indirect) of undertaking EMS.

57. **Q18. The RCVS is considering various options which could be introduced to improve the way EMS is currently delivered. The consultation asks you to consider each of these elements and indicate to what extent you think it would be effective in preparing veterinary graduates for the world of work.**

58. **Early Clinical Exposure**

- We support the principle of early clinical exposure to reinforce the relevance of non-technical
skills education and believe this could work well within an integrated curriculum. Consideration should be given as to how to ensure that students would receive exposure to non-technical skills, as opposed to being drawn in to focussing on clinical skills. In addition, the 2018 AVS EMS Experience survey highlighted that 59.8% of respondents reported concerns over clinical EMS, despite 58.3% having already received clinical EMS guidelines from their university. A number of first year students also reported feeling worried about EMS. Early clinical exposure would represent a way to introduce the topic of clinical EMS and encourage confidence ahead of clinical placements.

• Block placement at the end of the veterinary programme
We would not generally support delivery of the whole programme of EMS in a block placement at the end of the undergraduate programme. We are concerned that EMS delivery in this manner could delay exposure to clinical practice and opportunities to develop preferred areas of work (both clinical and non-clinical). We note that in the 2018 AVS EMS Experience survey nearly two-thirds (61.8 percent) of recent veterinary graduates who were surveyed work for, or apply to a practice where they did extra mural studies (EMS). With this in mind, EMS is already facilitating a transition into practice and there may be further scope for an additional EMS placement at the end of final year to facilitate a transition into PDP (with due consideration as to how to communicate the transition from EMS student to new graduate to clients, assuring client confidence in competence and ability of new graduates and appropriate support for the new graduate during this transition). However, any changes need to be mindful of those students who have not yet decided on an area of work, found a practice in which they wish to work or wish to spend time travelling before starting work. Further, consideration should be given to the additional pressure that this could put on practices providing the block placements, especially if a large number of students are looking to undertake end of course placements at the same time.

• Parallel Animal Husbandry Extra-mural Studies (AHEMS) and Clinical EMS
As with early clinical exposure we can see benefits in combined Parallel Animal Husbandry Extra-mural Studies (AHEMS) and Clinical EMS, especially in those areas such as intensive pig and poultry units where it may be difficult to arrange AHEMS. However, as stated previously it will be necessary for both students and providers to be clear about the purpose of the EMS placement to ensure that the students are able to meet their learning objectives for the placement.

Incorporation into the curriculum
• We support the idea that individual vet schools should be able to determine the details of the amount and type of EMS to achieve their own curricula and student outcomes. We are also aware that veterinary schools have a responsibility to their students both in terms of the quality of learning and safety, and that this responsibility extends, at least to some extent to the provision of EMS. However, we have serious concerns that if the provision of EMS is completely under the control of the Universities this may limit the range of options available to individual students. We also have some concerns with the suggestion set out in the consultation document that veterinary schools should contract with practices to provide placements and recommend that this should be amended to read could contract with practices to provide placements. We are aware that there are already arrangements in place with the practices that provide IMS for those veterinary schools working on a distributive model and that these arrangements may not necessarily involve direct financial payment but support in terms of University staff working within the practice or upgrading of equipment and facilities. We note that the Vet Schools Council proposal on EMS makes no mention of such a contractual arrangement and it is not clear from the proposal outlined in this consultation document exactly how this would work. We would therefore recommend that a feasibility study with costings is produced before embarking on this model.

59. Q19. Are there any other options that you think should be considered that are not included above? We are interested in your rationale for why these would be beneficial.

Specifying the model of delivery for EMS placements 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 experience 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.

60. The delivery of EMS will require the involvement of the whole profession. Each organisation(s) should be responsible and accountable for different aspects of the delivery of EMS. For example, RCVS should have overall oversight, define minimum requirements and provide guidance on objectives and standards for delivery. Individual vet schools should be able to determine the details of the amount and type of EMS to achieve their own curricula and student outcomes. However, the veterinary schools should also share knowledge of placements in order to meet the needs of individual students who develop a particular interest in specialist area.

61. It is helpful for veterinary practices offering EMS to have a clear idea of the objectives that the student has for their placement as well as their current level of knowledge and skills. We believe that the use of formal structure to communicate this information, such as the AVS Pre-EMS objective setting templates for small animal, farm animal and equine animal practice, can optimise the experience for both students and practices. 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. As with the PDP it would be useful to provide resources to help and support practices in delivering high quality EMS.

62. Students, with their tutors, should take responsibility to ensure that their EMS meets their own personal development objectives.

63. In addition, in order to effectively showcase the breadth of non-clinical and non-traditional roles that are available to the veterinary graduate it would be useful to consider a system which requires veterinary students to undertake EMS in non-clinical and non-traditional settings eg. diagnostic labs, abattoirs, laboratories, central and local government etc.

PDP and EMS

64. **Q20. Do you think EMS should facilitate a transition into PDP? We are interested in your rationale in response to this question.**

All undergraduate education should facilitate a transition into PDP. We note that in the 2018 AVS EMS Experience survey nearly two-thirds (61.8 percent) of recent veterinary graduates who were surveyed work for, or apply to a practice where they did extra mural studies (EMS). With this in mind, EMS is already facilitating a transition into work and, for those students who have a job offer, there may be further scope for an additional EMS placement at this practice, at the end of final year to facilitate a transition into work and the PDP. However appropriate procedures must be in place for those students who have not secured a job offer to ensure that all students are able to complete their EMS.

However, where a student undertakes a placement at the end of their training, before starting work in the same practice, due consideration will need to be given as to how to communicate the transition from EMS student to new graduate to clients, assuring client confidence in competence and ability of new graduates and appropriate support for the new graduate during this period. To mitigate this unintended consequence, consideration could be given to providing a transition role and appropriate transitional title to students (who have passed their exams), during this final block placement of EMS.

65. Consideration could be given to developing a combined Student experience log / PDP recording system so that students / graduates can record and reflect on their progress throughout the education and into the world of work.
66. **Q21. Can you envisage any unforeseen issues in any of the options outlined previously?**

EMS is currently, for the most part, provided by practices free of charge and seen as a way of giving back to the profession and supporting the next generation. It is therefore important to recognise the extra financial and resource implications the provision of EMS places on practices, especially at a time where staffing pressures and profitability are of increasing concern to businesses. If the onus on practices becomes too great or practices see other practices receiving support that they have not been offered for providing similar EMS provision, the support of some members of the profession may be lost. Consequently, any training, assessment or accreditation should not place an increased burden on practices that could potentially result in fewer places for EMS being available.

67. As we think it likely that veterinary schools are more likely to enter into arrangements with practices in their local area, consideration should also be given to the cost implications for students, who may prefer to see practice closer to home; the breadth of practice types in the area; the provision of non-clinical EMS: and the implications for student recruitment into their first jobs.

68. In addition, as outlined at paragraph 58, it is important to recognise that whilst a transitional EMS placement at practices with which students have already secured a job offer at the end of final year may facilitate the transition into practice for the new graduate, it may also negatively impact on client perception of the new graduate in terms of perceived competence and experience eg. if clients continue to associate the new graduate as a vet student who was only recently performing consults under supervision etc. Therefore, if this proposal is further explored, due consideration should be given as to how to communicate the transition from EMS student to new graduate to clients, assuring client confidence in competence and ability of new graduates and appropriate support for the new graduate during this transition.

**Clinical Education to prepare graduates for General Practice**

69. We note that this section of the consultation is focused on preparing graduates for general practice. While we accept that this is where the majority of the profession work and the where the majority of graduates enter the workforce, consideration should be given to the variety of career paths that are open to veterinary graduates and in supporting graduates entering the workforce in areas such as public health and non-clinical career paths.

70. **Q22. There are various ways in which workplace-based learning could be supported. We are interested to know how effective you consider each of the following examples to be in preparing veterinary graduates for the world of work: (General practice, Specialist/referral hospitals, Charity led clinics, Emergency/Out-of-Hours facilities, Diagnostic laboratories)**

We recognise the importance of workplace learning in preparing veterinary graduates for the world of work. While workplace learning in general practice is most likely to prepare veterinary graduates for work in general practice, this should also be supported by experience of other work place settings (including those set out in the consultation document, as well as non-clinical and non-tradition work settings). It is therefore important to recognise the breadth of EMS opportunities available to veterinary students that go beyond clinical practice in non-clinical and non-traditional settings eg. farms, abattoirs, laboratories, central and local government, veterinary journals, butchers, livestock markets etc. The effectiveness of workplace-based learning is dependent on the opportunities and support during the placement and ability of the placement to meet the specific learning outcomes and objectives of the individual student.

71. **Q23. Please describe any other ideas or suggestions you have for how learning in the workplace could be supported.**
The 2018 AVS Student Experience Survey highlighted the following features of EMS as hallmarks of a beneficial placement:

- Enthusiastic, engaging and supportive staff to supervise students (vets and vet nurses).
- Planning the placement and setting goals with the student: providing a mentor, asking the student what they did and did not have experience of, and clearly explaining why the student could not be involved in certain procedures.
- Clinicians encouraging students to participate appropriately, as opposed to only observing – for example, assisting with surgeries, castrations, taking histories and disbudding.
- Practices with varying caseloads.
- Supervising vets having sufficient time to teach and discuss cases between consults.
- Uncensored, realistic insights into the profession including paperwork, booking systems and high case volumes.

72. We therefore consider that 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 for a specific student. It would also be useful to use the AVS Pre-EMS objective setting templates for small animal, farm and animal and equine practice to enable the student to gain the maximum benefit from the placement.

73. Increased provision of education-based and mentorship training of staff in workplaces providing EMS placements would help them to be able to confidently support and mentor students to develop both clinical and non-clinical skills, as well as supporting the development and insights into opportunities for different career paths. However, any training should not place an increased burden on practices that could potentially result in fewer places for EMS being available.

74. Q24. For each of the domains of competence listed, please indicate whether you think the type of workplace in which they are best learnt is general practice, referral practice or traditional university setting. Please give your rationale for each response.

a. Clinical Reasoning
b. One Health / Public Health
c. Individual Population
d. Leadership/Management
e. Business/Finance
f. Communication
g. Collaboration
h. Professional Identify, Self-awareness & Self-reflection
i. Adaptability

(NB see our response to Q2 regarding the naming and scope of the domains of competence)

75. As the domains of competence are broad and generic, we believe that it should be possible to develop aspects of these competences in all the settings mentioned in the consultation document as well as other less traditional forms of EMS.

76. We understand that the Universities are responsible for developing the Day One Competences of their students and ensuring that they have met the competences by the time they graduate. However, we are aware that concerns have been raised that University and referral practice teaching is not always preparing students for the cases and decision making that they will encounter in first opinion practice. We would therefore recommend that students are exposed to a range of learning environments and given the opportunity to select work-based placements that enable them to develop their Day One Competences and meet their individual leaning objectives. That said, we
are aware that the majority of graduates will at least initially enter primary care practice so it is important that they have the opportunity to undertake work-based placements that enable them to understand how the domains and Day One Competences apply in this setting.

Tracking

77. We agree that it is currently neither viable nor desirable to move to a system of limited licensure, and that it is important that students are trained across all species and graduate able to work in all areas.

78. **Q25. What do you consider to be the main advantages of increased tracking?**

As identified in the Crowther et al (2014) Stakeholder consultation on tracking in UK veterinary degrees advantages of increased tracking include:

- improved graduate competence, with concurrent improved competence of the profession
- better assessment of students
- matching faculty resources to more interested students; avoids teaching students irrelevant content
- space in the curriculum for detailed study in selected areas for smaller disciplines; a means of addressing the shortage of vets in less popular areas by controlling admissions
- increased satisfaction of career choice
- strengthened credibility of profession

79. **Q26. What do you consider to be the main disadvantages of increased tracking?**

As identified in the Crowther et al (2014) Stakeholder consultation on tracking in UK veterinary degrees disadvantages of increased tracking include:

- limiting graduate options and necessitating retraining to change species
- disruption to admissions systems, including students learning to ‘beat’ admissions systems by feigning interest in less popular disciplines
- disruption to education, including different resource requirements and examinations for each discipline
- the need for mixed practitioners

80. **Q27. Overall, would you support a greater degree of tracking as part of the veterinary degree?**

We do support a degree of partial tracking where students are able to ‘track’ and/or undertake an elective in one or a limited number of species or disciplines in order to develop increased knowledge and competence in the area that they are hoping to work in. We also see an opportunity for partial tracking to allow students to select the EMS placements that most closely match their career aspirations, reducing the requirement for students to undertake EMS in areas in which they have little interest. As part of partial tracking, there would be an opportunity to utilise sector-specific guidance providing more detail on what the ‘Day One (and PDP) Competences’ look like across different sectors to illustrate how these competences map into the realities of the world of work, better informing veterinary students about the realities of different sectors as they progress through their undergraduate programme.

81. However, it is paramount that students are able to change their mind as to their preferred area of practice or work during the veterinary undergraduate degree, as both their preferences and the opportunities for employment may change. This will prevent the limiting of graduate options at an early stage and the potential need to retrain students

**Concluding remarks**

82. BVA is supportive of the Graduate Outcomes review in its aims to ensure that competences and
outcomes meet the needs of veterinary graduates at the start of their career, as well as the broader needs of employers, animal owners and society. It is important that any proposals take into account the full breadth of veterinary graduates entering the workforce across wide ranging career paths, both clinical and non-clinical. In addition, it is important to recognise the considerable work that will be required to ensure the practical and relevant implementation of any proposals within the existing constraints on finance, expertise and resource, both in universities and the breadth of work settings across the veterinary profession.

83. Whilst we agree that the skills, knowledge and attributes of a well-rounded veterinary graduate is largely captured by the broad areas of ‘Vet Capability’; ‘Professional Commitment’; ‘Reflective Relationships’ and ‘Personal Leadership’, we would welcome further clarity regarding Figure 1, how the areas of competence and domains were arrived at and how they will relate to the Day One Competences. In addition, we would recommend that animal health and welfare should be at the heart of any model that is developed.

84. We support an outcomes-based approach to the PDP, clinical education and EMS, recognising that across all proposals (including the review of Day One Competences) there is a need for more detailed guidance for students and graduates, their mentors/teachers and employers regarding the level of competence that is expected at the differing points of the veterinary graduate trajectory.

85. We would welcome further opportunities to comment on these proposals in full as they develop. Sight of the final proposals and discussion with relevant stakeholders across the veterinary profession is paramount in order to ensure a transparent and collaborative consultation process as part of the Graduate Outcomes review and ensure that the outcomes of this review are appropriate to prepare veterinary graduates for sustainable and fulfilling careers.