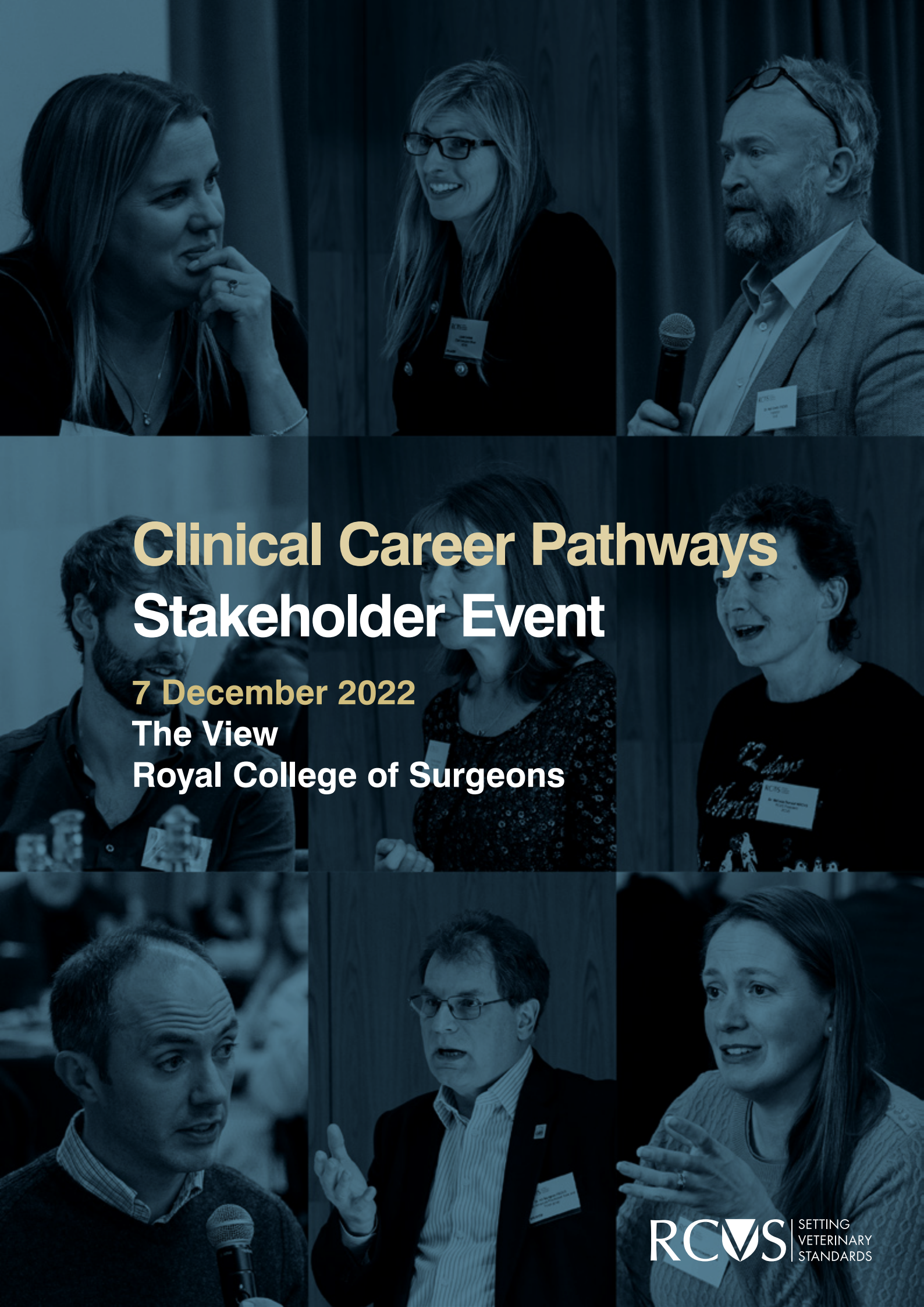

Clinical Career Pathways Stakeholder Event

7 December 2022
The View
Royal College of Surgeons

RCVS SETTING VETERINARY STANDARDS

Career Pathways

Setting the scene

Veterinary surgeons are increasingly indicating that they no longer wish to follow the previously traditional linear career pathway of their predecessors: vet school → graduation → assistant in practice → partner in practice → retirement. Modern ways of working have changed how people think about their careers and they are now seeking a career structure that allows them to pursue a range of interests, both professional and personal.

Career pathways are important as they offer people the chance to continuously develop and maintain their interest in their chosen career. Because of this sense of progression, career pathways can help retain individuals in a profession and may help encourage those who have left to return.

The Clinical Career Pathways stakeholder event was convened to explore options for veterinary career pathways in the clinical sector. The catalyst for the event was a review of the RCVS Advanced Practitioner (AP) status that was conducted by the RCVS Education Committee. However, the diverse group of stakeholders attending, including general practitioners (GPs), APs, Specialists and veterinary nurses, were also asked to consider what it means to be a veterinary GP, what it means to work in primary care, and what it means to be a Specialist. This work on clinical career pathways straddles the RCVS's regulatory and Royal College roles. This joint role is articulated in the statement: "We set, uphold and advance standards" and the work around GP status, AP status and Specialist status embraces this in terms of both setting standards, and continuing to advance the profession and the opportunities within it. It sits within the "Clarity" and "Courage" work streams of the RCVS Strategic Plan 2020 – 2024.

The review of AP status carried out by the RCVS, which also explored the impact it has had on those achieving it, showed that members of the profession have a limited understanding

Career Pathways

“Modern ways of working have changed how people think about careers”

of the difference between a certificate holder and an AP, and see the need for more career options specifically for those with the status. There will not be a one-size-fits all solution, but offering more flexibility and more modular approaches to career pathways that will, for example, allow people to move in one direction, change their mind and then move in a different direction, will be key.

To this end, stakeholders were encouraged to both speak out and listen, to build on suggestions rather than dismissing them, and to “think big and think brave”. ●

Some background

Certificate in Advanced Veterinary Practice
The Certificate in Advanced Veterinary Practice (CertAVP) is a flexible, modular postgraduate certificate for veterinary surgeons that can be completed over a number of years. Although originally developed as a general certificate, it can now be either a general certificate or can be "designated" or "named" to a specific field(s).

Achieving the CertAVP does not automatically confer AP status on the holder, but can be used in order to apply for AP status (other criteria also apply).

Advanced Practitioner status
The RCVS Advanced Practitioner status was developed following a review of veterinary qualifications and the general public's understanding of them conducted over a decade ago. This review recommended that a public-facing veterinary qualification should be developed and promoted so that when members of the public accessed the services of a veterinary surgeon, they could have some understanding of the skill level of that individual.

AP status was launched in 2014, and the first APs were recognised in 2015.

Eligibility to become an AP
To be an AP, a vet must:

- Be an MRCVS and on the practising register;
- Have been graduated for at least five years and have completed the Postgraduate Development Phase (or for more recent graduates, the Veterinary Graduate Development Programme [VetGDP]);
- See approximately 100 cases per year in their designated area;
- Hold a relevant clinical postgraduate certificate, such as the CertAVP;
- Have completed the Professional Key Skills module of the CertAVP;
- Complete 250 hours of CPD over five years;
- Produce a clinical governance statement as part of their AP.

APs pay a fee to be on the list of APs and are required to reaccredit every five years to demonstrate that they continue to be current in their field of practice. ●

Reviewing AP status

On the launch of AP status in 2014, a commitment was made to review progress after five years to assess if the aims of the status were being met. In 2019, the RCVS Education Committee agreed to conduct this review. There were two key drivers: first, to fulfil the commitment to review progress after five years; and second, calls and queries to the Education Department were indicating misunderstanding about the status and also about the difference between AP status and the CertAVP.

The objectives of the review were:

- To review members' and clients' perceptions of AP status;
- To explore members' motivations for seeking AP status or not;
- To explore preferences and reasons for APs' chosen route to the status (ie did they specifically choose an RCVS certificate or a different type of certificate?); and,
- To explore the benefits and / or drawbacks of being on the list of APs once the status had been achieved.

"The findings... indicated a lack of clarity with regards to AP status"

The evaluation has taken place in stages, beginning with a survey of veterinary practitioners in early 2020. The findings (see below) were presented to the Education Committee later in 2020 and indicated a lack of clarity with regards to AP status. The Committee decided that the findings therefore warranted further investigation.

Virtual focus groups were held in the summer of 2021 to discuss the benefits of holding AP status and how the RCVS could raise awareness of it. The findings from these focus groups were similar to, and supported the results from, the earlier surveys.

The Education Committee examined the findings closely and is now exploring:

- How to define AP status and what it means to be an AP;
- How to clarify the terminology to improve understanding of AP status within the profession itself and among clients;

Career Pathways

- Future career pathways for vets that are flexible, accessible and rewarding.

The Committee set up two task and finish groups to begin examining these issues in more detail. The groups met over the course of 2022, with one group considering career pathways for veterinary professionals, especially APs, and how these can be taken forward, and the other considering the name “AP” and what it means. ●

The evidence-base

Survey findings
Questionnaires were sent to:

- All current and previous APs (n=1,140, with a 50% response rate);
- Non-APs who were enrolled on or had completed the CertAVP or other postgraduate certificate (n=3,015, with a 19% response rate);
- A randomly selected control group of non-AP, non-certificate holder vets (n=999, with a 14% response rate).

Awareness of eligibility for AP status
Forty percent of respondents from the control group did not know if they were eligible to be an AP or not.

Motivations for applying for AP status
Current and previous APs gave the following responses when asked about their motivations for applying to become an AP:

- For professional recognition in their area of interest (85%);
- For career progression / to gain recognition (55%);
- For their own personal development and to improve their practice (61%);
- To receive referrals in their area of interest (35%);
- To increase self-esteem and get a sense of achievement (51%);
- To increase their salary (18%);
- To have a structured CPD effort (22%);
- To increase their business (15%).

Benefits of being an AP
APs were asked whether being an AP had had a positive impact on:

- Career progression (ie, a promotion): 35% said yes, 61% said no;
- Salary: 26% said yes, 71% said no;
- Caseload: 36% said yes, 55% said no;
- Receiving referrals: 36% said yes, 55% said no;
- Professional recognition: 59% said yes, 34% said no;
- Self-esteem: 71% said yes, 26% said no.

The perceived benefits of being an AP appear to correlate with

the motivations for becoming an AP (ie, personal development, greater self-esteem, sense of achievement, professional recognition). However, the actual impact of gaining the status on careers and roles appear variable.

Route to AP status
Seventy percent of those holding AP status had achieved either the CertAVP or an RCVS certificate, and 60% of those enrolled on the Postgraduate Certificate route were planning to use it to apply for AP status in future. Thirty-six percent of APs thought that the status was seen as a route to Specialist-status whereas more of the control group thought this, indicating some confusion around the role.

Members' and clients' perceptions
- Thirty-five percent of respondents from the control group had little/no understanding of what it means to an AP;
- Sixty percent of APs thought that their colleagues knew what AP status meant;
- Ninety-eight percent of respondents from the control group thought that clients had little or no understanding of what an AP was.

Do vets know the difference between the CertAVP and AP status?
- From the AP group: 78% said no;
- From the control group: 82% said no.

Do vets know the difference between AP status and Specialist status?
- From the AP group: 81% said yes;
- From the control group: 73% said yes.

Do clients know the difference between AP status and Specialist status?
- From the AP group: 87% said no;
- From the control group: 89% said no.

Key messages emerging from the surveys and focus groups
- There is a lack of understanding of AP status across the profession and particularly among clients. This misunderstanding includes what the status is (and what it

Career Pathways

means in terms of practice), how a vet becomes eligible for AP status, how AP status relates to the CertAVP and the differences between the two.

- Younger members of the profession are more motivated to achieve AP status, wishing to further their knowledge in an area of interest and gain recognition.
- In the qualitative data gathered, multiple comments were made around understanding the difference between becoming an AP and becoming more specialised, versus being a "Specialist", and about confusion around the terminology.
- Achieving AP status brought numerous personal benefits, such as increased knowledge, standards of practice and self-esteem.
- AP status had a variable impact on an individual's professional role, that is, the types of cases they saw, their career progression and on their salary. Qualitative data and focus group work indicated that this was linked to the area of designation. In more common areas of practice, AP status was unlikely to have a large impact on day-to-day working life, but in niche areas where there were few APs or Specialists, an individual was much more likely to have a different caseload and gain recognition in other ways.

"Achieving AP status brought numerous personal benefits"

Task and finish groups

Group 1: defined career pathways within primary care. Chaired by Dr Susan Paterson, RCVS Specialist in Veterinary Dermatology and RCVS Junior Vice-President

"GP vets are the bedrock of the profession and are vitally important. We need to celebrate GP vets and create definitive career pathways for them."

The established current pathway to Specialist status, via internships and residencies, demands significant sacrifices on the part of those pursuing it, particularly in terms of their personal lives and finances. Specialist status is often pursued in the earlier stages of a veterinary career before individuals acquire other responsibilities, and it may not be feasible for those who have family or other commitments to consider specialisation. The option of becoming an AP while working in practice is more open to these individuals with personal

Career Pathways

responsibilities and commitments, but once achieved it can be difficult for them to find a pathway to move on to Specialist status. There are also few further career development options available to APs who want to remain in primary care practice and develop as a primary care practitioner.

"GP vets are the bedrock of the profession and are vitally important"

This task and finish group was set up to look at career pathways for veterinary professionals, especially APs, and how these could be taken forward. It was a very representative group comprising APs, Specialists, RCVS Fellows and members from the wider veterinary community.

The group developed initial ideas and thoughts in three areas:

- Creating a definitive career pathway for GPs in a primary care setting;
- Celebrating GPs and exploring if a Specialist status for GPs can be developed;
- Developing a more flexible route from being an AP in general practice to being a Specialist without having to make sacrifices in terms of family life, etc.

GP career pathway

This pathway does not necessarily have to be a pathway to Specialist status; instead, it could allow a GP vet to develop their skills and expertise as a GP. One possible way of achieving this could be via extending the top-line entrustable professional activities (EPAs) set out in the VetGDP for new graduates, to more advanced EPAs that would help individuals become better GP vets when further into their careers. Issues to consider include how this might work in general practice and what the EPAs might look like if used in a primary care setting.

There was consensus among the group that a college/ association should be created for primary care vets to foster a sense of belonging and provide a forum for sharing knowledge and research in general practice. Further consideration of the form this network for GPs within the RCVS might take is needed.

Route to Specialist GP status

The group discussed issues that would need to be considered in developing an improved pathway for GP vets. These include what the pathway might look like (for instance, will it build from

AP status, or will it be a standalone pathway available to GP vets?), the form it may take and how it can be made attainable for everyone in a general practice setting. Another consideration is the skills that should be incorporated into achieving the status. These should encompass both clinical skills and experience and a range of professional skills.

Routes to clinical specialisation
There are multiple European specialist colleges covering a range of disciplines and species. Most run traditional residency programmes requiring between 3 and 5 years of study at a centre of excellence under the supervision of a Diplomate of the relevant college. Gaining acceptance onto a residency programme is very competitive.

Some of the colleges, but not all, offer an alternative block release pathway, allowing candidates to spend time away from general practice in a referral practice or centre of excellence. They complete the equivalent amount of study time, but over a longer period. This format can be challenging for those with families or other caring responsibilities, or for those whose practice is reluctant to release them, say if they are an AP and particularly valuable to the practice.

So, although alternative pathways are available, they still require candidates to make sacrifices and are not feasible for everyone.

Issues to consider when developing new routes to specialisation include whether the UK has enough Specialists to supervise residents. There is a shortage of Specialists in certain disciplines in the UK, meaning there may be a shortfall in the ability to meet clinical needs even before considering the need for Specialist supervision of residencies. The UK may not be offering enough residency programmes currently, but may not actually have capacity to run more.

A further consideration is whether it is possible to create a pathway from general practice to Specialist status in a particular species or discipline (including primary care) that gives opportunities to GPs who cannot follow the traditional residency pathway.

Career Pathways

The group noted that some of the European colleges are developing modular routes to specialisation and suggested it might be possible to link to this to provide the opportunity for veterinary surgeons in general practice settings to become Specialists either in a species or a particular discipline.

However, modular pathways, particularly if they are delivered virtually, might work better for medical subjects than surgical subjects, where it is harder to substitute hands-on, face-to-face teaching with a virtual environment.

A message that came across very clearly from the group's discussions was that any pathway developed must not devalue the Specialist qualification and the qualification achieved must be equivalent to a Specialist qualification gained via a residency-based programme.

"There was a need to think globally and strategically about AP status"

Group 2: the name "AP" and what being an AP means to vets. Chaired by Dr Kit Sturgess, RCVS Specialist in Small Animal Medicine (Internal Medicine) and Advanced Practitioner in Veterinary Cardiology

It became clear from discussions in the group that there was a need to think globally and strategically about AP status, rather than focus on detail. It was important to accept that some people would not fit perfectly into a single definition of an AP, but that what was needed was a definition that would work for the majority.

The group considered:

- The name AP;
- Differences between certificate holders and APs;
- Benefits of AP status;
- How can AP status be promoted to the profession and the public?

The name AP

An ideal name would be easily understood and convey who an AP was. The group came up with a few suggestions, including lead clinical practitioner and consultant, but there was a lack of consensus, partly because APs cover such a wide range of subject areas, skills, species, etc.

Ultimately, the group realised it would not make progress if it spent too much time trying to find an alternative to the AP name. Instead, it felt it would be better to focus on promoting AP status and helping the public, the profession and employers understand what it meant.

Differences between certificate holders and APs
The group felt particularly strongly that AP status should encompass knowledge, skills and behaviours that are current and up to date. Achieving a certificate reflects knowledge acquisition, but certificate holders might not have the skills or behaviours needed to apply their knowledge effectively, or may not have kept up to date with latest developments in the area. The group believed that this was the key difference between APs and certificate holders and was the message that needed to be conveyed to the profession and the public.

Potential solutions to resolve the confusion between AP status and the CertAVP were also discussed. One suggestion was that everyone who gained a designated CertAVP should be granted AP status. However, another suggestion was that there should be a greater differentiation between the CertAVP and AP status. No consensus was reached.

Benefits of being an AP
As indicated by the results of the earlier surveys, the group felt that the benefits of AP status were more personal than professional. Employers did not really understand it and the benefits it brought over and above the CertAVP. Also, there was little understanding among veterinary professional colleagues of the additional requirements needed to achieve AP status.

Promoting AP status
The group believed that initiatives to promote AP status had been patchy and, as a result, the status had not gained significant traction among the profession or public. Any definition of AP status should be kept simple so that it was easily understood when promoted more widely. ●

Examples from the medical profession

At the clinical careers pathways event Dr Helen Anderson, a Research Fellow at the University of York, offered an insight into how the medical profession is approaching portfolio careers for GPs and advanced practitioner roles.

She began by outlining her career, which had started as a Registered Nurse before she undertook a Master's degree to become an Advanced Nurse Practitioner in Primary Care. This was followed by a PhD, with her thesis examining how professional identity affects Advanced Nurse Practitioners in primary care.

Her subsequent research had been varied, but included a substantial focus on healthcare workforce-related issues. Professional identity considerations when developing roles and new ways of working

Dr Anderson explained that professional identity has been defined in various ways by different researchers. In general terms, it can be thought of as "who you are, not just what you do". In terms of being a nurse, it is "the feeling of being a nurse as opposed to working as a nurse". Professional identity is about self-esteem, self-respect and a feeling of belonging and about "becoming, being and staying 'one of our kind'". Having a professional identity and professionalism gives individuals a code and a rulebook by which they can judge themselves and which professional colleagues and the public can use to judge those individuals. This is particularly useful for the medical and veterinary professions because generally people have an idea of what it means to be a nurse or a doctor or a vet. But people often have less understanding of what advanced practice means.

How is professional identity developed?
Professional identity is developed through socialisation and

participation in common workplace practices and interactions. Professional groups develop shared ways of talking, telling stories, dressing and acting. According to Fred Hafferty, an American medical educationalist, professional identity socialisation mainly occurs within the hidden curriculum, where norms, values and beliefs are learned without being specifically taught.

When can professional identity become problematic?
An individual's self-esteem is predicated on belonging to a group, their place in that group and the group's position in society. There needs to be a sense of belonging and pride in a group.

Professional identity influences how professional groups see themselves and how they see others. To help a group view itself positively, it often develops negative views of other groups, leading to stereotypes and biases. For instance, Dr Anderson highlighted some healthcare tropes, such as the "lazy" nurse or the "arrogant" doctor, noting that these views influence not only how different groups view other groups, but also how they behave towards one another.

When a group's jurisdiction is threatened, it raises the level of threat to its professional identity. Group members' instinct is to protect their group and negative behaviour can then become more apparent.

Dr Anderson explained that, in nursing, the introduction of advanced nursing practice had generated tensions not only between medicine and nursing but also within nursing as well. This was despite there being plenty of work to go around and everyone trying to provide the best care for patients.

To highlight how these tensions had manifested, she cited examples of posts on "medical Twitter" and other social media platforms. These were aggressive and/or derogatory in nature, using terms such as "noctor" and "nurse quacktitioner", reflecting the anger felt and the perception of professional hierarchy. Intraprofessional tensions were reflected in posts by nurses referring to advanced clinical/nursing practitioners as "getting above their station" and in to-and-fro posts between

"Professional identity is developed through socialisation and participation in common workplace practices and interactions"

generalists and specialists, and between medics in primary and secondary care.

Similar tensions are evident in dentistry, for example between dentists and dental hygienists.

Some posts had potentially serious consequences for patients, such as one instructing doctors how to resist and undermine the authority of advanced clinical practitioners, advanced nursing practitioners and physician associates (these are science graduates who have completed a two-year Master's degree to allow them to take on some of the routine work of junior doctors).

The nature of these posts indicate why it is important to consider challenges to professional identity and hierarchy when introducing new roles.

Portfolio working

After providing a brief overview of the general pattern of medical training in the UK – and noting that general practice is considered a specialism in human medicine – Dr Anderson discussed why portfolio working is becoming more attractive to GPs in human medicine.

In the past, it was normal for a GP to become a partner in a practice, and general practice was predominantly made up of partnerships of GPs who were self-employed and provided services to the NHS. They also employed administration staff and some salaried GPs.

Like the veterinary profession, the medical profession is now encountering problems with recruiting and retaining GPs, with increasing numbers of GPs choosing to work as salaried GPs, or leaving practice partnerships and choosing to work in other ways.

Portfolio working is being explored as a potential way of retaining GPs within practice. It allows GPs to work in multiple jobs each week, or to have different roles, and has become increasingly popular with younger and more recently qualified doctors seeking a better work-life balance. Evidence is

emerging that GPs with portfolio careers work as a GP for longer than those who work in a traditional, more restricted GP role.

However, the medical education system has not yet caught up with support for portfolio working.

GPs can undertake portfolio working in multiple ways. They might combine other clinical roles alongside their regular GP work, including out-of-hours or emergency care, or take on an extended GP role (following further training and accreditation), such as providing a rheumatology service within their practice and for other practices in their area. Other clinical roles that might comprise elements of a portfolio career include working as a prison GP, a forensic medical examiner or a remote consultant. Alternatively, portfolio careers can involve non-clinical roles such as being a GP trainer offering medical education/student teaching in practice, or authorship, or management and leadership roles.

GPs in emergency departments

As an example of portfolio working for GPs, Dr Anderson discussed findings from a recent study with which she had been involved. This study was part of a larger mixed methods study being run by University of the West of England, University of York and University of Bristol, which had investigated the impact of employing GPs to work in or alongside emergency departments at 10 NHS sites in England.

As background, she explained that general practice is considered to be “at crisis point”, and simultaneously there is increased pressure on emergency healthcare systems as more patients are presenting to emergency departments.

Evidence indicates that up to 43% of emergency department attendances could be managed in general practice. In response, in England, policies have been developed to introduce GP services into or alongside emergency departments (GPs in Emergency Departments: GPED) so appropriate patients can be streamed directly to them. However, the consequences of these policies are not yet well understood.

For her element of the study, she and colleagues had carried

Career Pathways

out thematic analysis of 42 semi-structured interviews and observations, with the aim of exploring the motivations, views and experiences of GPs working in emergency departments. The aim was to identify factors that may support or hinder such work, which could then be used by policy makers and managers when planning or implementing further services.

Findings

A key theme to emerge from the analysis was the "pull" of a portfolio career, with GPED viewed as offering new roles and wider opportunities. This pull was particularly relevant for newly qualified GPs, who thought GPED offered the chance to avoid being pigeon-holed or tied down to a particular role. Flexibility and better work-life balance were also important and GPED offered short-term, part-time locum contracts that allowed GPs to work more flexibly.

A second key theme was the "push" of disillusionment with general practice. For some participants, working in GPED was less of a positive career choice; instead, they were disillusioned with general practice, viewing it as increasingly highly pressurised and demanding. GPED allowed them to focus on clinical work and practise the medicine they enjoyed. Being able to deal with a patient "there and then" was regarded as "less of a burden" than in core general practice and after the single consultation the patient became "somebody else's problem". In contrast, in core general practice patients often returned repeatedly.

GPED was seen as a way of extending medical careers for GPs who would otherwise have retired or left general practice. A benefit of portfolio working is "professional reciprocity". Some participants viewed GPED as a reciprocal opportunity, seeing their experience as a GP as a useful exchange for gaining or updating skills in emergency medicine. GPs felt that their approach could be shared with secondary care clinicians for the benefit of patients, and that their presence in the emergency department improved the working relationship between primary and secondary care.

However, participants identified several challenges to the sustainability of both GPED and core general practice as a result of GPs engaging in portfolio working. GPs in the study considered themselves different from "normal" GPs, who they felt were less confident in their abilities to deal with acuity and were more risk averse. Some GPs were thought to lack the requisite skills to work in emergency departments.

Although participants in the study worked in GPED, many felt ambivalent about it and feared its potential to further destabilise core general practice. They pointed out that the number of GPs is finite and that developing new services requiring GPs simply means more people fighting over a finite resource. Rather than reducing pressure on general practice, GPED actually added burden by diverting staff from an already under-resourced core general practice service.

Overall, however, GPED was considered to have the potential to retain GPs in some form of general practice for at least some of the time. In addition, it was thought that exposing junior doctors to GPED could encourage them to consider general practice as a career option. However, to be sustainable, it needs support from the broader medical education system.

Positive and negative elements of GPED

GPED presents important opportunities for GPs as a professional group:

- It supports new and more flexible ways of working.
- It extends professional working life.
- It enhances understanding between primary and secondary care.
- It promotes general practice to the wider clinical workforce.
- It provides GPs with enhanced skills transferable to their core primary care work.

However, there are also some potential negative consequences.

- GPED possibly has a destabilising effect on core general practice funding and poaching of an already depleted GP workforce (certain services may offer better pay or terms and conditions or novel/interesting ways of working).
- There are concerns about the sustainability of GPED, which is competing for a finite GP resource.

Career Pathways

Also, the question arises as to whether GPED is the best use of GPs' time. Findings from the wider study indicated that having GPs in emergency departments did not actually improve key performance indicators such as wait times or preventing people returning to the emergency department.

Overall, while GPED and portfolio working in general were seen as positive career opportunities for the self-selecting group in the study (who had chosen to work in accident and emergency departments and have a portfolio career), participants were sceptical about whether they were suitable for all GPs.

Questions
A number of questions were asked following Dr Anderson's presentation.

Vets are suffering a similar situation in terms of "push versus pull". Did the study give an indication of how many of the GPs were pulled to GPED and how many were pushed?
Dr Anderson responded that her element of the study was qualitative rather than quantitative, so she and her colleagues had not counted numbers. However, she felt that a significant proportion of the GPs were pushed, as a definite theme to emerge was the serious disillusionment with general practice and a feeling that it was just getting harder and harder. She added that it was not just that caseloads were getting more complex, but also the lack of social care, reduced district nursing services, etc., meant that the job was increasingly difficult.

Also, more generally, research had shown that as new roles are developed, even if intended to support GPs, they are often viewed as increasing the difficulty of practice without offering much benefit. The roles need funding and support, putting greater pressure on GPs who have to supervise the individuals in the roles and find the money to employ them and provide all the human resources elements.

What is the size of the deficiency in the fixed pool of GPs? How many more GPs would we need to do this right?
Dr Anderson believed that the shortage was currently between 5,000 and 6,000 GPs, but noted that the situation was getting worse all the time. It was being compounded by the fact that it was experienced GPs who were leaving – mostly those in their 50s – and with them their knowledge was being lost too.

To what extent have you noticed emergency departments recruiting trainee GPs before they complete their training?
Dr Anderson replied that, again, it was hard to put numbers on this, but from the interviews she had analysed, there seemed to be a definite push by some departments to attract people to come and work in them. She added that this was the case wherever there were staff shortages, noting that student nurses were being "snapped up" six months before they qualified.

As new roles are created in the NHS and nurses are given more responsibility, you potentially "cream off" some of the nicer jobs that GPs like doing. Do you think this helps with GP retention or makes it more challenging?
Dr Anderson responded that evidence was showing that GPs were becoming more dissatisfied and disillusioned. In the past, within their 10-minute appointment slots, there would have been an easier case, or a nicer case that was more enjoyable, she said. Now every consult was complex and difficult.

She added: "The problem in human healthcare is that often we jump into things that we think are a solution, but they're a bit of a sticking plaster. We don't think of the consequences."

While introducing advanced nursing practice sounded like a great idea, it had come with a lot of problems because identity issues and hierarchical issues had not been considered. One thing that kept coming up in research into the advanced nurse practitioner role was the conclusion "Give it time and people will get used to it." However, advanced practice for nurses was introduced in the 1990s and further developed in the 2000s, but there were still issues around it today.

Did the doctors involved in GPED see it as a short-term pressure-valve career release or a long-term relationship with

that emergency department? Equally, were they then looking for other portfolio roles?
Dr Anderson said that the majority of the GPs involved had not had a burning desire to be a GP in an emergency department. Instead, the role had come up and they had taken advantage of it because it fitted with their lifestyle and work-life balance. It was more part of a portfolio career than a career destiny or aspiration they would sustain for a long time.
This was particularly the case for younger and recently qualified GPs, who saw it as something they would do before doing something else (ie, travelling or working abroad) or while deciding whether general practice was for them.

She added that older GPs often took on the role because they did not feel quite ready to retire and wanted to keep their hand in. Because GPs were a finite resource, these older GPs could choose how many shifts, etc, they wanted to work each week, offering them much more flexibility. ●

The workshops

Themes

Stakeholders were asked to consider 4 themes. In all cases, they were encouraged to think of purpose rather than systems, and to bear in mind the need to protect animal health and welfare, as well as consider career satisfaction.

(1) Names for veterinary roles which are clearly understood and recognised.
What is the 'unique selling point' for each of the different roles being considered? What makes GPs/APs/Specialists special? Can this be finessed to find a name for the role that reflects this?

(2) Recognition of career pathways/roles by employers and the public (impact on work).
How can the roles give a good sense of professional impact, bearing in mind the differences between the way the public and the profession perceive things?

(3) Accessible routes to specialisation.
How can careers progress in a way that is not necessarily linear? Would a modular route work? Can people be encouraged to think about changing the way they work, perhaps later in life, perhaps coming back to the profession?

(4) Recognition of the GP role and the value it brings.
Why do people do GP work, what do they get out of it, what do they value, and what might be lost if some of that work was taken and put into a different context?

Career Pathways

Key points to emerge

- In line with the results of the surveys carried out by the Education Committee, there was general agreement among those attending that there is confusion and a lack of clarity around the distinction between AP status and the CertAVP.
- Although there were subtle differences between groups, there was consensus that the CertAVP should be renamed. Suggestions for alternative names were Certificate in Veterinary Practice, Certificate in Veterinary Professional Studies, Certificate in General Practice and Postgraduate Certificate.
- Linking AP status to the Practice Standards Scheme (for example, requiring veterinary hospitals to employ a number of APs) was suggested as a way of improving recognition and understanding of the status by employers and colleagues and of incentivising people to become APs and rewarding them for doing so. The Practice Standards Scheme could also be used to create more residencies by requiring higher-level practices to offer a residency programme.
- The idea of a modular pathway for career progression to Specialist status (in a designated species or field) from within general practice was supported, as was the creation of a pathway to allow specialisation in primary care. Achieving AP status should be a key step on these pathways.
- The timeframe in which postgraduate qualifications must be completed should be extended to allow individuals to study throughout their careers and to accommodate career breaks.
- Regardless of how Specialist status is achieved, there should be some form of final assessment before a Diploma or Specialist status is awarded.
- Consistent and ongoing support through coaching and / or mentorship is key.
- Establishing a collegiate body to represent, champion and educate general practitioners would foster a sense of belonging and enhance recognition of the role. The college could be a Specialist-level organisation if a pathway to specialising in general practice is developed.

Career Pathways

Workshop 1:

Names for veterinary roles which are clearly understood and recognised

There was general agreement that it is confusing to have a Certificate in Advanced Veterinary Practice (CertAVP) and Advanced Practitioner status and that greater differentiation between the qualification and the status could be achieved by changing the name of one of them (the CertAVP was chosen by most groups) to remove the word “Advanced”. Alternative names suggested were Certificate in Veterinary Practice, Certificate in Veterinary Professional Studies, Postgraduate Certificate and Certificate in General Practice.

Several groups suggested the RCVS should provide a clear definition of an AP and develop a communications programme to promote the definition. One group pointed out that the actual name did not matter as long as the definition was clear and communicated effectively. Another group suggested that APs should be renamed as Specialists, while current Specialists should become Consultants.

One group suggested that AP status could automatically be awarded on completion of the CertAVP, saying that there would be less confusion if this happened. It also suggested that vets could acquire a status or title after completing their VetGDP, both as recognition that they had finished this phase of their career and to give a sense of career progression.
A further proposal was to link AP status to the Practice Standards Scheme (PSS) to ensure there was a reason why a practice needed to employ an AP rather than just a CertAVP holder. For example, if veterinary hospitals were required to have a certain number of APs, there would be an incentive for them to employ APs and for people to become APs. This would also reward people for becoming APs. ●

Career Pathways

Workshop 2:

Recognition of career pathways/roles by employers and the public (impact on work)

Several groups also mentioned the PSS in discussions of this theme. Incorporating AP status into the PSS was suggested as a potentially effective way of improving employers' recognition of the role and raising awareness of it among the profession more widely, thus helping APs to feel valued and retaining them in practices.

The issue of communication was raised again, with groups saying that the profession and the public needed more information about veterinary roles. One group suggested including more details in the RCVS Register about members' areas of interests and qualifications, to help clients choose the type of vet they wanted to see. It should be noted that the RCVS Find a Vet online search tool does include many of these details, although members must voluntarily provide them to the College in order for them to be listed. It also suggested that qualifications and status could be delineated by electronic 'badges'. Another group suggested creating a standard add-on for practice websites that presented definitions of different veterinary roles.

Several groups mentioned recognition via salary, with a couple noting that market forces dictated that individuals with skills in high-demand areas, or areas where skills were scarce, commanded higher salaries. It is important to explore ways of recognising individuals who have greater depths of knowledge that they keep up-to-date, regardless of their field of work.

In terms of career pathways, one group proposed replacing AP status with a graded career pathway that rewarded GPs as they moved up through the grades. The group liked the idea of building on the VetGDP system using EPAs, but at a higher level, encompassing more advanced skills. It proposed starting with a "VetGDP" grade, then moving on to a two-part "CertGP" grade that would allow particular designations to be added to help GPs build a portfolio career. The upper grade

would be “DipGP”, which would be a Specialist GP qualification in primary care practice and could act as a stepping stone for individuals to apply for RCVS Fellowship for contributions to general practice. A similar structure and process could be used for veterinary nurses.

This group also proposed creating a European College of Veterinary General Practitioners to which GPs who had achieved the DipGP could belong.

Another group suggested developing a modular pathway leading from GP status through to AP in general practice status and on to become a Specialist in general practice. ●

Career Pathways

Workshop 3:

Accessible routes to specialisation

Creating a modular route to Specialist status from general practice was a popular suggestion, with achieving AP status seen as an essential step along this pathway. Creating a credit- or points-based system was also proposed, with credits or points received contributing towards Specialist status, as was developing a new RCVS Diploma as a route of progression. It should be noted that RCVS Diplomas were phased out in the early 2010s in order to encourage greater convergence with the European Specialist Colleges.

There was agreement that there should be some form of assessment before a diploma and Specialist status were awarded, although no clear consensus emerged on which body should administer the assessment (ie, a university or the RCVS) or what form a final assessment should take. Two groups suggested that building a portfolio of work for assessment might be an alternative to a synoptic examination.

The importance of consistent and ongoing support through coaching and / or mentorship was also raised repeatedly, with suggestions that APs could support cohorts of CertAVP holders who were working towards AP status, or could mentor or coach other APs. However, there was some disagreement over whether Specialists should continue to supervise APs working towards Specialist status, with some groups feeling this was essential, while others questioned why Specialists were being relied on to coach APs.

However, there was agreement on the need to extend the timeframe for achieving qualifications to allow people to undertake them throughout their careers and to take breaks if necessary.

Several groups stressed the importance of working with the European Board of Veterinary Specialists (EBVS) regardless of what option was pursued.

Career Pathways

Other comments included: the need for a culture change in veterinary hospitals and centres of excellence to allow part-time/job-share residencies; the need for some form of direct supervision during a programme; and that a modular route would work better for some disciplines than others.

The PSS was raised as a possible way of facilitating access to residencies, with one group suggesting that, at a certain level, a practice could not only be required to employ staff with certain qualifications but also to run a residency programme. The group felt that this would allow a modular system whereby people did a certain amount of virtual/online learning and then perhaps had a year's release in a veterinary hospital to do their hands-on work. It suggested that if more short, hands-on placements were available, there would be greater opportunity for people to undertake them while being based at home. ●

Career Pathways

Workshop 4:

Recognition of the GP role and the value it brings

Several groups raised the ability to specialise in general practice as a way of enhancing recognition, and thus the value, of the role of GPs, with one group pointing out that, in human medicine, a GP was a consultant-level medic. Another group noted that having a broad base of knowledge, and deepening knowledge in a range of areas, was a specialisation in itself.

Allowing GPs to develop portfolio careers and pursue opportunities to take a special interest or an extended role in a particular area while remaining in practice and without becoming a Specialist was suggested as a way of helping them "mix and match" to create variety within their careers and improve work-life balance.

It was felt there should be a focus on the role of the GP from the moment students enter veterinary school, so that they aspire to become a GP rather than seeing it as the default option. One group commented that retention could be improved if people felt there was real inherent value in the GP role

A collegiate organisation to represent, champion and educate around the GP vet role was proposed. It was also suggest that the RCVS could do more to recognise and champion GP vets, perhaps by admitting more practising clinical vets to the RCVS Fellowship. Although, it should be noted that following the relaunch of the Fellowship in 2016 with three new routes to entry, the most common route by which veterinary surgeons enter the Fellowship is Meritorious Contributions to Clinical Practice, which includes many GP vets. ●

Going forward: the next steps

The RCVS will use the proposals and feedback from the stakeholder event to inform discussions by its committees for exploring options for clinical career pathways. The most viable options to emerge from these discussions will be developed in further detail and a full proposal and action plan put to RCVS Education Committee and Council for approval in due course.

RCVS SETTING VETERINARY STANDARDS

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