RCVS Standards and Guidance for the Accreditation of Veterinary Degree Programmes

2023

Index

RCVS Accreditation Standards

The RCVS accreditation standards are described within a framework comprising six domains as follows.

The Learning Environment	**Organisation, Culture and Values**
Educational Governance and Quality Improvement	**Supporting Students**
Supporting Educators	**Curriculum and Assessment**

Domain 1: The Learning Environment
Standards 1.1 – 1.14

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

Additional guidance:

- *Lecture theatres, teaching laboratories, tutorial rooms, clinical facilities and other teaching spaces must be adequate in number and size, equipped for the instructional purposes and must be well maintained.*
- *Student welfare needs to be addressed so that there is ready access to adequate study, digital, recreation, locker and food services facilities. The same standards of support and course quality should be delivered regardless of the need for any adjustments for students.*
- *Core teaching sites should have dedicated learning spaces and internet access for students. A core site is anywhere where formal teaching and learning takes place as part of the programme to enable students to become fully Day One Competent, and where students are required to attend in order to complete their degree (including an entire 'split' cohort). This does not include EMS, however, this may include elective/selective rotation sites if students are required to attend in order to become Day One competent.*
- *Medical records used as part of student learning must be comprehensive and maintained in an effective retrieval system.*
- *Schools are encouraged to offer multiple learning modalities across the programme.*

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

Additional guidance:

- *"Learning environments" encompasses all areas where students are present, including off site areas and EMS placements. Students should not be attending placements where their health and safety would be compromised, and at a minimum the EMS placement should be reviewed for suitability.*
- *There must be appropriate reporting mechanisms for staff or students to report safety concerns, including when undertaking EMS placements.*
- *Operational policies and procedures should be available, and visible where required by law.*
- *The 'outcomes' evidence submitted in support of this standard should include details and frequency of audits, and how the school responds to incidents.*
- *For non-UK schools, adherence to local legislation is required, however, students should be taught best practice from a UK context.*

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

Additional guidance:

- *All learning environments (both on campus and off-site) relate to the infrastructure and the physical resources within it. This includes digital and virtual learning environments.*

1.4. The learning environments across all aspects of the programme must demonstrate good practice standards and promote high standards of animal husbandry and care at all times.

Additional guidance:

- *The school must ensure any hospitals and practices involved with clinical teaching meet the relevant RCVS Practice Standards (for UK schools). Practices should be accredited under the RCVS Practice Standards Scheme to Core level as a minimum requirement (although practices should aspire to achieving the higher levels). Charity clinics used for clinical teaching which do not have PSS accreditation should have achieved recognition of good standards through an equivalent internal scheme.*

- *For overseas schools, learning environments should be RCVS PSS equivalent.*
- *Systems should be in place for students to raise welfare concerns through placement evaluations or other means.*
- *The livestock facilities and animal housing in all learning environments must:*
  - *be sufficient in capacity;*
  - *be of a high standard and well maintained;*
  - *be fit for purpose;*
  - *promote best husbandry, welfare and management practices.*

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

Additional guidance:

- *"Principal domestic and non-traditional/exotic species" should reflect those commonly encountered in the UK, in both general and specialist practice. Normal and diseased animals, as well as cadavers for post-mortem purposes, must be provided for hands on clinical instruction. Diseases should reflect those regularly encountered in the UK.*
- *For non-UK programmes, where common UK species may not be present, the syllabus should provide students with the knowledge and understanding of species and conditions common to the UK, and offer hands on experience with these species where possible.*

- *Accreditation panels will need to be pragmatic in making a judgement on whether an institution's curriculum would sufficiently prepare a graduate to work in the UK.*
- *"Provided" by the school can relate to live animals presented as patients or 'resident' animals used for teaching, or preserved specimens. However, every attempt should be made for common diseases to be presented in live clinical cases rather than preserved materials.*
- *A judgement will be made against the rationale for how animal numbers are sufficient for all students to be able to meet the Day One Competences.*

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

Additional guidance:

- *Equipment should be sufficient in number for the student cohorts and a reflection of the equipment used in general practice (i.e. not necessarily 'state of the art'), including simulations and models.*
- *All students should have adequate opportunity to practise using equipment individually, and not just observing demonstrations in a group or from a distance.*

1.7. **The school must ensure students have access to a broad range of diagnostic and therapeutic facilities, of sufficient standard and in number to enable learning outcomes to be met and achievement of the RCVS Day One Competences.**

Additional guidance:

- *Facilities available must be sufficient for the number in the student cohort, including but not limited to pharmacy, dentistry, diagnostic imaging, anaesthesia, clinical and anatomical pathology, intensive/critical care, surgeries and treatment facilities, ambulatory services and necropsy facilities.*

1.8. **A supervised field service and/or ambulatory programme must be available as part of the programme, in which students are offered multiple opportunities to obtain clinical experience under field conditions.**

No further guidance required.

1.9. **Appropriate isolation facilities/provision must be available at all sites where clinical instruction is delivered, or be able to be supplied when needed, to meet the need for the isolation and containment of animals with communicable diseases. Students must receive instruction within this environment on how to provide for animal care in accordance with accepted best practice for prevention of spread of infectious agents.**

Additional guidance:

- *The size and type of isolation facility/provision will vary in line with relevant industry guidelines and should be appropriate to the species being treated. Where permanent isolation facility is not present, the ability to provide such facilities in an emergency must be demonstrated.*

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

Additional guidance:

- *Clinical teaching in its entirety can be a combination of virtual teaching and live exposure, but must include direct exposure to a working, commercially approved red or white meat abattoir. Opportunities for further experience must be made available if requested by the student.*
- *The consideration of facilities relating to this standard can either be through video or direct observation during the visitation.*
- *"Commercially run" refers to commerce or business activity. "Approved" relates to establishments which require veterinary control and are approved by the Food Standards Agency (FSA) or the Food Standards Scotland (FSS).*
- *For abattoirs outside the UK, evidence is required of their approved status from the relevant regulatory body.*

1.11. **Patient medical records within all sites used for clinical teaching must be comprehensive and maintained in an effective retrieval system to efficiently support the teaching, research, and service programmes of the school.**

Additional guidance:

- *Systems should be fully accessible for all students within the cohort as required for their learning, and a reflection of those used in general practice. Student interaction with patient medical records, at a minimum, would include pricing, client communication logs, patient progress including procedures and client record creation.*
- *Students must receive General Data Protection Regulations (GDPR) or equivalent local requirements training in advance of clinical placements.*
- *Student interaction with patient records will vary depending on the placement but all students must have an opportunity to practise using all aspects of a record system at some point during the programme.*

1.12. **Students and educators must have timely access to literature and information resources relevant to the programme. An appropriately qualified individual must be available to support students and educators in the effective retrieval of information.**

Additional guidance:

- *Literature and information resources to include scientific and other relevant literature, and internal study resources. Students must be able to access the internet in order to retrieve the information resources at all sites where clinical education takes place.*
- *Students should generally have access to information as they require it in most learning environments. "Timely" refers to a minimum of 'daily', which may be appropriate for teaching taking place on farms or ambulatory settings.*
- *There must be an effective mechanism for students to convey their requests for additional resources relevant to the programme.*
- *Information resources can be provided through print, electronic media or other means.*

1.13. Students and educators must have timely access to non-animal resources relevant to the programme.

Additional guidance:

- *Non-animal resources to support the teaching of procedural and technical skills would include models and simulations such as those found within a typical clinical skills laboratory.*
- *"Timely" in this context would relate to that being sufficient in order for the student to achieve the learning outcomes as required by the programme.*

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

Additional guidance:

- *Programmes should complement and strengthen areas across the curriculum and schools are required to demonstrate how this is achieved.*
- *If the post-graduate programmes are not currently running (e.g. within a new school), they should be planned to commence within an appropriate timeframe.*

Domain 2: Organisation, Culture and Values

Standards 2.1 - 2.6

2.1. **The school demonstrates effective strategic & operational planning, including evidence that goals are being achieved in a timely manner.**

Additional guidance:

- *Strategic plans should include short-, mid- and long-term goals.*

2.2. **The school must have a system in place to identify, actively monitor and address risks to any aspect of the vet programme.**

Additional guidance:

- *Evidence supporting this standard will be dependent on the nature of the risks and/or issues identified.*

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

Additional guidance:

- *This standard relates to good practice and organisational culture in the wider context – associated with human welfare, workplace consideration and respect – in addition to the requirement to work within local laws in this area (employment law, human rights etc.)*
- *Stakeholder feedback must include future employers and general practitioners. Schools will be required to demonstrate how they have responded to such feedback.*

2.4. **The school must actively promote and maintain a culture that does not discriminate and enhances diversity, consistent with applicable law. Diversity may include, but is not limited to, race, religion, ethnicity, age, gender, gender identity, sexual orientation, cultural and socioeconomic background, national origin, and disability. There must be reporting mechanisms in place for any individual to raise concerns about discrimination and harassment. Universities must be prepared to withdraw from teaching contracts with partner practices / organisations if they fail to respect the guidance for this standard.**

Additional guidance:

- *The school and associated sites where learning takes place must demonstrate their commitment to ensuring a culture which is inclusive and diverse. Where active monitoring is not possible, e.g. EMS placements, the minimum requirement would be that there is clear guidance for the provider and an effective reporting mechanism for issues relating to*

diversity, equality, inclusion and harassment. Schools must also have robust protocols for how such reports are acted upon. Demonstration of this commitment would include (but not be limited to) the following areas:
  - o *Understanding and acting on equality law and their responsibilities*
  - o *Actively working to increase awareness and understanding of issues affecting anyone they work with that may lead to discrimination or offence*
  - o *Investment in training, and demonstrating knowledge on equality and diversity matters is implemented*
  - o *Promoting an open culture of discussing equality and diversity issues in the workplace*
- *Strategies aimed at improving diversity and inclusion should be regularly reviewed and monitored to ensure they are effective and achieving the goals.*
- *Schools should appoint an equality, inclusivity and diversity champion, and recognise that it may be necessary to make reasonable adjustments, for both staff and students, to support inclusivity e.g. to accommodate religious clothing requirements in clinical settings.*
- *A zero-tolerance policy for all forms of discrimination and inappropriate behaviour must be available and clearly communicated to everyone, including staff, members of the public, students and EMS providers. The policy must be acted on consistently by all employers and employees, and managers should know how to handle incidents related to discrimination, and where to seek advice.*
- *Where a off-campus teaching site demonstrates that they have not adhered to the guidance in this standard, schools should act/responds appropriately to ensure this standard is met.*
- *"Individual" refers to everyone within the veterinary school community, including staff, and those the school interacts with.*

2.5. The school must demonstrate a positive learning culture that investigates, reflects, and learns from mistakes and adopts effective reporting mechanisms and sharing of best practice. Students and staff should feel safe in raising and reporting concerns, and these must be dealt with effectively.

Additional guidance:

- *A positive learning culture must reach and be the experience of all students and all individuals involved in the delivery of teaching on the veterinary programme (and research within the school).*

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

Additional guidance:

- *"Sustainability", could relate to a variety of initiatives. Having an awareness of the importance of sustainability, whilst not necessarily important in terms of clinical skills and knowledge, should still form part of a veterinary surgeon's best practice.*

Domain 3: Educational Governance and Quality Improvement
Standards 3.1 – 3.14

3.1. **The school must be part of an accredited institution of Higher Education and be recognised and autonomous within that institution with accountability for the quality of the veterinary programme (including the RCVS standards being met).**

Additional guidance:

- *The school must have the autonomy to be able to prioritise the needs of the programme.*

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

Additional guidance:

- *This standard is to demonstrate a commitment to and engagement with effective QI. Quality improvement activity should be robust, systematic, and relevant to veterinary professionals' work.*

3.3. **The head of school or dean must be an MRCVS. They must have appropriate knowledge and expertise of the veterinary profession, academic affairs and leadership, and have control over the budget for the veterinary programme.**

Additional guidance:

- *For overseas schools, this must be a locally registered veterinary surgeon.*
- *The head of school should be able to contribute to the budget setting process administered by the University. They should then be able to have autonomy over in-budget spends, according to the financial needs of the school. The Head of School should have a good understanding of the financial requirements to develop, implement and maintain a veterinary programme, in order to feed into the budget setting process of the parent university.*

- *The head of school should be able to contribute to the budget setting process administered by the University. They should then be able to have autonomy over in-budget spends, according to the financial needs of the school. The Head of School should have a good understanding of the financial requirements to run and develop a veterinary programme, in order to feed into the budget setting process of the parent university.*

3.4. **Finances must be reviewed regularly in line with strategic plans and be sufficient to sustain and enhance all aspects of the veterinary programme(s) for the duration of all**

current cohorts, including teaching and learning, infrastructure, teaching resources and students / staff support.

Additional guidance:

- *Finances for other veterinary-related, non-professional programmes must be reported separately.*
- *The budget for the school will be set by the University, with input from the school, and should stipulate the scope of the budget, such as the inclusion of CPD costs, travel expenses, etc. For some schools, travel and CPD expenses will come from the central university budget, and for some schools this will come from their own budget. The scope of the budget should be defined for the purposes of the accreditation event. The school and University should be able to report the financial needs of the school in terms of day to day running costs and any future developments, and then demonstrate that there is sufficient budget to be able to meet these costs for the duration of the current cohort (i.e. to enable the current first year to be able to graduate).*

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

Additional guidance:

- *Evidence should demonstrate all areas of the programme are being supported effectively (with rationale).*
- *Where significant changes to the programme are implemented, evidence should include evaluation data demonstrating the impact on programme / students.*
- *Details of staff roles/levels/qualifications, and numbers and roles of staff in each major area of the programme should be provided along with any changes to staffing (with rationale).*
- *This will include, for example, the ability of managerial staff to be able to set budgets accordingly/effectively.*

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

Additional guidance:

- *A diversity and inclusion strategy and policy needs to be in place and data relating to this should also be reviewed.*

3.7. **The school must have effective and transparent educational governance systems, with formal committee structures, which develop and continually monitor, assure, and**

enhance the quality of veterinary education and the student experience across all aspects of the programme.

Additional guidance:

- *The committee structures need to include staff and student representation (unless a clear rationale can be provided to justify otherwise); the terms of reference and membership for each committee need to be clear and regularly reviewed.*

3.8. **The school must have robust mechanisms for quality assurance and improvement, embedded into policy and processes, which routinely gather data to demonstrate that organisational and educational objectives are being met and opportunities for improvement are identified and responded to.**

Additional guidance:

- *Quality data should be collected on both educational processes and outcomes.*

3.9. **Mechanisms for quality assurance and improvement must encompass both internal and external review and data collection and analysis.**

Additional guidance:

- *Quality data should be at module/units of study and assessment and programme/course level.*

3.10. **The school must evaluate students' performance, progression and outcomes with respect to information on equality and diversity and provide support for groups where disparities are identified.**

Additional guidance:

- *The focus and data should be in line with the school's strategic aims on diversity and inclusion.*
- *Both quantitative and qualitative data may be used to demonstrate that this standard has been met, particularly when low numbers are involved.*

3.11. **The school must regularly review curricula, using available quality assurance data and feedback from students, educators and stakeholders, to ensure standards are being met and maintained.**

Additional guidance:

- *On-going reviews to the curriculum should take place within the cycle of a single cohort. It is anticipated that curriculum reviews will take place at different levels at different times, and that a large-scale review across the entire programme will not be necessary every*

year. However, regular and ongoing review is expected in order to keep the programme current.

- *Curriculum review should include learning outcomes, syllabus, curriculum model, instructional design and assessment frameworks.*
- *The review committee should have a balanced representation from all stakeholders and have a diverse membership, including but not limited to educators, students and employer representation (including general practitioners).*
- *Large-scale reviews should be conducted on a cycle that is at least every 6-8 years in frequency so that all aspects (including employer/new graduate feedback and outcomes assessment) can be considered in that review.*

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

Additional guidance:

- *If data analysis indicates significant changes in attrition and progression rates, these should be acknowledged and actions put in place to address these changes.*

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

Additional guidance:

- *Contractual arrangements with partner practices must explicitly reference the commitment to student learning and teaching, and data collected and audited to ensure this commitment is met.*
- *Includes all locations where clinical teaching takes place – both on and off- campus. EMS is not included here as this does not necessarily take place in a location where clinical teaching is delivered.*

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

Additional guidance:

- *Evidence must be presented that provides RCVS with reasonable assurance that the school's programme outcomes are being achieved. Or, in the case of a school that has yet to produce graduates, how this will be achieved.*
- *Being 'Day One Competent' is more than simply achieving each of the individual Day One Competences in isolation. Being 'Day One Competent' requires the student to be confident and competent in applying knowledge and skills in a holistic sense, across different clinical or professional contexts, at a level ready to start working as a veterinary practitioner.*

3.15 The school must have robust and effective process(es) in place in order to maintain the academic integrity of both students and staff throughout the programme.

Additional guidance:

- *Academic integrity includes*
  - *Assessment integrity - the principles and practice to ensure fairness, honesty and accuracy in the evaluation of student learning. This includes creating and delivering assessments in a way that accurately measures student knowledge and skills, whilst preventing academic misconduct such as plagiarism, cheating or collusion. It is important for both students and educators to uphold assessment integrity, as it helps to accurately measure student learning and outcomes.*
  - *Artificial intelligence – the increased use of artificial intelligence applications needs to be recognised, and students made aware of their uses within the veterinary profession, as well as recognising when their use is not appropriate. Some staff may require further training on how to recognise when artificial intelligence is being used inappropriately and how to guide students to apply its use correctly.*

- *Academic misconduct describes a lack of integrity through a range of means, and may include, but is not limited to:*
  - *Plagiarism*
  - *Contract cheating*
  - *Essay mills*
  - *Completion of student/staff work by "ghost writers"*
  - *Use of "file-sharing" sites*
  - *Inappropriate sharing of assessment materials between students*
  - *Inappropriate use of artificial intelligence tools.*

- *If incidences of academic misconduct are identified, they should be acknowledged, and appropriate consequences and actions put into place to ensure continued academic integrity. This should be in line with university assessment regulations.*

Domain 4: Supporting Students
Standards 4.1 – 4.15

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

Additional guidance:

- *This includes, but is not limited to, learning support and counselling services, careers advice, fair and transparent mechanisms for dealing with student illness, impairment and disability, provision of reasonable accommodations/adjustments for disabled students, consistent with all relevant equality and/or human rights legislation.*

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

Additional guidance:

- *Admissions data should include initial applications, screened applications and successful applications data.*
- *Marketing activities should be wide ranging and regularly reviewed for impact.*
- *Where widening participation targets can be set, these should be sufficiently ambitious to address any national challenges around diversity within the profession.*

4.3. **The school must provide accurate and current information regarding the educational programme easily available for prospective students. The information must include the accreditation status of the degree course (whether by RCVS or other relevant accrediting bodies), selection and progression criteria, the demands of the course and the requirements for eventual registration/licence, including fitness to practise.**

Additional guidance:

- *In this context, "fitness to practise", relates to meeting the physical, mental and legal demands of the role.*

(Supporting guidance in this area is also being updated by RCVS.)

4.4. **Selection and progression criteria must be clearly defined, defensible, consistent and free from discrimination or bias. The criteria must also include relevant factors other than academic performance. The academic requirements for entering the programme**

must be sufficient for the student to cope with the demands of the programme upon entry.

Additional guidance:

- *There must be a clear rationale in place for the criteria set, to demonstrate how they ensure students are sufficiently prepared for the demands of the programme. Criteria for progression must reliably identify students with the capability to continue through the course.*
- *If there are any exceptional admissions, there must be clear justifications documented.*

(Supporting guidance in this area is also being updated by RCVS.)

4.5. **The school must demonstrate their selection and progression criteria and processes are effective in identifying students with the potential to achieve the RCVS Day One Competences. This must be achieved through regular and effective training for staff involved and the routine collection and analysis of selection and progression data, to enable them to evaluate, reflect and adjust the selection and progression criteria where necessary.**

Additional guidance:

- *There must be a clear commitment to continual evaluation and review to achieve the best possible outcomes.*

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

Additional guidance:

- *Details should also cover those students who may become disabled during the course.*

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

Additional guidance:

- *The 2020 Day One Competences now have increased focus on resilience and professional skills.*
- *This standard includes EMS placements.*

- *Evidence should include data on how this area is being monitored, and the processes in place and actions / follow-up taken if an incident occurs.*

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

Additional guidance:

- *Whilst there may not be a specific feedback policy, we would expect there to be some level of guidance to ensure consistency of approach throughout the programme.*
- *Evidence demonstrating how feedback is meaningful to students may recognise how different approaches to feedback are appropriate in different areas of the programme.*

4.9. Effective processes must be in place by which students can convey their needs and wants to the school. The school must demonstrate how student feedback is considered and acted upon.

Additional guidance:

- *There should be a variety of methods which are inclusive by design, available to the students to effectively convey their needs and wants in terms of support.*

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

Additional guidance:

- *The methods available to students to provide feedback need to be accessible to all.*
- *Students must have mechanisms to raise concerns about any aspect of the programme, anonymously if they wish.*

4.11. The basis for decisions on progression (including academic progression and professional fitness to practise) must be explicit and readily available to the students. The school must provide evidence that it has effective processes in place to identify and provide remediation and appropriate support (including termination) for students who are not performing adequately in any area of the programme.

Additional guidance:

- *Decisions on progression must remain fair and consistent and any temporary amendments made to accommodate changes in local or global conditions must be clearly communicated to the student body.*

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

Additional guidance:

- *There should be a mechanism in place to assess whether students can demonstrate they have the relevant skills necessary to progress to a clinical placement.*
- *A Health and Safety briefing should be included before any animal handling and before student attendance at a work-based environment.*
- *Animal handling experience must include the majority of common UK species across the domains of companion animal, production animal and equine.*

4.13. Mechanisms for dealing with student misconduct and/or the exclusion of students from the programme, either for academic reasons, misconduct or under fitness to practise procedures, must be explicit.

Additional guidance:

- *Policies and procedures must be clearly communicated to the student body. They should be introduced at the beginning of the programme, with regular reminders throughout.*

4.14. The school must have in place effective processes for the resolution of student grievances.

Additional guidance:

- *Student grievances may include interpersonal conflict or harassment.*

4.15. School policies for managing appeals against decisions, including admissions, academic and progression decisions, must be transparent and publicly available.

Additional guidance:

- *Types of evidence may include data on successful/ unsuccessful appeals, how many made it through to panel review, and outcomes and communication processes.*

Domain 5: Supporting Educators

Standards 5.1 – 5.6

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

Additional guidance:

- *Academic staff must have protected time for the completion of teacher training studies and be provided with feedback.*
- *The programme should include learning and teaching theory/ practice and pedagogy at an appropriate level.*
- *This applies to permanent members of university staff who were regularly involved with student teaching (rather than "one-off" lectures and / or guest speakers etc.) in addition to all educators outside of the university staff, such as practitioners in partner practices involved in teaching students. Graduate students, interns, residents and Masters students undertaking less formal, but no less regular, teaching of undergraduate students are also included.*
- *Where staff are working towards this requirement, an appropriate timeframe for completion must be agreed.*
- *Where bespoke training programmes are used, external quality assurance would be preferred. However, if this is not possible, then internal quality assurance must be completed on the bespoke course. Types of evidence which could be considered would be (but not limited to) pre and post course questionnaires, satisfaction surveys which measured the impact of the training and if possible, assessment outcomes should be provided. If external quality assurance is opted for, data collection, review and a comprehensive report would be preferential to a single external reviewer report.*

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

Additional guidance:

- *To include, but not be restricted to, full and part time staff, residents, interns or postgraduate students, adjuncts or off-campus contracted educators.*
- *To include regular evaluation and feedback on performance from students and peers.*
- *This Standard applies to all educators delivering clinical teaching to students (on campus or in partner practices off-site), but not EMS.*
- *There must be the opportunity provided for educators to engage with CPD within their workload. The school must ensure that all educators who are involved with student teaching are supported in their role as educators through regular training and CPD relevant to their role.*

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

Additional guidance:

- *Appraisals are necessary for staff to discuss their training needs and development, as well as career progression and promotion opportunities.*
- *School staff at all levels will be expected to engage with an appraisal process.*
- *For off-campus educators, the school must be assured that there is either an appraisal process in place through the practice/employer, or directly via the school.*
- *Appraisals should be proportionate to the role (objectives would be different depending on the staff role/contracted hours).*

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

Additional guidance:

- *Guidance for staff on how to report concerns about the behaviours of other staff / whistleblowing must be accessible to all staff. A transparent and independent analysis of such data must be in place.*
- *The support of non-academic staff who are involved in teaching should also be considered (for example, technicians, veterinary nurses, etc.).*

5.5. **Academic positions must offer the security and benefits necessary to maintain stability, morale, continuity, and competence of the educators. Educators and staff must have a balanced workload of teaching, research and service depending on their role; and must have reasonable opportunity and resources for participation in scholarly activities.**

Additional guidance:

- *In the event of significant changes in staff stability then evidence would be required to demonstrate that actions are in place to address the issues.*

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

Additional guidance:

- *The methodologies available to staff to communicate feedback needs to be able to meet their individual needs to ensure the mechanism is available to all.*
- *Staff must have mechanisms to raise concerns about any aspect of the programme, anonymously if they wish.*

Domain 6: Curriculum and Assessment

Standards 6.1 – 6.22

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

No further guidance required.

6.2. **The curriculum shall extend over a period equivalent to a minimum of five academic years and must include a sufficient quantity and quality of hands-on clinical education to ensure students are prepared to meet the requirements of the veterinary role upon graduation.**

Additional guidance:

- *3 or 4-year graduate entry programmes are also applicable providing the total length of the programme exceeds 5 years. Entry to a 4-year course (Accelerated Graduate Entry) must include a Bachelors Level degree in a relevant science subject.*

- *A "sufficient quantity" would normally equate to a minimum of the equivalent to one year of workplace-based hands-on clinical education (not including EMS) across the programme, but will depend on the type, duration and intensity of training, and any shorter duration must be rigorously evidenced as being able to achieve the desired outcomes.*

6.3. **Veterinary programmes must be underpinned by pedagogical theory or based on best educational practice, involving input from educators, students, employers and other relevant stakeholders, and subject to regular evaluation and review.**

Additional guidance:

- *It would be good practice for schools to engage with their own pedagogical research as well as drawing upon evidence based upon theory and practice during the design and delivery of their programme.*
- *'Relevant stakeholders' would include future employers and general practitioners.*
- *'Best educational practice' refers to best practice according to current evidence.*

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

Additional guidance:

See the definitions in the appendix of 'Clinical Education', 'general practice' and 'casework'.

- *Anything over 70% constitutes a 'majority' in this context.*

- *Each practice area (companion animal, equine and production animal) must have 70% of their clinical education delivered in the 'general practice' context so that graduates are prepared for their first role within any type of clinical practice.*
- *There will be some elements of Veterinary Public Health (VPH) teaching which can count towards the 70% teaching in a general practice context, however the school will need to provide a rationale why they consider these aspects to be general practice, and which species domain these fall within. VPH as a standalone area/domain will not require 70% teaching in a general practice context.*
- *Although clinical education with a 'general practice' context may be delivered within different working environments, it is important that students are educated within a range of different general practice settings so that they gain a comprehensive understanding of the full breadth of the primary care caseload, and the facilities and equipment that are readily available in general practice settings, in addition to those typically in veterinary hospitals or referral centres.*
- *In general, cases that present in a general practice context do not have a diagnosis, presenting, for example, with a clinical sign such as a cough, lameness, diarrhoea, etc. However, in a referral context, the patient will often already have a diagnosis or context for further investigation, making the teaching for the student very different and not in a general practice context. Therefore, it is not possible to teach all elements of general practice within a referral practice setting.*
- *It is accepted that although primary care case material is best delivered in a general practice setting, there are elements of Day One Competences that it may be possible to teach in a referral setting, such as history taking, imaging (including using imaging equipment such as radiography and ultrasound as well as image interpretation), diagnostics, anaesthesia, communication and teamwork with the veterinary team, and communication with clients.*
- *Clinical education should take place to aid the development of professional skills as well as clinical / procedural skills.*
- *Any routine or common treatments or conditions that are not seen in the referral context (for example, vaccinations, castrations, health checks), need to be taught separately in a relevant setting, which could, but not exclusively include charity clinics.*
- *The School will need to demonstrate how they meet the requirement for the majority of the clinical education within the programme to be in a 'general practice' context. During the accreditation event or annual monitoring, the RCVS may ask for detailed information as to how the standard is being met, for example by tracking individual students, or by tracking individual skills or Day One Competences. There is no prescribed methodology for how the Vet School may record this data.*

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

Additional guidance:

- *The syllabus should encompass all of the knowledge, skills and behaviours to enable a graduate to meet the Day One Competences. (See Appendix 1 to this document for an appropriate list of core subjects.)*

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

Additional guidance:

- *Students must also be involved in all aspects of the case including financial and economic factors, which are of high significance in the majority of first opinion cases, and client communication.*
- *It is not possible to predict individual student caseloads, and therefore there will be inevitable variation across a cohort. Therefore, the School must have a mechanism to track the cases and skills that have been taught to the individual student and carried out by them and have mechanisms in place to ensure that any gaps are addressed before graduation. This must be part of the clinical teaching and not EMS.*

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

Additional guidance:

- *To include the provision of nursing care and instruction in nursing procedures.*
- *The allied professional team may include, but is not restricted to, Registered Veterinary Nurses (RVNs), practice managers, embryo transfer technicians, AI technicians, equine dental technicians, farriers, nutritionists, behaviourists, physiotherapists, veterinary specialists, Official Auxiliaries/meat hygiene inspectors, blood samplers, animal care assistants/handlers, groomers, hydro-therapists, interns, residents, and others.*

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

Additional guidance:

- *Students enrolling from August 2024 must complete 30 weeks of EMS spread across all years prior to graduation, made up of 10 weeks AHEMS, and 20 weeks of clinical EMS. Please see the RCVS EMS Policy for the full policy and related guidance.*

- *Students enrolling prior to August 2024 must complete 38 weeks of EMS spread across all years prior to graduation, made up of 12 weeks pre-clinical EMS, and 26 weeks of clinical EMS. Please see the RCVS EMS Policy for the full policy and related guidance.*

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

Additional guidance:

- *There should be at least one member of academic staff that holds overall responsibility for EMS. This does not necessarily need to a be veterinary surgeon, however a level of understanding of how veterinary practices and other veterinary fields within and related to the profession operate, would be recommended.*
- *Students that are struggling to access placements or meet EMS requirements must be actively supported in achieving these outcomes by the EMS coordinator.*
- *Quality assurance should include a check that insurances are in place and that the placement has been assessed regarding student health and safety. Placements should be considered on their suitability for meeting learning objectives, and placement providers should be aware of what stage the student is up to in their learning. Schools must communicate with providers so that everyone is clear on their roles and responsibilities during EMS. Student feedback should also be considered in determining the suitability of a placement for future EMS.*

6.10. **The school must have processes in place to ensure that students are supported in the identification of relevant learning outcomes for their EMS placements, and record and reflect on their achievement.**

Additional guidance:

- *Students should be supported and given flexibility to tailor EMS to their own specific educational needs. This must include but not be limited to; students setting their own learning objectives (to include both clinical, non-clinical and professional skills), either in consultation with tutors or independently; and maintaining a reflective record of their EMS placements.*

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

Additional guidance:

- *Students should be provided with guidance from their tutors, both before and after placements to plan and review their learning needs before planning future placements. Students should also be able to frame their clinical EMS based on their own career aspirations.*

6.12. **There must be a system in place which allows for feedback from EMS providers of students' performance during EMS placements to be communicated with relevant academic staff.**

Additional guidance:

- *Feedback should be on technique and clinical skills, as well as attitude and professional skills.*

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

Additional guidance:

- *EMS must compliment IMR and not act as an extension of it. Personal learning objectives should be agreed based on prior learning, rather than any teaching requirements.*

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

Additional guidance:

- *Assessment needs to be built into key points within the curriculum, and upon completion of the programme.*
- *Assessment methods should reflect the holistic nature of practice within the workplace, and provide assurance that graduates can translate and assimilate individual competences into holistic working practices.*
- *Schools should ensure that the summative end-of-course assessment ensures that students demonstrate competence in each discipline and/or construct within the assessment (i.e. no compensation across these elements).*

6.15. **The validity, reliability and educational impact of assessments must be appropriate to their purpose (high/low stakes) and evidenced through relevant evaluation data.**

Additional guidance:

- *Validity data should include both construct and content validity as a minimum.*
- *Levels of reliability should be in line with accepted benchmarks for the nature and purpose of the assessment (e.g. High stakes assessments would normally be expected to have reliability with a coefficient of 0.7 or more). Composite reliability across programmatic assessments is also appropriate.*
- *The assessment content, timings and outcomes should be reviewed regularly to ensure they remain fit for purpose.*

- *Direct assessment of clinical, non-clinical and professional skills and holistic clinical practice must form a significant component of the overall process of assessment in the clinical disciplines. 'Holistic clinical practice' refers to students being able to apply knowledge, skills and competences across a spectrum of clinical cases and contexts as would be seen in veterinary practice.*
- *"High stakes assessments", refer to those which lead to progression or completion of any component of the programme, or the programme as a whole.*

6.16. **The assessment tasks and grading criteria for each unit of study in the programme must be clearly identified, and available to students in a timely manner well in advance of their assessment. Requirements to pass including the effect of barrier assessments must be explicit.**

Additional guidance:

- *Any changes to assessment strategy or grading criteria must be communicated effectively in a timely manner.*

6.17. **Assessments must be designed and carried out by individuals with appropriate expertise in the area being assessed, who have been trained in their role as an assessor and understand what is required to make the process robust, including honesty, fairness, consistency, and judgements free from bias.**

Additional guidance:

- *In all areas where assessment (either formative or summative) takes place, the assessor should have appropriate training, which can take place within and/or external to the vet school.*

6.18. **Assessment load must be sufficient to provide both formative and summative feedback to support students' progress, and to evidence achievement, remaining cognisant of workloads for staff and students.**

No further guidance required.

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

Additional guidance:

- *Moderation processes should include both internal and external verification.*

6.20. **There must be a system for students to keep a record of the quality and quantity of their clinical experience and reflect on their development of clinical and non-clinical skills over the duration of the programme. These records must be regularly reviewed by an educator to inform an individualised development plan. Consolidated data must contribute to the quality improvement of the programme.**

Additional guidance:

- *Reflective records can be in any relevant format, but would assist the students if they mirrored the systems currently used for CPD and VetGDP.*

6.21. **The school must demonstrate a commitment to research led teaching throughout the veterinary programme.**

Additional guidance:

- *Curriculum content must be evidence-based and informed by research, although not every member of staff needs to be actively involved in research projects.*

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

Additional guidance:

- *Students must have the opportunity to participate in research, but not every student needs to be actively engaged in research.*
- *All students must be trained in the principles and practice of evidence-based veterinary medicine, including being able to acquire, appraise and apply appropriate evidence from a range of sources in their professional practise. This means that all students must be taught the fundamentals of research methodology to allow them to be able to carry out research either during the course or in the future, although they do not necessarily have to complete a research project of their own as part of the course. They need to understand how to research an area of interest or relevance and then understand how to apply their findings to their own practical experience.*
- *Participating in research can include (but is not limited to):*
    - *Conducting their own undergraduate research project (individually or jointly)*
    - *Partial involvement in research, such as presenting a proposal for a project*
    - *Engaging with a post graduate research project*
- *Students must be given the opportunity to apply research to practice.*

Appendix 1:   Core subjects to be included in the syllabus

The curriculum should include the following:

- understanding of biological principles and processes of veterinary significance
- expertise in recognising and advising on normal animal structure and function, husbandry, behaviour, nutrition and feeding, reproduction and breeding, homeostasis, pathophysiology, agents of disease and the natural history and clinical manifestations of important animal diseases
- expertise in medicine, surgery, and anaesthesia applicable to a broad range of common species. Students must develop entry-level skills in physical examination and laboratory diagnostic techniques and interpretation (including clinical pathology, diagnostic imaging and necropsy), disease prevention, biosecurity, therapy (including surgery and pharmacotherapeutics), patient management and care (including primary care, intensive care, emergency medicine, surveillance and isolation procedures) for individual animals, herds, flocks and other populations
- knowledge, skills, values, attitudes and behaviours necessary to contribute, as a veterinarian, to promoting animal health and well being, within changing societal expectations
- clinical, epidemiological, pathophysiological and regulatory skills in management of animal diseases which are:
    - endemic to the UK and the EU
    - endemic to and of special consideration in the country in which the school is located;
    - non-traditional/exotic to the UK and the EU and which are currently regarded as being of concern as potential emergency animal diseases or diseases of global veterinary significance
    - significant emerging diseases
- entry level capability (to OIE standards) in preventive medicine/epidemiology, zoonoses, food safety and hygiene, regulation of animals and animal products, and management of the interrelationship of animals and the environment. This training must include experience in abattoirs.
- professional level problem solving skills in evidence-based diagnosis and clinical management, and data and information management skills
- capacity for professional communication; the ability to acquire information from the owners of animals by direct interaction as well as retrieval of archival data from medical records, communication with colleagues, regulatory bodies and clients
- skills in application of professional ethics, delivery of professional services to the public, personal and business finances and management. An appreciation of the breadth of veterinary science, career opportunities and relevant information about the veterinary profession
- self-management skills in identifying and meeting personal learning needs, maintaining well being and professional relationships.

Appendix 2: Extra-Mural Studies Policy

Extra Mural Studies Policy

Introduction

Extra Mural Studies (EMS) is a part of students' overall clinical education, and placements are a vital component of the veterinary degree as they provide a unique opportunity for students to gain valuable hands-on experience and practice skills acquired during the veterinary programme further in range of 'real' workplace learning contexts. Students are required to identify their own intended learning outcomes for EMS, with support from the vet school if needed, and undertake EMS placements in areas which complement and enhance their learning and which they feel will benefit them most.

Whilst both Intra-Mural Rotations (IMR) and EMS are experiential, EMS should be focused on students developing their understanding and applying knowledge and skills acquired during the veterinary programme within a range of veterinary workplace contexts. This experiential learning is highly valuable for students as they are able to augment the training they have already received with real-life, hands-on experience that cannot necessarily be captured as part of the formal curriculum, helping them to develop into capable and confident veterinary surgeons. EMS is also an opportunity for students to get further experience in decision making, team working and communication, as well as offer an insight into how finances work in practices away from an academic setting.

EMS placements offer students an important insight and introduction into the professional career of a veterinary surgeon and provide them with vital experience before they graduate. EMS also represents the beginning of a life-long cycle of continuing their own professional development outside of a traditional teaching context, which continues after graduation and throughout their career.

Students will, of course, acquire further knowledge and skills whilst on EMS placements. However, all Day One Competences must be covered by the Clinical Education delivered by the University, and EMS placements should not be used to address gaps within core Clinical Education.

This policy will be introduced in August 2024 for veterinary students beginning their programme in August 2024, and those starting their studies thereafter. Existing students (those enrolled prior to August 2024) will continue on the 2023 EMS policy.

EMS Policy

Overview: amount and type of EMS

1. A total of **30 weeks** of EMS must be completed over the course of the veterinary degree programme before students are able to graduate.

2. Of these, **10 weeks** must be devoted to **animal husbandry EMS (AHEMS),** to be completed throughout the pre-clinical years of the programme (usually 1st and 2nd years, however this could be up to the 3rd year in extended or intercalated programmes). Where appropriate for the curriculum model, some clinical EMS may be completed before the third year. However, in these instances, students must have been assessed as being competent and safe in animal handling for relevant species prior to the placement being undertaken.

3. The remaining **20 weeks** must be undertaken as **clinical EMS**, to be completed regularly over the final 3 years of the course (or clinical years) before graduation, with a recommended minimum of 6 weeks to be completed per year.

Animal Husbandry EMS (AHEMS) – 10 weeks

4. Animal husbandry EMS takes place during the earlier years of the veterinary degree course to allow students to gain further experience in animal handling and husbandry in all common domestic species, in authentic working environments where animals may be less used to being handled than in academic settings. Students will also begin to develop their professional skills with clients and animal owners on AHEMS placements.

5. A minimum of 10 weeks of is required. Students are permitted to carry out further weeks of AHEMS should they wish (this would be separate to the 20 weeks of clinical EMS).

6. Students must be permitted to choose placements based on their own learning and experience needs. Once a student has identified their learning and experience needs (with the support of university tutors if required), their intended learning outcomes (ILOs) for EMS placements must be agreed with their tutor and discussed with any potential placement provider prior to the placement being booked / confirmed. This will ensure that all parties, i.e., the student, the university and the EMS provider, are clear regarding the expectations of the placement.

7. Placements may take place across all major disciplines, and as placements should be based around individual student's needs, veterinary schools are not permitted to set specific species requirements for AHEMS placements. However, students are encouraged to complete placements which offer them a breadth of experience across different species in order to complement their studies.

8. Schools must ensure that students have been taught appropriately and fully understand the relevant aspects of animal handling and husbandry, including health and safety, prior to going on AHEMS.

9. Universities are permitted to consider granting exemptions to the full 10 weeks AHEMS requirement on a very exceptional basis (up to a maximum of 5 weeks), where a student can provide evidence that they have considerable animal husbandry experience gained on a previous course at tertiary level, or through extensive and relevant work experience. Whilst it is not mandatory for students to make up this reduction in weeks, any time saved by allowing exemption in one particular area should usually be spent on consolidating their skills in other areas, or with other species, where students may not be as familiar/comfortable. The decision on whether a student makes up any exemption is at the discretion of the vet school, following discussions with the student, and in their best interests.

10. All AHEMS placements must take place in person with the student attending on-site. This is to ensure that the student will be directly involved with handling animals and observing animal behaviours during the placement. Any placements where a student is not directly involved in handling animals and/or observing animal behaviours for a significant majority of the time spent there, would not be considered appropriate AHEMS.

11. All AHEMS placements must directly involve the student in a way that helps to broaden their experience, based on the knowledge and skills they have already acquired during their veterinary programme.

12. Placements should normally take place within an environment that is outside of the usual teaching environment of the individual student's own veterinary school. Placements can take place at other veterinary schools that the student is not enrolled at.

Clinical EMS – 20 weeks

13. Clinical EMS placements enable students to further develop the clinical and professional skills that they have been taught at vet school, through experiential learning in real workplace contexts. Clinical EMS placements must take place regularly during the clinical years of the veterinary programme, prior to graduation, with a recommended minimum of 6 weeks completed per year.

14. Students must complete a minimum of 20 weeks clinical EMS prior to graduation and are free to carry out further weeks should they wish and be able to.

15. Students are encouraged to undertake clinical EMS in the areas they feel would interest them and benefit their learning/experience the most. Schools must not impose any restrictions or quota on clinical EMS, e.g., completion of a minimum number of weeks in different species, although students should be encouraged to complete a broad spectrum of opportunities.

16. Once a student has identified their learning and experience needs (with the support of university tutors if required), their intended learning outcomes (ILOs) for EMS placements must be agreed with their tutor and discussed with any potential placement provider prior to the placement being booked/confirmed. This will ensure that all parties, i.e., the student, the university and the EMS provider, are clear regarding the expectations of the placement.

17. Clinical EMS must complement what students have learned in the core curriculum (e.g., in practical classes, clinics etc.) but not replace any element of core competency education. EMS placements should provide students with the opportunity to consolidate learning and skills which have already been actively taught during their veterinary programme and apply this across different professional contexts. It is acknowledged that students may learn new techniques and acquire further knowledge whilst on clinical EMS placements, however the responsibility of formally teaching students must remain with the veterinary school.

18. Clinical EMS must take place in person, with the student attending on-site getting "hands-on", direct clinical experience with animals. This is to ensure that the EMS placement provides the student with the opportunity to further develop the skills they have learned through formal teaching on the programme. Clinical EMS placements should usually take place within an environment that is outside of the usual teaching environment of the individual student's own veterinary school. Placements can take place at partner practices of the student's veterinary school and also other veterinary schools that the student is not enrolled at.

19. Long term research placements that do not primarily involve animals can count towards the clinical EMS requirement at the discretion of the school, if a student has an interest in entering the research field, for example.

Professional EMS

20. Where a student has a genuine interest in a career that may not be clinically or research based, "Professional EMS" placements can be permitted in place of some clinical EMS at the school's discretion. These could be placements that are not necessarily clinically based or directly involving animals. However, Professional EMS must still be a work-based placement in a working environment that is relevant to the veterinary profession. Online learning, whilst useful, is not permitted as EMS as all placements must take place in-person.

Guidance on RCVS EMS Policy

This document should be read in conjunction with the RCVS EMS Policy (2024)

Placement approval

1. The RCVS EMS Policy (2024) must be implemented by the veterinary school, and the school will be required to approve all EMS placements. Where flexibility is allowed for within the policy, the veterinary school is responsible for making the decision on what is an acceptable EMS placement.

Number of weeks

2. As stated in the policy, the requirement for completion of EMS is 30 weeks: 10 weeks animal husbandry EMS (AHEMS); and 20 weeks clinical EMS. This is the minimum requirement – students can complete further weeks of EMS if they wish.

3. A typical working week would normally equate to 35-40 hours. The duration of a 'week' should primarily be based on the EMS providers' typical working week. For example, many providers will operate a 5-day working week (Monday to Friday). However, if a placement provider has asked the student to be present across 6 days from Monday to Saturday, but from 9am – 3pm, then that may also constitute one week. It is also accepted that some providers may operate 4-day weeks, perhaps with longer working days. The vet school will always have the final approval on what constitutes a "week" of EMS, and it is advised that common sense and discretion is applied. Exceptions can be made for bank holidays.

4. Vet schools must make allowances for flexibility in terms of how the EMS requirement is met. Placements may not necessarily have to take place over consecutive days. For example, a student could attend a placement over consecutive weekends, or a series of 1 or half day placements, which could count towards the requirement. Typically, 5 full days would count as 1 week of EMS.

5. EMS should be arranged outside of timetabled university activities. If a placement should fall outside the time of a usual university week, for example, a placement finishing on a Sunday night, making it unsafe for a student to travel back in time for a Monday lecture, the student should liaise with the school with regards to the most appropriate action. Schools have autonomy to make allowances for students' absence from lectures or other timetabled university activity (other than IMR) or could discuss alternative hours with the provider to allow students to return to their timetabled activities.

International EMS placements

6. Both AHEMS and clinical EMS placements may take place overseas at the discretion and approval of the vet school. Schools must ensure that such placements have the correct insurance arrangements in place and offer an appropriate and safe learning experience for students.

Intended Learning Outcomes

7. As outlined in the EMS policy, intended learning outcomes (ILOs) must be discussed and agreed between all parties (student, school and provider) before EMS placements can go ahead, both for AHEMS and clinical EMS. This aims to ensure that the placement is aligned with the student's learning needs and that the provider is aware of the expectations as much as is possible.

8. When approaching EMS placement providers, the student should share their ILOs with them and seek agreement from them that their placement could offer relevant experience to meet these needs before the placement is fully confirmed and approved.

9. ILOs for more than one EMS placement can be agreed between the student and the tutor at the same time. ILOs should be individual to each student based on their own needs and interests, however, it is acknowledged that some can be more generic and some can be shared by more than one student, especially for some animal husbandry placements.

10. It is acknowledged that, despite communication prior to placements, ILOs may not necessarily be able to be met on placements due to a number of factors out of the control of the provider. ILOs may also change prior to (or during) a placement, and this is acceptable as long as all parties are in agreement and are fully aware of any changes. However, these should only be influenced by genuine learning needs and ILOs should not be changed only to secure more readily available placements.

11. ILOs for EMS placements are not the same as formal learning outcomes or objectives set as part of the main veterinary degree programme. EMS placements will not be formally assessed in terms of students meeting any intended outcomes, however ILOs should be the focus of students reflection following placements.

RCVS national EMS booking database

12. Vet schools, students and EMS providers are encouraged to make use of the RCVS national EMS booking database. The database will be able to assist students when searching for relevant placements and also facilitate the required communication between them and the provider in order to discuss the intended learning outcomes (as set out in the EMS policy). If the placement is accepted by the provider, the dialogue will remain open for the duration leading up to the placement to facilitate the discussion of all other aspects and arrangements for the placement if required.

13. Use of the RCVS national EMS booking database is not mandatory and vet schools may also use their own internal systems for helping students arrange placements. However, they must be able

to evidence that the EMS policy has been implemented effectively, including that appropriate and sufficient EMS has been completed by students and that ILOs are being agreed between student and tutor, and student and provider before placements take place.

Restrictions on EMS: Species requirements

14. There are no specific species requirements as part of the RCVS EMS Policy for either AHEMS or clinical EMS, and as stated, vet schools are not permitted to implement their own species requirements in addition to the RCVS EMS Policy

Types of EMS placement

15. The school is responsible for approving placement types, in line with the EMS policy. Online learning, whilst useful, is not permitted as EMS as all placements must take place in-person. It is acknowledged that as part of a clinical EMS placement, students may observe practice meetings that take place remotely. However, remote observation of clinics must not be allowed to count as EMS. This is not to say that it would not be beneficial learning for students, but the overall aim of EMS is to gain hands-on experience.

16. EMS placements must directly involve animals, unless they fall under the description of research placements or professional EMS as set out in the EMS policy. Such placements would be permitted at the discretion of the school.

17. Attendance at congresses or conferences is not permitted to count as any form of AHEMS or clinical EMS, either in-person or online. This excludes attendance if it forms part of a Professional EMS placement, for example a placement with a veterinary business and working on a stand as an exhibitor. However, it should not form the whole placement.

18. RCVS expects the majority of EMS placements to take place off-campus and away from university farms or hospitals, to allow students to gain further experience outside of the veterinary school environment.

Length of placement

19. Clinical EMS placements lasting at least 2 weeks generally allow time for students to get a better feel for the environment and cases seen whilst on placement, as well as being able to give the provider more time to be able to offer more effective mentorship and guidance. Therefore, longer placements, either consecutively or split up over a longer period should also be encouraged if students are able to find willing providers, as more time can be spent devoted to seeing cases rather than "settling in".

20. EMS can be completed flexibly by students. Individual placements of 1 week or individual days over consecutive weeks are permitted. Although EMS is recorded in weeks overall, this can be met flexibly through shorter or longer periods. There is no maximum limit to a placement length. However, it is recognised that the length of any particular placement would likely be influenced by

a combination of any, or all, of the schools' timetables and curricula; availability of the provider; and the student's own time and availability.

Professional EMS

21. The emphasis for clinical EMS needing to take place in a clinical environment involving live animals is reflective of the understanding that the majority of graduates will work in clinical practice, and therefore the RCVS would expect students to gain as much experience in clinical areas as possible before graduation. However, it is recognised that not all graduates will move into clinical practice, or may still be unsure, whilst studying, therefore the potential for some 'professional' or non-clinical EMS is possible. Professional EMS should only be permitted at the school's discretion if a student has a genuine interest in a particular area of non-clinical work. Online learning, whilst useful, is not permitted as EMS as all placements must take place in-person.

Appendix 3: Definitions and Glossary

Definitions and Glossary

Clinical Education

"Clinical Education" is the teaching and training that students receive during their veterinary degree to prepare them for a career as a veterinary surgeon. Students will receive clinical education in all areas for each relevant career path; clinical; research; industry; government etc; but with a particular emphasis on clinical "general practice", which is the most common career destination.

Clinical education involves both basic and clinical theory, modes of reasoning learned in the classroom and clinic, practical techniques developed in laboratories and the workplace, and competences in communication and team working and shared decision-making relevant to the provision of high-quality veterinary services.

The clinical teaching as part of clinical education is delivered by the universities during all parts of the curriculum. The clinical training delivered by the universities is through Intra Mural Rotations (IMR). However, students also receive a degree of clinical training via Extra Mural Studies (EMS), although the focus of this is variable as students are encouraged to set their own learning objectives and choose their own placements for EMS.

The majority of clinical education delivered by universities should focus on casework relevant to a "general practice" setting. The delivery therefore may take place in a range of working environments, including veterinary hospitals or referral centres as well as general practice environments and first opinion practices, but a majority of the clinical education must focus upon casework typically carried out in general practice (i.e. primary care, not casework referred for specialist veterinary attention). Under such circumstances, students can gain an understanding about the level of advanced techniques that can occur in general practice, as well as learn to recognise techniques relevant to primary care that may occur in specialist centres.

Intra Mural Rotations (IMR)

Clinical education in IMR placements is the clinical workplace learning component of the educational programme. IMR is structured and mapped against formal learning outcomes and objectives and is the basis of the students' knowledge of clinical skills and techniques, taught by university staff and appointed teachers. All clinical education within IMR must be driven by learning outcomes set against relevant areas of the curriculum. Students are assessed on all IMR rotations, both formative assessments as they take place and summative, which is likely to be sequential during rotations, as well as at their conclusion.

Although clinical education within IMR may take place in different working environments as indicated above, it is important that students are educated within a range of different practice settings so that they gain a comprehensive understanding of the full breadth of the primary care caseload, and the facilities and equipment that are readily available in general practice settings, in addition to those typically in veterinary hospitals or referral centres.

IMRs should also take place as far as possible directly within client-facing settings to aid the development of professional skills as well as clinical / procedural skills.

Extra Mural Studies

Extra Mural Studies (EMS) is also a part of students' overall clinical education, and placements are a vital part of the veterinary degree as they provide a unique opportunity for students to gain valuable experience and practice skills acquired during the veterinary programme, in a further range of 'real workplace learning' contexts. Students are encouraged to identify their own intended learning outcomes for EMS, and take up EMS placements which they feel will benefit them most.

Unlike IMR, there is no formal teaching or training delivered on EMS placements, but these are still valuable learning opportunities for students as they are able to augment the training they have already received with real life, hands-on experience that cannot necessarily be captured as part of the curriculum, to help them develop into capable and confident veterinary surgeons. It is also an opportunity to give students experience in decision making, team working and communication, as well as offer an insight into how finances work in practices away from an IMR setting.

EMS placements offer an important insight and introduction into the professional career of a veterinary surgeon, and give vital experience to undergraduates before they graduate. EMS also represents the beginning of a life-long cycle of continuing their own professional development outside of a traditional teaching context, which continues after graduation and throughout their career.

Students may inevitably acquire further knowledge and skills whilst on EMS placements. However, all Day One Competences must be covered by the clinical education delivered by the university, and EMS placements should not be used to address gaps within core clinical education.

Glossary of terms

Clinical workplace learning: This is that part of clinical education that allows the learner to further develop and apply the knowledge and skills introduced in earlier parts of the degree programme. It allows the highest level of Miller's pyramid to be observed and assessed, providing authenticity for both learning and assessment (G. E. Miller, 1990).

Casework: This is the name for all professional activity related to addressing client enquires and managing clinical cases. It is holistic in nature and covers all aspects of delivering a clinical service. Components include: the morbidity (or morbidities) affecting the animal; communication, working within the practice team, patient-focused care delivered in partnership with the owner and reflecting the context in which the case exists, and practice economics. Clinical cases are managed in the context of how clinical environment, vet and the owner-animal (patient) interact.

General practice: General practice is the term used for practices that receive a full range of cases for initial assessment, and depending on their facilities, further detailed investigation and treatment (May, 2015). The culture of these businesses embraces "generalism" (Royal College of General Practitioners, 2011) regarding all client problems as relevant for attention. All general practices receive "day one" cases; in addition, they will variably provide more specialised care depending on facilities and the expertise and experience of individual members of staff.

Generalism: "Generalist knowledge is characterised by a perspective on the whole rather than the parts, on relationships and processes rather than components and facts; and on judicious, context-

specific decisions on how and at what level (individual, family, system) to consider a problem" (Greenhalgh, 2007). The generalist approach allows "joining up" of all aspects of healthcare that become fragmented in the specialist arena. "Whole person individually tailored clinical decision-making is the expertise of the medical generalist" (Reeve, 2018). Generalism can thus be regarded as "specialisation-in-breadth" (van Weel, Carelli, & Gerada, 2012).

Primary care: This is care given by the first clinical professional encountered by the client with their animal (May, 2015). Cases will span the full range in terms of the period for which the client complaint has existed. Some will be "day one" cases, at an early stage in development of disease, and many of these will be self-resolving. Other cases will have established disease that it is now clear to the client is not self-resolving.

Specialism: This is the increasingly narrow domain in healthcare of the specialist clinician. The individual specialist tends to focus primarily on clinical problems that fall within their domain of specialist expertise. As an annex to generalism, specialism can provide supportive depth (van Weel et al., 2012). The risk around healthcare systems built entirely with specialists is that of fragmentation, and the potential to fail to recognise the patient as a whole. Where clinical workplace learning takes place in a teaching hospital, preparation for generalist practice may be hampered by the training structures, such as rotation through specialties, rather than following whole cases, and a culture that belittles generalism (Roder & May, 2017) similar to that which exists in human medicine (Royal College of General Practitioners, 2012).

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

Learning outcomes: These are the educators' (and funders', and society's) expectations regarding the achievement of a student at the end of a period of learning (Gibbs, 2010; Harden, Crosby, & Davis, 1999). Learning outcomes can be defined at various levels: overall programme outcomes, end of year outcomes, end of module outcomes, and outcomes for individual classes (R. Miller & Leskes, 2005). In an outcomes-based curriculum these will form a nested hierarchy that starts with the overall capability expected of the graduate and works backwards to look at the sequential development of the knowledge and skills, and milestones associated with their assessment.

Learning objectives: Some have defined learning (instructional) objectives as synonymous with learning outcomes. More helpfully learning objectives relate to what is taught and intended learning; learning outcomes are what we actually expect the students to achieve (Harden, 2002).

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