

Report of EMS Survey 2013/14

Introduction

1. RCVS's 2009 review of extra-mural studies (EMS) was prompted by a number of issues. Since the last major review in 1995, there had been significant changes in the UK higher education system: changes to the content and structure of the veterinary curriculum, to the number and organisation of veterinary schools as well as the introduction of increased tuition fees, adding to increasing levels of student and graduate debt. Revised requirements and guidelines for EMS were published by RCVS in 2005, introducing greater flexibility into EMS programmes, but the basic concept of EMS had remained essentially unchanged for many years.
2. The review was thorough and comprehensive and resulted in a series of recommendations for RCVS, universities, students and practices. Also, the way clinical EMS is phased and structured was changed, introducing more flexibility to allow students to select placements that match their areas of interest as well as the university's curriculum.
3. The aims of EMS set out below reinforce the flexibility to tailor EMS to fit the individual student and get away from the idea that placements should always cover a breadth of species for each student.

EMS AIMS

Work placements should be undertaken in a range of veterinary-related contexts to allow students to gain an appreciation of the breadth of the veterinary role and how veterinary medicine and science operates in "real-life" and commercial environments. Specifically, placements should enable students to:

- develop their animal handling skills across a range of common domestic species
- develop their understanding of the practice and economics of animal management systems and animal industries
- appreciate the importance of herd health and the epidemiological approach to production animal work
- develop their understanding of practice economics and practice management
- develop their understanding and gain further experience of medical and surgical treatments in a variety of species
- develop communication skills for all aspects of veterinary work
- expand their experience to those disciplines and species not fully covered within the university
- appreciate the importance of animal welfare in animal production and in the practice of veterinary medicine
- gain experience to help them appreciate the ethical and legal responsibilities of the veterinary surgeon in relation to individual clients, animals, the community and society
- gain experience of a variety of veterinary working environments.

4. Since the implementation of these changes, there has been anecdotal evidence about the value, or otherwise, of EMS together with concerns expressed about the effect on EMS of increasing student numbers and new veterinary schools. The RCVS decided that the time was right to undertake a survey of recent graduates in order to seek a wider range of views and to gather evidence more systematically on the effect of the 2009 changes and the role that EMS plays in the learning process. In particular, RCVS wished to find out what students gained from EMS that they could not have learnt from their core studies alone.
5. The survey was intended to enable RCVS to build up a picture of how EMS is now working and gather information to inform future discussions: it was not the intention to trigger a further review at this stage, given the thoroughness of the work carried out in 2009.
6. The survey was circulated to the 2012 and 2013 cohorts of graduates of UK veterinary schools (1543 graduates) on 16 January 2014, with a deadline for response of 14 February 2014. The total number of responses was 287, a response rate of 18.6%. The tables below show proportions of responses from each university and by year of graduation.

University		
	Response Percent	Response Count
Bristol	15.0%	43
Cambridge	11.1%	32
Edinburgh	15.0%	43
Glasgow	8.4%	24
Liverpool	15.0%	43
Nottingham	8.4%	24
RVC	27.2%	78

Year of graduation		
	Response Percent	Response Count
2012	38.0%	109
2013	62.0%	178

7. Findings of the survey are presented below. It should be noted that not all respondents answered every question.

Survey Findings

Identifying and booking placements

8. Respondents were asked a series of questions about how they booked EMS placements and their experience of doing so. The results were as follows.

How did you identify placements?		
	<i>answered question</i>	277
	Response Percent	Response Count
I used the university database	36.8%	102
I used a student database	5.8%	16
I asked other students for recommendations	48.7%	135
I used the RCVS "Find a Vet" search tool to locate practices	30.7%	85
Other (please tell us more below)	67.5%	187

9. Where respondents had selected 'other', the most frequent responses were:
- Searched online or looked up Yellow pages to identify local vets (mostly either local to home or to family or friends) who could offer the type of experience required (118 respondents)
 - Approached practices that they already knew (61 respondents)
 - Approached local contacts (23 respondents)
10. Use of EMS administrators, university circular emails and XL vets EMS booking system were also mentioned by a few respondents.

How did you book placements?		
	Answered question	276
	Response Percent	Response Count
I booked them all myself	82.6%	228
The university staff booked them all for me	4.3%	12
I booked some myself and the university also booked some for me	12.0%	33
Other (please tell us more below)	6.2%	17

11. Where respondents had selected 'other', the most frequent responses were:

- The university booked PDSA placements (3 respondents)
- We were supposed to book through the university but this wasn't entirely reliable (2 respondents)

How many different placements did you undertake? We would like to understand the time pattern of placements that students undertake. Please help us by completing the grid below, giving us estimates of numbers of placements and their length in weeks if you cannot remember the precise details.

Answered question																					241
No. of placements	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	20	26	30	Response Count
Pre-clinical / animal husbandry	0.0% (0)	0.9% (2)	1.3% (3)	11.1% (26)	29.5% (69)	17.1% (40)	10.7% (25)	12.8% (30)	4.3% (10)	8.1% (19)	0.9% (2)	3.0% (7)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.4% (1)	234
Clinical placements	0.0% (0)	0.0% (0)	0.0% (0)	3.9% (9)	8.8% (20)	13.6% (31)	9.6% (22)	18.0% (41)	5.7% (13)	11.4% (26)	6.1% (14)	7.5% (17)	5.3% (12)	3.9% (9)	1.8% (4)	3.1% (7)	0.4% (1)	0.4% (1)	0.4% (1)	0.0% (0)	228
Other placements	60.0% (27)	28.9% (13)	2.2% (1)	6.7% (3)	0.0% (0)	2.2% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	45

Your shortest placement in weeks									
	1	2	3	4	5	6	7	8	Response Count
Pre-clinical / animal husbandry	60.6% (143)	38.6% (91)	0.4% (1)	0.4% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	236
Clinical placements	68.4% (160)	31.2% (73)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.4% (1)	0.0% (0)	234
Other placements	53.7% (22)	19.5% (8)	4.9% (2)	4.9% (2)	0.0% (0)	7.3% (3)	4.9% (2)	4.9% (2)	41

Your longest placement in weeks																
	1	2	3	4	5	6	7	8	9	10	11	12	14	16	19	Response Count
Pre-clinical / animal husbandry	0.0 % (0)	32.2 % (77)	42.7 % (102)	19.2 % (46)	1.3 % (3)	3.8 % (9)	0.0 % (0)	0.0 % (0)	0.0 % (0)	0.4 % (1)	0.0 % (0)	0.4 % (1)	0.0 % (0)	0.0 % (0)	0.0 % (0)	239
Clinical placements	0.0 % (0)	8.5 % (20)	25.0 % (59)	30.9 % (73)	7.2 % (17)	12.3 % (29)	3.0 % (7)	4.2 % (10)	0.4 % (1)	3.0 % (7)	0.4 % (1)	2.5 % (6)	1.3 % (3)	0.8 % (2)	0.4 % (1)	236
Other placements	45.0 % (18)	17.5 % (7)	5.0 % (2)	7.5 % (3)	0.0 % (0)	10.0 % (4)	5.0 % (2)	5.0 % (2)	0.0 % (0)	5.0 % (2)	0.0 % (0)	0.0 % (0)	0.0 % (0)	0.0 % (0)	0.0 % (0)	40

Average length of placements in weeks									
	1	2	3	4	5	6	7	8	Response Count
Pre-clinical / animal husbandry	13.8% (33)	80.8% (193)	5.0% (12)	0.4% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	239
Clinical placements	1.3% (3)	78.7% (185)	13.2% (31)	5.5% (13)	0.4% (1)	0.0% (0)	0.4% (1)	0.4% (1)	235
Other placements	48.7% (19)	17.9% (7)	7.7% (3)	5.1% (2)	0.0% (0)	12.8% (5)	5.1% (2)	2.6% (1)	39

[illegible]

On the whole, did you find placements in the types of practice or other veterinary workplace that you wanted?

Answered question			240
	Response Percent	Response Count	
Yes	96.3%	231	
No	3.8%	9	

If you did not find placements in the types of practice or other veterinary workplace that you wanted, could you please tell us why? (tick all that apply)

answered question			8
	Response Percent	Response Count	
Did not get the mix of species I was looking for	87.5%	7	
Could not find placements in the geographical area I wanted	100.0%	8	
Did not get enough first-opinion small animal EMS	12.5%	1	
Did not get enough first-opinion equine-only EMS	62.5%	5	
Did not get enough first-opinion farm animal-only EMS	75.0%	6	
Did not get enough EMS in specialist/referral practices	25.0%	2	
Did not get enough public health EMS	0.0%	0	
Other (please tell us more below)	25.0%	2	

12. Comments made here were:

- the only mixed practice within an hour's commute of my parents was a dead practice with only one large client seen all week – utterly useless. The only farm practice booked up 2 years in advance, so I moved round the country seeing practice elsewhere and staying on friends floors. There are insufficient truly mixed practices and the few there are are swiftly booked up, often years in advance. As a vet who knew she wanted to go into farm/ mixed (would happily drop the equine) it was incredibly frustrating to have to do more small animal than I would have liked, as there were not enough farm practices with spaces and too many vet students (including those who will NEVER EVER touch a cow again in their lives) with too few good placements
- wasn't able to find a placement where they'll let me get much hands on experience. E.g. I haven't done a single dog castration, cat spay during all of my clinical EMS. Only did 1 bitch spay

Where were your placements located? (Please enter the number of placements that fall into each category)			
	answered question		235
	Response Average	Response Total	Response Count
Locally (i.e. within daily travelling distance of my home or the university, or staying with friends or family and not involving additional accommodation costs)	11.91	2,786	234
At a distance, and I had to find and pay for my own accommodation to be near enough to the placement	2.93	509	174
At a distance, but accommodation was provided and paid for me	1.80	281	156
At a distance, but I was supported by the university or by other grants	0.51	49	97

Please tick the statement that best fits your own experience:		
	<i>answered question</i>	235
	Response Percent	Response Count
I completed my EMS and was able to find and book the placements I needed	26.4%	62
I completed my EMS. Any problems I had with finding and booking placements were minor and easily resolved	37.0%	87
I completed my EMS. I managed to find and book all the placements I needed but it took a lot of research and work	30.6%	72
I managed to complete my EMS but it was a real struggle to find and book placements	6.0%	14
I did not manage to complete the full number of EMS weeks because I could not find and book sufficient placements (please state below how many weeks you managed to complete)	0.0%	0

What is gained from EMS that is not gained from core universities studies alone?

What did you gain from your EMS that you would NOT have got through your core university studies alone? Please rate how strongly you agree or disagree with each of the following statements A. Clinical knowledge and practical skills							
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Rating Average	Rating Count
I observed or performed medical and/or surgical procedures that were not covered at university	1.7% (4)	7.8% (18)	9.5% (22)	39.8% (92)	41.1% (95)	4.11	231
Enabled me to spend more time practising routine procedures that I had learnt at university	2.2% (5)	10.0% (23)	10.0% (23)	41.6% (96)	36.4% (84)	4.00	231
Enabled me to apply my knowledge and get a better idea of the areas that I needed to improve	0.9% (2)	5.2% (12)	12.2% (28)	53.5% (123)	28.3% (65)	4.03	230
Enabled me to practise some of the procedures I found more difficult at university	4.8% (11)	20.4% (47)	22.6% (52)	32.2% (74)	20.0% (46)	3.42	230
Brought me into contact with species or areas of veterinary work that I hadn't dealt with at university	4.4% (10)	18.3% (42)	19.2% (44)	31.9% (73)	26.2% (60)	3.57	229
Helped me to make more sense of what I was studying at university	0.9% (2)	1.3% (3)	10.0% (23)	49.8% (114)	38.0% (87)	4.23	229

13. The most frequently specified medical and/or surgical procedures that were covered on EMS but not at university were:

- Neutering/Cat or Dog Castration/Cat or Bitch Spays (114 responses)
- Bovine caesareans (20 responses)

- Mass removal/lumpectomy (19 responses)
- Dental work (15 responses)
- Placing catheters (12 responses)
- Suturing/stitch-ups (11 responses)
- LDA/RDA operations (11 responses)
- Equine castration (8 responses)
- Wound management/debridement (7 responses)
- Taking blood samples (7 responses)
- Ovine caesareans (6 responses)
- Cattle castration (5 responses)
- Injections (5 responses)
- Ophthalmology (5 responses)
- Treating abscesses (4 responses)
- Hernia repair (4 responses)
- Ultrasound (4 responses)
- Intubation (4 responses)
- Rabbit castration (3 responses)
- Aural Haematomas (3 responses)
- Disbudding (3 responses)
- Orthopaedics (3 responses)
- TECA (3 responses)

14. Other procedures that were mentioned by one or two respondents only were: Anal gland expression; removing grass from a cat's throat; treating broken claws; worming, vaccination; tracheal lavage; chest drain; enucleation; CT scans; IVRA on a horse; taking skin scrapes; performing cytology; perineal urethrostomy on a cow; taking X-rays; physical examination; interpreting bloodwork; writing up SOAPs; fluid therapy; anaesthesia; caslicks; epidural; pregnancy scans on cows; anal sac removal; cytotomy; digit amputation; venipuncture; calvings and lambings; bandaging; muscular injury treatment; claw amputation; equine nerve blocks; prescribing medication and drug dosage; thoracocentesis; glucose curves; neurological operations; contrast radiography; endoscopy;

exploratory laparotomies; vulvuloplasty in a dog; exotics procedures; ram vasectomy; rabbit urethrotomy; foreign body removal; laparoscopy.

15. The most frequently specified species, or areas of veterinary work that were covered on EMS but not at university were:

- Exotics (57 responses)
- Small furries (24 responses)
- Birds (18 responses)
- Zoo medicine (16 responses)
- Pigs (11 responses)
- Wildlife (8 responses)
- Poultry (8 responses)
- Cattle (7 responses)
- Goats (5 responses)
- Alpacas (5 responses)
- First opinion equine (3 responses)
- Donkeys (3 responses)

16. Other species, or areas of veterinary work that were mentioned by one or two respondents only were: more in-depth feline work; behavioural medicine; aquarium species; equine passport; laboratory animals; abattoir; export; embryo transfer work in cattle and sheep; communication skills; charity work; government work; reindeer; research work; work with dogs overseas; rare breed farm animals; racehorse work.

What did you gain from your EMS that you would NOT have got through your core university studies alone? Please rate how strongly you agree or disagree with each of the following statements B. Professional skills							
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Rating Average	Rating Count
Further developed my communication	0.9% (2)	1.7% (4)	8.3% (19)	45.0% (103)	44.1% (101)	4.30	22

What did you gain from your EMS that you would NOT have got through your core university studies alone? Please rate how strongly you agree or disagree with each of the following statements B. Professional skills

skills with vets, nurses and owners							9
Gave me a chance to work as part of a 'real' team	0.9% (2)	14.8% (34)	15.7% (36)	40.2% (92)	28.4% (65)	3.80	229
Enabled me to see how ethical and legal responsibilities apply in 'real-life' situations	0.9% (2)	2.6% (6)	12.3% (28)	53.9% (123)	30.3% (69)	4.10	228
Showed me how lifelong learning and reflective practice applies to day-to-day veterinary work	1.7% (4)	9.6% (22)	25.8% (59)	46.3% (106)	16.6% (38)	3.66	229
Gave me a better insight into where my strengths lay	0.9% (2)	5.7% (13)	18.9% (43)	55.3% (126)	19.3% (44)	3.86	228

What did you gain from your EMS that you would NOT have got through your core university studies alone? Please rate how strongly you agree or disagree with each of the following statements C. Working in practice

	<i>answered question</i>						229
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Rating Average	Rating Count
Showed me how different veterinary practices work on a day-to-day basis	0.0% (0)	0.0% (0)	1.3% (3)	47.6% (109)	51.1% (117)	4.50	229
Gave me a good understanding of how a veterinary practice is run as a business	2.2% (5)	16.2% (37)	21.4% (49)	43.2% (99)	17.0% (39)	3.57	229

What did you gain from your EMS that you would NOT have got through your core university studies alone? Please rate how strongly you agree or disagree with each of the following statements C. Working in practice

Gave me experience of 'out-of-hours' and weekend work	8.3% (19)	34.6% (79)	14.9% (34)	31.1% (71)	11.0% (25)	3.02	228
Gave me experience of working within 'real-life' constraints that I had not experienced at university (e.g. 10-minute consults, limited treatment options, limited availability of equipment)	0.4% (1)	6.1% (14)	10.0% (23)	45.9% (105)	37.6% (86)	4.14	229
Helped me decide what sort of work I wanted to do when I graduated	1.7% (4)	3.5% (8)	10.9% (25)	45.0% (103)	38.9% (89)	4.16	229
Made me more 'employable' and prepared for work following university	1.7% (4)	8.3% (19)	17.0% (39)	34.9% (80)	38.0% (87)	3.99	229

17. Further comments on EMS were as follows:

- Developed and re-inforced practical skills such as surgery, intravenous access
- Practice in dealing with clients at a first opinion level
- Learnt how to run through a real life consult
- Opportunity to learn 'on-the-job' and from non-academic vets who understand the realities of everyday veterinary work
- Communication skills and managing difficult situations (e.g. emergency euthanasia)
- Dealing with money and billings
- Dealing with common diseases rather than the rarer ones seen at university
- Understanding of welfare and ethical considerations with pet ownership

- Appreciation that cases are not as 'black and white' as those presented at university or when financial constraints have to be considered
- One-to-one tutorials with a vet
- Going to different practices shows you strengths and weaknesses of different ways of doing things
- Increased confidence
- Useful friendships, contacts and mentors
- Advice on applying for jobs and/or job opportunities

Please tell us whether you agree or disagree with the following statements							
	answered question					228	
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Rating Average	Rating Count
EMS is an essential component of undergraduate veterinary training	0.0% (0)	2.2% (5)	2.2% (5)	22.5% (51)	73.1% (166)	4.67	227
All EMS could be replaced by increasing rotations through university clinics, hospitals or other core university placements	53.9% (123)	34.2% (78)	7.0% (16)	4.8% (11)	0.0% (0)	1.63	228
Some EMS could be replaced by increasing rotations through university clinics, hospitals or other core university placements	14.5% (33)	22.9% (52)	13.7% (31)	42.7% (97)	6.2% (14)	3.03	227
Some EMS could be replaced by increasing use of clinical skills laboratories	26.0% (59)	34.8% (79)	13.2% (30)	23.8% (54)	2.2% (5)	2.41	227
Universities, rather than RCVS, should be free to decide how much EMS a student needs to undertake, depending on the structure of their course	17.5% (40)	32.9% (75)	25.0% (57)	21.9% (50)	2.6% (6)	2.59	228
The RCVS should continue to specify the number of weeks EMS that are required for all students	0.9% (2)	11.8% (27)	26.8% (61)	39.5% (90)	21.1% (48)	3.68	228

The number of weeks currently required for EMS is 12 weeks preclinical and 26 weeks clinical. What do you think of these requirements?

<i>answered question</i>					228
	Too little	About right	Too much	Rating Average	Rating Count
Pre-clinical	3.5% (8)	78.0% (177)	18.5% (42)	2.15	227
Clinical	12.3% (28)	78.0% (177)	9.7% (22)	1.97	227

18. Some respondents gave very full responses to the final question in the survey, which asked them to tell us anything else that they would like to say about EMS. Key points from these comments are reflected in the next section.

Summary, Conclusions and Recommendations

19. As mentioned in the introduction, the purpose of the survey was to build up a picture of how EMS is now working as a result of the changes made following the 2009 review and the role that it plays in students' learning process. In particular, RCVS hoped to identify what students gained from EMS that they could not have learnt from their core studies alone. The key points arising from the results are summarised in this section, which also makes some recommendations for consideration.

Identifying and booking placements

20. Graduates were asked about their experience of identifying and booking placements. The results indicate that they used a variety of methods including online searches and taking recommendations from other students or contacts. The vast majority of respondents (82.6%) booked placements themselves. Where the university books placements, there were a small number of comments to suggest that this made matters more complicated, or wasn't entirely reliable.
21. The results show that the majority of respondents undertook:
- between 2 and 12 pre-clinical placements, with the highest response (29.5%) indicating that they undertook 5 placements
 - between 2 and 26 clinical placements, with the highest response (18%) indicating that they undertook 8 placements
 - between 1 and 6 other placements, with the highest response (60%) indicating that they took 1 other placement
22. Respondents report that their shortest pre-clinical placement was between 1 and 4 weeks, with the highest response (60.6%) at 1 week. The shortest clinical placement was between 1 and 2 weeks, with the highest response (68.4%) at 1 week. The shortest other placement was between 1 and 8 weeks, with the highest response (53.7%) at 1 week.
23. The longest placements were reported as between 2 and 12 weeks for pre-clinical placements, with the highest response (42.7%) at 3 weeks. For clinical placements, the range was between 2 and 19 weeks, with the highest response (30.9%) at 4 weeks. For other placements, the range is between 1 and 8 weeks, with the highest response (45%) at 1 week.
24. Average length of placements was reported as between 1 and 4 weeks for pre-clinical with the highest response (80.8%) at 2 weeks, between 1 and 8 weeks for clinical, with the highest response (78.7%) at 2 weeks and between 1 and 8 weeks for other placements, with the highest response (48.7%) at 1 week.

25. For the majority of respondents, the total number of weeks spent on placement were reported as:

- a. Pre-clinical: between 3 and 18 weeks, with the highest response (65.1%) at 12 weeks
- b. Clinical: between 9 and 42 weeks, with the highest response (49.8%) at 26 weeks
- c. Other: between 1 and 23 weeks, with the highest response (26.8%) at 2 weeks

It should be noted that a small number of respondents reported undertaking between 19 and 52 weeks of pre-clinical EMS. It is difficult to see how this might be possible and it is assumed that it shows a misunderstanding of the question.

26. The results show that the vast majority of respondents (96.3%) found placements in the types of practice or other veterinary workplace that they wanted. Of the small number that did not (8 respondents) the main problem was that they could not find a placement in the geographical area that they wanted or the mix of species that they were looking for. This is consistent with the finding that the majority of placements were located locally (i.e. within daily travelling distance of home, the university or staying with friends or family and not involving additional accommodation costs). The cost of EMS was also a theme within the comments made at the end of the survey, with some respondents reporting that they were limited in their search to practices around their home as they did not feel they could afford costs associated with a placement elsewhere.

27. In the final question in this section of the survey, respondents were asked to tick a statement that best represented their experience. The majority (63.4%) ticked either that they were able to find and book the placements they needed (26.4%), or that any problems with booking placements were minor and easily resolved (37%). 30.6% of respondents felt that, whilst they managed to find and book all the placements they needed, it took a lot of research and work and 6% felt that it was a real struggle to find and book placements. None of the respondents indicated that they had not managed to complete their EMS because they could not find sufficient placements.

What is gained from EMS that is not gained from core universities studies alone?

28. Graduates were asked what they had gained from EMS that they would not have gained through their core studies alone. The question was divided into three sections: Clinical knowledge and practical skills; Professional skills and Working in practice. Respondents were asked to rate how strongly they agreed or disagreed with a series of statements

29. The results for clinical skills show that:

- a. The majority of respondents either agreed or strongly agreed with the statements:
 “I observed or performed medical and/or surgical procedures that were not covered at university” (80.9%)
 “Enabled me to spend more time practising routine procedures that I had learnt at university” (78%)

“Enabled me to apply my knowledge and get a better idea of the areas that I needed to improve” (81.8%)

“Helped me to make more sense of what I was studying at university” (87.8%)

- b. Results were more evenly split for the statements:

“Enabled me to practise some of the procedures I found more difficult at university”, where 52.2% either agreed or strongly agreed, 22.6% neither agreed nor disagreed and 25.2% either disagreed or strongly disagreed

“Brought me into contact with species or areas of veterinary work that I hadn’t dealt with at university” where 58.1% either agreed or strongly agreed, 19.2% neither agreed nor disagreed and 22.7% either disagreed or strongly disagreed.

- c. Respondents specified a number of medical and/or surgical procedures that were covered on EMS but not at university. By far the most frequently mentioned were neutering, cat or dog castration and cat or bitch spays (114 responses). The most frequently specified species, or areas of veterinary work that were covered on EMS but not at university were Exotics (57 responses) and Small furries (24 responses).

30. The results for Professional skills show that:

- a. The majority of respondents either agreed or strongly agreed with the statements:
- “Further developed my communication skills with vets, nurses and owners” (89.1%)
 - “Gave me a chance to work as part of a ‘real’ team” (68.6%)
 - “ Enabled me to see how ethical and legal responsibilities apply in ‘real-life’ situations” (84.2%)
 - “Showed me how lifelong learning and reflective practice applies to day-to-day veterinary work” (62.9%)
 - “ Gave me a better insight into where my strengths lay” (74.6%)

31. The results for working practices show that:

- a. The majority of respondents either agreed or strongly agreed with the statements:
- “Showed me how different veterinary practices work on a day-to-day basis” (98.7%)
 - “Gave me a good understanding of how a veterinary practice is run as a business” (60.2%)
 - “Gave me experience of working within ‘real-life’ constraints that I had not experienced at university (e.g. 10 minute consults, limited treatment options, limited availability of equipment)” (83.5%)
 - “Helped me decide what sort of work I wanted to do when I graduated” (83.9%)
 - “Made me more ‘employable’ and prepared for work following university” (72.9%)

- b. Results for the statement “Gave me experience of ‘out of hours’ and weekend work” were more evenly split, with 42.9% either disagreeing or strongly disagreeing, 14.9% neither agreeing nor disagreeing and 42.1% either agreeing or strongly agreeing.
32. The vast majority of respondents feel that EMS is an essential component of undergraduate training, with 95.6% either agreeing (22.5%) or strongly agreeing (73.1%) with this statement. The majority of respondents (88.1%) disagreed (34.2%) or strongly disagreed (53.9%) that all EMS could be replaced by increasing rotations through university clinics, hospitals or other core university placements. Responses to the idea that **some** EMS could be replaced by increasing rotations through university clinics, hospitals or other core university placements were more evenly split, with 37.4% either disagreeing or strongly disagreeing, 13.7% neither agreeing nor disagreeing and 48.9% either agreeing or strongly agreeing. However, the thought that some EMS could be replaced by increased use of clinical skills labs was not supported by the majority of respondents, as 60.8% disagreed or strongly disagreed with this statement, with only 26% either strongly agreeing or agreeing.
33. The majority of respondents (60.6%) felt that RCVS should continue to specify the number of weeks of EMS that are required. On balance, respondents disagreed with the idea that universities should be free to decide on how much EMS was undertaken, with 50.4% either disagreeing or strongly disagreeing, 24.5% agreeing or strongly agreeing and 25% neither agreeing nor disagreeing.
34. The majority of respondents felt that the number of weeks required for both pre-clinical and clinical EMS was about right (78% in both cases). A slightly higher proportion of respondents felt that the requirement for pre-clinical EMS is too high (18.5%) than for clinical EMS (9.7%) and there was some feeling that the current requirement is too low (3.5% for pre-clinical and 12.3% for clinical).
35. Key points to highlight from the comments made at the end of the survey are as follows (in no particular order):
 - Most respondents see EMS as a valuable part of their degree, although a few respondents suggest that pre-clinical EMS is less valuable than clinical EMS
 - Respondents report that the quality of EMS places, in terms of the experience gained by the student, is very variable. Some practices will allow a great deal of ‘hands-on’ experience, allowing students to undertake surgical and other procedures under supervision. Other practices are reluctant to allow students to undertake procedures and will only allow observation; this can be frustrating and means that EMS experiences are inconsistent. A number of respondents suggest that greater standardisation is required across practices offering EMS placements and also that a

- central database of practices willing to accept students for EMS placements would be of benefit.
- Respondents acknowledge that 'you get out what you put in'. Some students do not prepare well for the experience, do not think clearly about what they want from a placement and thus do not put the work into finding a practice that will deliver that experience.
- Respondents report difficulties in finding practices that will allow access to farm work/large animal/equine practice. There are a decreasing number of practices and thus an increase in the level of competition for EMS places: some practices are booked up far in advance. Respondents who do not live near farming communities report particular difficulties, both in finding places and in meeting the expense of travel and accommodation costs.
- Accommodation and travel costs are a factor, with some respondents reporting that they were limited in their searches for EMS placements to areas around their home, as they did not feel they could afford the costs associated with taking a placement elsewhere.
- Some respondents perceive that universities rely on EMS placements to teach routine procedures such as neutering and thus don't cover these sufficiently within the core programme.
- Some universities (Bristol is mentioned in particular) offer a 'foster practice' system, which is seen as positive by students from those universities. Respondents from other universities report that this makes it difficult to find placements in that geographical area.

Conclusions and recommendations

36. As mentioned in the introduction to this report, the purpose of the survey was to enable RCVS to build up a picture of how EMS is now working and the role that it plays in the learning process. In particular, RCVS wished to find out what students gained from EMS that they could not have learnt from their core studies alone. The survey has provided some useful information on which to base discussions about EMS and there is little evidence to suggest that an immediate review or urgent action is required. Despite comments about the variability of the quality of placements and the amount of 'hands-on' experience that is allowed, the responses suggest that most of the aims of EMS are being met and that students gain considerable experience from EMS, in terms of clinical knowledge and skills, professional skills and working in practice, that they could not have gained from their universities studies alone.

37. Over 95% of respondents feel that EMS is an essential component of undergraduate training and, although finding placements can be hard work, all respondents reported that they had managed to find placements to complete their full complement of EMS. Whilst rising student numbers and reducing numbers of farm/mixed practices are mentioned as concerns, there is little evidence from these results that these issues are having a major impact on students' ability to undertake EMS. That said, it would be useful to monitor these, and other, issues over time. Costs of EMS are frequently commented upon, with some respondents reporting that the costs of accommodation and travel had limited their search for placements to areas near to home. There seems to be a significant minority (approximately 20% of respondents) who report that EMS did not enable them to practise some of the procedures they found difficult at university and did not see species or areas of veterinary work that they had not seen at university. This finding is consistent with points about the variability of experience and anything that can be done to improve consistency would be helpful. There is a range of guidance available to practices and to students (who need to take responsibility for preparing properly for their placements), so it is probably a matter of taking every opportunity to promote what already exists and re-inforce current messages, rather than a need for development of new materials.
38. Finally, there is a perception that some universities do rely on EMS to teach routine procedures and consequently do not cover these sufficiently within the core programme. EMS is monitored via university visits and this will continue to be covered.
39. It is recommended that the survey be repeated on a bi-annual basis, in order to build up a more substantial evidence-base and monitor trends. Increasing use of the Student Experience Log should also enable further information to be gathered and monitored by the universities. In the meantime, it is recommended that every opportunity be taken to re-iterate the current policy on EMS, to promote existing guidance for practices and students and to discuss EMS issues via EMS co-ordinators meetings.