

<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	Education Committee Minutes of the meeting held on 15 September 2020
Summary	Council to note Education Committee Minutes of the meeting held on 15 September 2020 and in particular the early findings of the Advanced Practitioner review. Also the ongoing review of Veterinary Schools plans and review policy to support schools and students on the light of the pandemic.
Decisions required	to note
Attachments	Classified appendix
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<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	
Classified appendix	<b>Confidential</b>	1

**<sup>1</sup>Classifications explained**

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

**<sup>2</sup>Classification rationales**

Confidential	<ol style="list-style-type: none"> <li>1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others</li> <li>2. To maintain the confidence of another organisation</li> <li>3. To protect commercially sensitive information</li> <li>4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS</li> </ol>
Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

## Education Committee

### Minutes of the meeting held on 15 September 2020

<b>Members:</b>	Professor Ewan Cameron	
	Mr Danny Chambers	- Also Adv Practitioner Panel Chair
	Ms Linda Ford	- Lay member
	Professor Richard Hammond	
	*Mrs Susan Howarth	
	Dr Susan (Sue) Paterson	- Chair
	Dr Cheryl Scudamore	
	Dr Kate Richards	
	Professor James Wood	
	Ms Katie Fox	- Student representative
Mr Tobias Hunter	- Student representative	
<b>By invitation:</b>	Dr Melissa Donald	- CertAVP Sub-Committee Chair
	*Mr John Fishwick	- Chair of Specialist Sub-Committee
	Dr Joanne Dyer	- EMS Co-ordinators Liaison Group and PQSC Chair
	Professor Nigel Gibbens	- Chair of Accreditation Review Group
<b>In attendance:</b>	Mr Duncan Ash	- Senior Education Officer
	Mrs Britta Crawford	- Committee Secretary
	Mr Jordan Nichols	- Lead for Undergraduate Education
	Dr Linda Prescott-Clements	- Director of Education
	Mr Jonathan Reid	- Examinations Manager
	Ms Jenny Soreskog-Turp	- Lead for Postgraduate Education
	*Ms Laura Hogg	- Senior Education Officer
	Ms Sam Eady	- Education Assistant
	Ms Beckie Smith	- Education Assistant
	Mrs Kirsty Williams	- Quality Assurance Manager
	Ms Lizzie Lockett	- CEO
	Dr Niall Connell	- Officer Team Observer

\*absent

### **Apologies for absence and welcome**

1. Apologies were received from Susan Howarth and John Fishwick.
2. The meeting was held remotely via "Teams" due to the Covid-19 pandemic.
3. The meeting papers reference the RCVS Council Covid-19 Taskforce. The Chair explained that this is a group brought together on March 6<sup>th</sup> 2020 to make key decisions on temporary policy changes due to the Covid-19 pandemic. The need for the Taskforce is under constant review as the pandemic continues. Full terms of reference are available on the RCVS website. All decisions are reported to Council and any decisions with far reaching effects will be decided by Council in the usual manner.
4. The Chair thanked the Education Department for their hard work, both in preparing for the meeting and for dealing with the added pressures caused by the pandemic. Her thanks were appreciated.

### **Declarations of interest**

5. There were no further declarations of interest.

### **Minutes**

6. The minutes of the meeting held on 5 May 2020 were approved.

### **Matters arising**

7. The Committee was informed that there had been some small updates to the Day One Competences document, following the queries at the last meeting, and the updated version was available on the RCVS website. Hong Kong CityU had been contacted to inform them that an RCVS only interim visitation would be conducted in 2021. Matters concerning the AVMA recognition agreement had been referred to PQSC and would be brought back to this Committee in due course.

### **Education Department update**

8. The Director of Education, Dr Linda Prescott-Clements, gave an oral update on the work of the Education Department. The Committee were reassured that whilst there were a number of temporary amendments to education policy due to Covid-19, these remained under constant review. The EMS policy would be reviewed again in the following week.
9. The review of vet schools' alternative plans for the implementation of their programme during the pandemic had highlighted a need for the RCVS to look at regulations for future on-line / remote exams.

## **RCVS Covid-19 Taskforce update**

### **Review of changes to the CPD requirement**

10. The committee received and noted the paper about the review of changes to the CPD requirement. The CPD requirement was reduced by 25% in April and after reviewing the data from 1CPD, the Policy Working Party felt that no further changes to the requirement would be necessary. The policy and 1CPD data will be kept under review and the Working Party will keep the Education Committee updated.

### **SME: OET@home**

11. Due to Covid-19, access to English language tests to enable candidates to prove their eligibility for the statutory membership exam had been difficult. The RCVS Covid-19 Taskforce agreed to accept the “OET@home” as an alternative to the (usual) IELTS/OET requirements during the pandemic, in addition to maintaining the temporary policy allowing candidates to enter the exam in 2021 without passing the IELTS/OET in advance (this would be required prior to registration should the candidate pass the exam).

### **Virtual abattoir resources**

12. RCVS Covid-19 Taskforce had approved a proposal put forward to accept the use of virtual abattoir teaching resources for students in this area, whilst the risks of transmission within abattoirs remained high, and access for schools remained a challenge. The Taskforce agreed that this should be subject to review of the resources by members of Education Committee.
13. Dr Susan Paterson, along with committee members Dr Cheryl Scudamore and Professor Ken Smith (plus RCVS staff member Mr Jordan Nicholls), reviewed the virtual abattoir software/on line resources produced by three veterinary schools, to assess whether they were sufficient to temporarily fulfil the abattoir requirements of the RCVS Standards and to ensure that the Veterinary Public Health elements of the Day One Competences would be met.
14. After careful review, it had been decided that the virtual resources were sufficient to deliver the learning outcomes expected of a traditional abattoir visit, subject to a series of recommendations that were noted by the committee.

### **Temporary changes to EMS policy**

15. Due to the Covid-19 pandemic, access to EMS placements has been substantially reduced and the RCVS Covid-19 taskforce had therefore agreed to reduce the required number of weeks of EMS to varying degrees, depending on year of study. All amendments are subject to ongoing review as the pandemic progresses. The students had been informed of the changes and the information is also available on the RCVS website.

16. The committee were informed that a range of online resources had been developed with support from the species societies, which are now available for students on our website. These focus on animal handling and are available to supplement the pre-clinical EMS and help students in this area. Further guidance had been developed in conjunction with the EMS co-ordinators around amended EMS requirements and resources available.

### **Temporary amendment to RCVS accreditation standards**

17. Due to restrictions put in place as a result of the pandemic, Practice Standards Scheme (PSS) assessments had been placed on hold. This had the potential to impact on student learning where RCVS standard 3.7 required PSS accreditation for all practices where core clinical teaching took place. It was noted that a temporary amendment to the RCVS standards for accreditation of veterinary degrees was agreed by the Covid-19 Taskforce in June 2020, which stated that practices would be allowed to receive students on clinical rotations, where PSS accreditation was not yet completed, subject to a series of requirements which Education Committee noted.

### **Update from CPD Referral Group**

18. The committee received the minutes from the Referral group meeting on the 15 August 2020. Ms Ford briefed the committee about the discussions at the meeting.
19. At the last meeting in May, the Education Committee approved the non-compliance procedures that will start from 2023. For the compliance process to work, it is essential that the majority of RCVS members use 1CPD but there will need to be an exemption process in place. The CPD Referral Group recommended that anyone who wanted to be exempt from using 1CPD, needed to fill in a form that will be reviewed by the Group and any member approved to be exempt would need to submit their records on a yearly basis to the RCVS.
20. The group discussed requests from corporations, CPD providers and Royal Colleges about access to 1CPD so that their members/employees can record CPD using their system and import it into 1CPD. The group felt that considering the resources necessary this was not an area for consideration at the moment, but it will be reviewed again once 1CPD is mandatory in 2022.
21. For some cases referred to the group, members need additional support to create a development plan or identify learning opportunities. The group recommended that for those circumstances the group should have the option of appointing a CPD coach to support the member and help them reach the CPD requirement. The process to recruit coaches still needs to be reviewed but members that are already in supporting roles such as VetGDP advisers or clinical coaches could potentially be used.
22. Since the group was set up in 2015, further areas of work have been added to their remit. The group, therefore, reviewed and amended the terms of reference to reflect the purpose of the group and suggested a change of name to the CPD Compliance Panel. The group also

recommended that the membership be expanded from four to six members, comprising two veterinary surgeons, two veterinary nurses and two lay members. It was suggested that in the first instance, RCVS Council is asked for volunteers to join the group after which the invitation could possibly be extended to the wider profession.

**Action: JST to develop a role specification and send it to RCVS Council.**

23. See appendix A for further discussion

## **Graduate Outcomes**

### **Veterinary Graduate Development Programme (VetGDP)**

24. The Committee was presented with the work completed on the VetGDP to date, including the bank of Entrustable Professional Activities (EPA's), a toolkit for developing new EPA's, and the draft guidance for the programme. The guidance gives an overview of the programme but also more in-depth information on the aims of the programme, and the roles and activities for each of the stakeholders.

25. The Committee suggested further work could be done in the guidance on including those not going into practice, and questioned whether the adviser needed to be a vet or could be another member of the team. It was also asked if the whole veterinary team could participate in some training so that all would be in a position to help the graduate. There is a further task and finish group meeting where these points can be considered.

**Action: BC to feed back**

26. The next steps are to set up the Accreditation and Quality Assurance task and finish group. Also to continue work on the e-portfolio, which will be based on the current 1CPD platform cutting down a lot of the work needed. There will also be a body of work to set up the training platform and develop the e-learning content for the Advisers.

### **EMS/Clinical Education Update**

27. The minutes from the recent meeting of the EMS & Clinical Education Sub-group were received and noted. It was also reported that the next meeting of the group would be the day after the Education Committee, so a further update would follow at the November meeting of Education Committee.

28. Some concerns were raised regarding the discussion minuted regarding teaching in general practice and specialist practice, and whether or not the group was arguing that that clinical teaching delivered in a specialist practice was not effective. However, it was clarified that this was not the case and that the minutes captured a summary and the outcomes of the discussion. Therefore it was agreed that the minutes would be updated to include further detail and context.

**Action: Education Department to update the minutes.**

29. Concerns were also raised around the group's suggested figure of what the "majority" of clinical education to be delivered to students in general practice was, and clarification was asked around how the group came to the figure. It was clarified that the vet schools had been asked to give rough estimations of the percentage of teaching that was currently taking place in a first opinion or general practice context, and the group had considered these when deciding on the figure, but there were still concerns around the lack of evidence that the figure had been based on. It was acknowledged that more evidence would have been helpful, but there is limited data available. It would be useful to look at outcomes data in the future. It was agreed that the comment would be put back to the group to consider at its next meeting, and Education Committee would be updated on the discussions at the next meeting.

### **Day 1 Competences (D1C): endoscopy**

30. Following publication of the new Day One Competences (D1C), the RCVS received correspondence from Professor Ed Hall at Bristol University regarding concerns over the accompanying guidance, and that the new D1Cs perpetuated an issue from the previous guidance, which had been raised before.
31. The Competence no. 32: *"Use diagnostic techniques and use basic imaging equipment and carry out an examination effectively as appropriate to the case"* was felt to be appropriate. However, Professor Hall commented that the guidance notes were a concern: *"Basic equipment includes, for example, x-ray, ultrasound and endoscopes, but a new graduate would not be expected to perform an MRI or CT scan."*
32. It was felt that whilst 'endoscopes' may refer to otoscopes and laryngoscopes, competence in either rigid (laparoscopy, arthroscopy) and flexible endoscopy were felt to be not achievable goals for new graduates.
33. Education Committee agreed with this summary and agreed to support a change in the guidance to read *"Basic equipment includes, for example, x-ray and ultrasound, but a new graduate would not be expected to use endoscopes or perform an MRI or CT scan."*

**Action: RCVS to amend D1C guidance notes**

### **Accreditation Review**

#### **Minutes from the meeting held on the 24<sup>th</sup> June and 24<sup>th</sup> August 2020**

34. Professor Nigel Gibbens presented the minutes from two meetings of the Accreditation Review Working Party (ARWP) to Education Committee for note. Attention was drawn to considerations made by the working party surrounding abattoir teaching and requirements to specify a number of weeks of clinical, hands-on training within a veterinary programme.
35. It was noted that the working party had considered the requirement within RCVS standards which stated that students must experience red and white meat abattoirs in person, in light of a temporary amendment to standards in place due to the pandemic, which allowed schools to use



virtual abattoir materials to fulfil the learning objectives of a traditional abattoir experience. The working party praised the virtual abattoir experience for its usefulness at this time and for providing a level playing field for students. However, they thought that there was no substitute for the physical abattoir experience and that it was necessary for a complete veterinary education, and Education Committee agreed with this.

### **New 2020 standards**

36. The new RCVS standards for accreditation, approved by the ARWP, were presented for comment. There was still some work to complete on standards relating to what constitutes a “majority” of teaching and the definition/context of “primary care”, as well as the EMS standards; however, it was reported that these would be updated in light of the Graduate Outcomes working group currently considering these issues. The remaining standards had all been mapped to the current standards so that nothing had been missed out, and the next step was to develop the guidance notes to sit alongside the new standards themselves.
37. It was reported that during the PQSC meeting held on 11 September, the sub-committee had commented that the sequencing of the standards needs to be improved, which RCVS had agreed to review.
38. There was unanimous praise for the new standards, however, and it was commented that the RCVS had clearly put a lot of work into their development. Education Committee agreed that the standards could be approved so that work could begin on drafting the guidance to support them.

**Action: RCVS to draft guidance notes for the 2020 accreditation standards**

### **New 2020 methodology**

39. Education Committee members were asked to consider a draft of the new accreditation methodology so that a formal policy could be developed. It was reported that this new process represented a shift towards a hybrid model of accreditation, where the focus would be on outcomes and demonstrable evidence, whilst still retaining the necessary inputs needed to determine quality. It followed a risk-based approach to accreditation that would take and consider the evidence acquired before a visitation to inform the structure and focus of the visit itself.
40. It was highlighted to the committee that there was a third strand to the review which had not yet commenced, looking at a complete review of visitor training that would sit alongside the accreditation work.
41. It was also noted that both the annual monitoring cycle and the formal two-month consultation period, for schools to provide a response to the visit report, needed to be structured into the process chart.
42. It was reported that PQSC had highlighted the need for an additional step to be incorporated at the beginning of the process to describe the coordination with the vet school (and any international accreditors with an interest) regarding the scheduling of the visit.

43. Education Committee again commended the work undertaken and agreed that the methodology should be written up into a formal process.

**Action: RCVS to draft full accreditation methodology**

## **Statutory Membership Exam**

### **2020 Diet Written Exam**

44. The Committee heard that the written components of the Statutory Membership Exam had taken place during the week beginning 17 August. These took place remotely with ExamSoft's invigilation feature enabled. A full report on whether to consider permanently transitioning to remote, invigilated written exams is due for Education Committee's decision at end of the year.
45. Of the 26 candidates who entered, five passed the written papers and will proceed to the OSCE resulting in a pass rate for this first stage of the exam of 19%, which is almost identical to pre-appeal pass rate from the 2019 diet. One of the failing candidates passed all of the clinical domain papers but failed the Code of Professional Conduct (COPC) paper and as such under our current resit policy he will be entitled to re-sit the COPC paper which will take place on 9 October.
46. The OSCEs are scheduled to take place at the University of Glasgow, School of Veterinary Medicine during the week beginning 14 December.

### **Refugee Support Proposal**

47. The policy for how the RCVS can administer financial assistance to refugee candidates who want to sit the Statutory Membership Examination was presented for information. The paper outlined the process as well as estimated costs depending on what level of support the RCVS would be willing to make available.
48. The figures quoted in the paper were based on the number of declarations from refugee candidates received during the application window for the 2020 diet.
49. Education Committee agreed that this was a worthwhile policy and were happy for it to be implemented.

**Action: to go to Finance and Resources Committee for approval**

### **Primary Qualification Sub-Committee (PQSC)**

50. Members of Education Committee were presented with an oral update of the recent PQSC meeting. It was reported that the minutes and related actions from that meeting would be presented at the November meeting. One item that did require more urgent attention, however, was the proposed policy for undertaking virtual visitations due to the ongoing pandemic.

51. When lockdown measures were introduced in March 2020, all accreditation visits were postponed and accreditation periods for those schools due a visitation extended by 12 months, to facilitate rescheduling. With threats of a second wave of infection, and localised flare-ups both nationally and internationally, it was reported that there was no guarantee that “traditional” accreditation visits would be possible within the next 12 months.
52. Since it was recognised that it would not be feasible to keep extending accreditation periods, another solution had been required. Through discussions with other international accreditors, RCVS had learned that many were moving to conduct online/virtual site visits, in order to continue their accreditation functions. It was reported that the American Veterinary Medical Association (AVMA) had already trialled a virtual site visit and developed policy/guidelines to help facilitate this.
53. As remote visitations would be new to the RCVS and would represent a change to its published accreditation procedures, a policy and guidelines needed to be agreed upon through the RCVS Covid-19 Taskforce. It was pointed out that this guidance would apply only in situations where the RCVS was the sole accreditor, and that for visitations involving members of IAWG, a separate agreement would need to be developed between those members for the conduct of international remote visitations.
54. Education Committee were content with the policy and recommended to Covid-19 Taskforce that this policy apply where remote visitations were used in the accreditation of UK veterinary programmes.

**Action: Education Committee recommends to RCVS Covid-19 Taskforce that the policy for conducting virtual visitations be approved.**

### **RCVS Review of Vet School Plans**

55. Due to the constraints put in place at the start of the Covid-19 pandemic, which included restrictions on travel and a national lockdown, universities were no longer able to allow students on site, and alternative plans became necessary in order to continue the delivery of courses.
56. Vet schools were subsequently formally requested to submit those plans for review by RCVS to provide assurance from a regulatory perspective, as well as a permanent record of temporary programme changes made that could be considered by future visitation teams during accreditation visits.
57. These plans required formal review, which would normally take place through both PQSC and Education Committee. However, many of the members of these committees were directly associated with vet schools and therefore conflicted. Consequently, it was proposed that a new temporary group be established to review these plans, comprising the Chair of Education Committee, the RCVS Director of Education, and an independent expert.

58. Following review, vet schools had been provided with both generic and specific feedback relating to their plans. It was reported that the following themes had emerged:
- i. Vet schools should take a closer look at invigilation of online examinations going forward
  - ii. That a gap analysis around teaching and learning outcomes be conducted
  - iii. Any hands-on practical experience lost should be caught up when possible, and not just through the use of simulations
  - iv. That vet schools needed to consider their 'plan B' in case of further restrictions
59. Committee members applauded the veterinary schools for the immense amount of work that had gone into supporting student learning during what were challenging times for everyone. It was reported that the next update from vet schools was due in October and that Education Committee would receive further updates in due course.

### **Certificate in Advanced Veterinary Practice (CertAVP)**

60. Dr Melissa Donald, in her new role as Chair of the sub-committee, thanked Jill Maddison and David White for their years of hard work on the sub-committee. The Committee noted the minutes from the meeting.

### **Advanced Practitioner**

#### **List of new approved advanced practitioners**

61. The Committee noted the lists of approved Advanced Practitioners.

### **Status Evaluation Research Report**

62. The committee received the Advanced Practitioner (AP) status evaluation report and Mr Chambers highlighted some of the findings to the committee. Laura Hogg was unable to attend the meeting but Mr Chambers thanked her for all her hard work in producing an excellent report.
63. The results from the evaluation showed that there is a lot of confusion amongst the profession about AP status in general, the benefits of the status, and the difference between a Certificate in Advanced Veterinary Practice (CertAVP) and AP status.
64. Advanced Practitioners who responded to the evaluation reported a lot of personal benefits to holding the status, such as increased self-esteem, better standards of practice and patient care.
65. There is a lot of work for the RCVS to provide more clarity between CertAVP, which is a qualification, and AP status which requires applicants to demonstrate how they have met the full set of criteria including additional CPD. It was suggested that in order for the status to receive more recognition, we need to do more to celebrate the achievement of becoming an Advanced Practitioner.

66. The report showed that there is a limited understanding amongst the public about AP status and the committee felt that it would be helpful if the RCVS could help practices to raise awareness of AP status and the vets in their practice that holds the title.
67. The next step is to conduct focus groups to develop a greater understanding about some of the issues raised in the report. Education Committee will be updated about the progress of the project.

**Action: Set up focus groups**

### **Additional AP designation**

68. The committee approved the addition of Camelid Practice as an AP designation.

### **ENQA Update**

69. The Committee heard that the ENQA (European Association for Quality Assurance in Higher Education) progress visit took place virtually on 2<sup>nd</sup> September 2020. The agenda covered the key recommendations that were made at the accreditation review in 2018, and the ENQA panel provided positive feedback on the work that had been done so far to address these points. Two of the items discussed related to the Internal Quality Assurance Policy and procedures, and the Thematic Analysis Policy. ENQA gave some feedback on both these policies around how the results and outcomes should be published, but were happy with both policies.

### **QI policy and procedures**

70. The committee understood that the policy and procedures were reviewed by ARC on 31<sup>st</sup> July 2020 and minor updates were made based on the recommendations of the committee. They were also reviewed by PQSC on 11<sup>th</sup> September. No further comments were made by the Education Committee.

### **Thematic analysis policy**

71. The policy was presented to both ENQA on 2<sup>nd</sup> September and PQSC on 11<sup>th</sup> September 2020. No further comments were made by the Education Committee.

### **Specialists**

72. A letter regarding concerns relating to apparent lack of availability of equine specialist training residencies and potential shortage of equine Specialists within the UK and Ireland was received and noted.
73. The Specialist Sub-Committee had also received the letter, and recognised that residency places were a problem more generally in other disciplines. Relating to the concerns of a shortage of

equine Specialists, the data did not necessarily reflect this, with 32 new RCVS Specialists being listed across the equine disciplines since 2017.

74. The Committee were asked to comment, and it was agreed that based on the data there was not anything to suggest that there could be a shortage of equine Specialists emerging. It was also agreed that whilst it was acknowledged that there was a general, wider issue surrounding residency availability and specialist training, it is not within the remit of RCVS to act in this instance. It was agreed that the comments would be fed back to the Specialist Sub-Committee and a response letter drafted.

**Action: Specialist Sub-Committee to draft a response**

### **Risk Register**

75. The committee received and noted the risk register for the Education department.
76. The committee reviewed the ratings and felt that it would be useful to receive further information about the reports and how the risks were calculated so it was suggested to invite Alan Quinn-Byrne to next meeting.

**Action: Education Department to invite Alan Quinn-Byrne to the November meeting**

77. The committee queried the risks in relation to Covid and were reassured that they only apply to the Education Department and not to Education more widely. The risks are being reviewed on a monthly basis by the department.
78. The Committee considered the departmental risk register and were asked to email Jenny Soreskog-Turp if they any questions or additions.

**ACTION: Committee to email Jenny Soreskog-Turp with any questions or additions to the risk register.**

### **Any other business**

79. The Chair asked for volunteers for vice chair of Education Committee to email their interest to the committee secretary.

### **Date of next meeting**

80. Tuesday 10th November 2020 at 10am

Britta Crawford  
Committee Secretary  
September 2020  
[b.crawford@rcvs.org.uk](mailto:b.crawford@rcvs.org.uk)

<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	COIVID Taskforce update - EMS
Summary	<p>When lockdown measures were introduced in March 2020, EMS opportunities for students were significantly reduced and consequently the RCVS Covid-19 Taskforce approved a range of temporary amendments to EMS policy, in order to support students in completing as much EMS as possible so as not to compromise their learning, whilst acknowledging the difficult circumstances and anxieties being faced.</p> <p>It was agreed that these policies would remain under constant review during the pandemic.</p> <p>The new academic year has now started and first years are starting their veterinary studies. The policy for this cohort has now been reviewed, and it was agreed to reduce the required weeks of pre-clinical EMS by 50% to 6 weeks, with students required to make use of the supplementary online EMS. This is the same policy that the current 2<sup>nd</sup> and 3<sup>rd</sup> years were allowed following the previous Taskforce decision in June.</p>
Decisions required	To note
Attachments	Annex A: Taskforce paper on further amends to temporary EMS policy
Author	Dr Linda Prescott-Clements Director of Education <a href="mailto:L.Prescott-clements@rcvs.org.uk">L.Prescott-clements@rcvs.org.uk</a>

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Annex A	Unclassified	n/a

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## Background

Since the start of the pandemic, a number of temporary amendments to Extra-Mural Studies (EMS) policy and support measures have been put in place to address the difficulties faced by students in achieving their full EMS requirement of 12 weeks Animal Husbandry EMS (AHEMS) and 26 weeks Clinical EMS.

In most circumstances, AHEMS is completed in the first two years of study, prior to the student starting their clinical placements in year 3 of their programme.

The amended requirements currently in place are shown in Table 1.

**Table 1: EMS requirements in place September 2020.**

Student Cohort		AHEMS requirement (usually 12 weeks)	Clinical EMS requirement (Usually 26 weeks)
Year of programme starting in September 2020	Year of Graduation		
Year 1	2025	To be reviewed	26 weeks
Year 2	2024	6 weeks with online top-up around personal learning objectives	26 weeks
Year 3	2023	6 weeks with online top-up around personal learning objectives	26 weeks
Year 4	2022	12 weeks	18 weeks with online top-up around personal learning objectives
Year 5	2021	12 weeks	13 weeks

The 'online' EMS to support students' learning around gaps in their learning objectives for EMS are not time bound, i.e. the focus is on achieving the learning objectives, not clocking up weeks' worth of hours to make up the full weekly requirement.

### Considerations informing the latest proposals

- Despite some practices starting to make EMS placements available again after lockdown measures eased, the RCVS survey data suggests that this remains unchanged and signs of a second wave suggest opportunities are unlikely to increase substantially in the near future.
- Online resources to support AHEMS are now on the RCVS website, and have been well received by students.
- The requirements will be reconsidered again in 3 months (December 2020) by which time we hope to have data from each Vet School on EMS completed to date, in order to inform any further amends. This will enable the impact of local lockdowns to be considered, and if necessary further concessions can be made as a result.

## **Proposals for updated EMS policy**

The proposed temporary EMS requirements for each cohort are described below, and summarised in Table 2.

### ***Year 1 (Graduating 2025)***

To remain consistent with the requirements set last year for first year students, we propose to reduce the requirement for face-to-face / hands-on AHEMS by 50% to 6 weeks, with the use of the available online resources to address learning objectives not covered.

As this cohort will not be starting their Clinical EMS for another 2 years, at which point it is hoped the pandemic will be under control and EMS opportunities back to normal, the requirement is currently set at 26 weeks. However, this will be subject to ongoing review and amendment if necessary.

### ***Year 2 (Graduating 2024)***

Concessions are already in place to the effect of 50% reduction in AHEMS, and this will remain. This cohort will start their Clinical EMS in 1 year time, therefore the requirement currently remains at 26 weeks but this will be subject to review and concessions will be made should EMS opportunities not increase by that time.

### ***Year 3 (Graduating 2023)***

Concessions are already in place to the effect of 50% reduction in AHEMS, and this will remain. The vast majority of students entering year 3 of studies should have completed this requirement. This cohort is due to start Clinical EMS and opportunities are currently reduced. We are therefore proposing that the requirement is amended to 21 weeks at present, subject to further review and concessions if necessary.

### ***Year 4 (Graduating 2022)***

Students in year 4 of their studies should have completed their 12 weeks AHEMS prior to the pandemic, and will now be seeking Clinical EMS opportunities. The Clinical EMS requirement has already been reduced to 18 weeks, reflecting the lack of placement opportunities during full lockdown between March and August 2020. It is proposed that these concessions remain in place, and are further reviewed in December when EMS completion data is available from Vet Schools.

### ***Year 5 (Graduating 2021)***

Students entering their final year should have completed their 12 weeks AHEMS prior to the pandemic, and will now have completed some Clinical EMS to varying degrees. The Clinical EMS requirement for this cohort was reduced by 50% to 13 weeks, reflecting the lack of placement opportunities during full lockdown between March and August 2020. It is proposed that these concessions remain in place, and are further reviewed in December 2021 when EMS completion data is available from Vet Schools.

Students starting a 4 year course, or who were intercalating during the academic year of 2019-20 and not registered as veterinary students at this time, would be expected to meet the requirements of the year group they are graduating with when they (re)join the course.

Although online learning resources 'online EMS' are available to top up gaps within students own learning objectives, these are not time bound.

Some 'virtual' EMS opportunities are emerging, where the student is fully engaged into the workplace/ clinical cases as they would if attending an EMS placement in person. These are time specific, and a week engaged in virtual EMS of this nature would count towards the weekly requirement.

**Table 2: Proposals for EMS requirements from September 2020 onwards (to be reviewed December 2020)**

Student Cohort		AHEMS requirement (usually 12 weeks)	Clinical EMS requirement (Usually 26 weeks)
Year of programme starting in September 2020	Year of Graduation		
Year 1	2025	6 weeks with online top-up around personal learning objectives	26 weeks
Year 2	2024	6 weeks with online top-up around personal learning objectives	26 weeks
Year 3	2023	6 weeks with online top-up around personal learning objectives	21 weeks
Year 4	2022	12 weeks	18 weeks with online top-up around personal learning objectives
Year 5	2021	12 weeks	13 weeks

### Decisions required

The Taskforce are asked to approve the revised proposals for EMS, so that communication with students can go forward as soon as possible

<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	RCVS requirements for online / remote assessments of veterinary / vet nurse students
Summary	<p>Due to the changes brought about as a result of the pandemic, Vet Schools and some providers of further and higher education for veterinary nurses have indicated that they have adjusted their assessments so that they can be sat remotely / online by students.</p> <p>RCVS has provided initial feedback to schools regarding the invigilation of remote assessments, following the review of their alternative programme plans. More recently, the UK Office for Students (OfS) has published guidance for universities in the delivery of online assessments, which references the need for them to consider any additional regulatory requirements set by professional bodies where relevant.</p> <p>In order to ensure the reliability and integrity of assessments, a policy has been drafted for Vet Schools and providers of VN education describing the requirements they need to meet to ensure the integrity of assessments, and that student achievement remains in line with the RCVS Standards.</p> <p>Given the changes that have already been implemented as a result of the pandemic across many institutions, it is likely that remote and online assessments may persist beyond the special measures that were experienced this summer. Therefore, this policy may also be applicable in the longer term.</p>
Decisions required	To note
Attachments	Policy for remote and online assessment, in response to the Covid-19 pandemic.
Author	Kirsty Williams Quality Improvement Manager <a href="mailto:k.williams@rcvs.org.uk">k.williams@rcvs.org.uk</a> / 0207 9651105

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	N/A

<b><sup>1</sup>Classifications explained</b>	
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

<b><sup>2</sup>Classification rationales</b>	
Confidential	<ol style="list-style-type: none"> <li>1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others</li> <li>2. To maintain the confidence of another organisation</li> <li>3. To protect commercially sensitive information</li> <li>4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS</li> </ol>
Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

## Remote and Online Assessments

### **The identified issues:**

When the lockdown measures were introduced across the country earlier this year, Vet Schools and providers of VN education reacted quickly to ensure that students were not only able to complete their qualifications but could also be assessed in order to allow progression and / or graduation. The individual measures taken by each Vet School were documented via a standardised template and reviewed by RCVS. For providers of VN education the proposed procedures were reviewed by the VN Examinations Manager and Chair of the Veterinary Nurse Education Committee.

The review indicated a great deal of variation across education institutions, in terms of the measures used to ensure the integrity and reliability of remote assessments. Feedback was provided to each school on the need to continue to invigilate online assessments, in line with RCVS Standards, to ensure they are valid, reliable and fair.

It is currently unclear when the pandemic may come to an end, and it is likely that some changes to education programme delivery and assessment may persist beyond the pandemic. Therefore, any policy setting out the regulations for conducting online assessments should be cognisant of the longer-term implications.

### **Current Guidance from OfS and QAA:**

The Office for Students (OfS) and QAA have recently issued high level guidance for online and remote assessments. In this guidance, they make reference to the requirement of education institution to adhere to the regulations of Professional, Statutory and Regulatory Bodies (PSRBs) where relevant.

In summary, the conditions stated by the OfS are that;

- the student's achievement must be reliably assessed
- the student must have access to the support they need
- the outcomes need to be recognised and valued by employers
- the qualifications must be in line with sector recognised standards
- the courses must meet the relevant academic standards.

The QAA advise random sampling of submissions to check for authenticity and evidence of plagiarism which may help to deter cheating. They also advise some other steps, such as online vivas (for a sample of students) to test the understanding and authenticity of the submission, and also to check the results are in line with individual and group performance and achievement to date to ensure the results are what would be expected.

In terms of online proctoring services, the QAA have issued the following guidance:

*Some providers have highlighted challenges in adding online proctoring to their systems - including cost, capability and experience. Providers will wish to balance consideration of the costs against the risks to academic integrity associated with the large-scale move to online assessment.*

Some concerns have also been raised around data protection and remaining within the GDPR framework. The law prohibits the processing of personal data unless the data controller is able to identify an appropriate legal basis for that processing.

*Article 6(1) of the GDPR sets out six lawful bases for processing. At least one of these must apply whenever your institution is processing personal data:*

- *Consent: the individual has given clear consent for you to process their personal data for a specific purpose*
- *Contract: the processing is necessary for a contract you have with the individual, or because they have asked you to take specific steps before entering into a contract*
- *Legal obligation: the processing is necessary for you to comply with the law (not including contractual obligations)*
- *Vital interests: the processing is necessary to protect someone's life.*
- *Public task: the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law*
- *Legitimate interests: the processing is necessary for your legitimate interests or the legitimate interests of a third party unless there is a good reason to protect the individual's personal data which overrides those legitimate interests. (This cannot apply if you are a public authority processing data to perform your official tasks)*

Universities and colleges are classified as public authorities, so the public task basis is likely to apply to much of their processing. In addition, consent or legitimate interests will be appropriate in some circumstances.

### **Proposed RCVS policy for the delivery of remote online assessments:**

There are two important considerations with regard to assessments being carried out remotely and/or online;

- (1) Security. This includes the confirmation of the identity of the candidate (i.e. that someone else isn't taking the exam for them), the protection of personal data and ensuring the integrity of the exam is maintained and assessment content / questions are not being shared.
- (2) Reliability of assessment outcomes. Measures that need to be taken to ensure the results are in line with individual and group expectations as well as meeting professional standards (and cheating is not taking place).

## **Security**

*Student ID* – before commencing an assessment, each candidate must be able to authenticate their identity. There are a variety of methods available to be able to do this, and the individual institution must select what is most appropriate. If the candidate has access to a webcam, they could hold up their ID (eg college ID, passport or photographic driving licence).

*Use of personal data* – The candidate will need to be given full transparency of any personal data that may be collected during the course of the assessment and how that data may be used. For example, if the candidate is being recorded via a webcam or audio, there needs to be full disclosure of this before the assessment commences and an opportunity for the candidate to prepare the background of their environment, etc. There also needs to be details of how that data will be used and stored. If identifying questions are to be used, then again, there needs to be transparency of how the data will be used and stored. Once the full information has been provided to the candidate, they need to confirm that they agree to these measures. Should a candidate not agree to these measures, appropriate alternative arrangements for assessment may need to be considered.

*Reducing sharing of assessment content* – all candidates should be reminded that despite the different conditions, they still need to adhere to the college policies on academic integrity. However, this will not provide assurance in itself. OfS states that providers should ensure there is clear guidance in place for their students on what represents contract cheating and the consequences of this. Providers are also advised to be aware that essay mills may see the changes to assessment provision as an opportunity to exploit students and they are increasing their promotional activity. Providers should also be aware that research suggests that up 70% of American high school seniors have admitted to cheating on at least one test, and of those 95% claim they were not caught (Rowe, N.C 2004). Although this was an American study, there is no reason to suspect that UK students would be any different, especially in a high stakes assessment for progression / graduation.

Steps need to be taken to prevent the sharing of assessment content between candidates, and a number of measures to prevent this can be put in to place, such as the use of proctoring software to monitor activity, the implementation of fixed duration assessments and randomising of questions.



## Reliability

The OfS baseline conditions state that the student's achievement must be reliably assessed and QAA provides some guidance regarding mechanisms that may promote reliability. Despite reminding candidates that they need to maintain academic integrity, the educational institution needs to maintain checks to ensure that this is taking place.

Methodology to promote the reliability of results:

- Random sampling of submissions to check for authenticity of work and for evidence of plagiarism.
- Sample a number of students after the exam has been uploaded for a brief online viva to test understanding and authenticity of their work. This could be used when the results of the assessment are unexpected for that individual.
- Once the assessments have been marked, compare the individual results to the previous scores achieved by each individual in formative assessments carried out during the previous period. If there are discrepancies, further investigation needs to be carried out as to the authenticity of the work submitted.
- Compare the performance of the current cohort against previous cohorts to check the results are in keeping with expectations.
- Given the concerns raised throughout the recent period with the application of "algorithms" to A Level results, use of such a broadly applied calculations should be avoided, in favour of reviewing individual anomalies.

## Proposed RCVS Regulations for online / remote student assessment

The following regulations apply to any student assessment considered to be 'high stakes', i.e. for (or contributing to) a decision on progression or achievement.

In order to ensure the integrity and reliability of assessment results, the following requirements are proposed for any veterinary / veterinary nursing assessments which are being implemented online / remotely;

Education institutions must provide assurance;

1. of the candidate's identity, upon starting the assessment and throughout the duration of the assessment.
2. that the submission is entirely the sole work of the candidate, and no collusion or help has been received.

3. That the candidate has completed the assessment in line with agreed regulations, e.g. no access to information resources unless an 'open book' assessment.
4. That the candidate has been provided with clear information regarding the use of their data, and where necessary consented to its use for the purpose stated.
5. That candidates are unable to share the content of an assessment with other candidates taking the assessment.
6. That the results of the assessment are sufficiently reliable for a high stakes context, and that the authenticity of results is actively considered and checked.

In addition, all assessments should be a fixed time (reasonable additional time for IT issues is permitted).

Data supporting the measures above should be available for review during accreditation and may be requested as part of the annual monitoring process.

### **Decision required**

The taskforce is asked to approve the proposed requirements for remote and online student assessments as detailed above.

**Further information:**

- QAA COVID-19 supporting resources  
[https://www.qaa.ac.uk/docs/qaa/guidance/assessing-with-integrity-in-digital-delivery.pdf?sfvrsn=d629cd81\\_6](https://www.qaa.ac.uk/docs/qaa/guidance/assessing-with-integrity-in-digital-delivery.pdf?sfvrsn=d629cd81_6)
- Office for Students - Guidance for providers about quality and standards during coronavirus (COVID-19) pandemic  
<https://www.officeforstudents.org.uk/media/f351a739-6cd6-4310-8f98-a6aa603f17f4/quality-and-standards-guidance-during-coronavirus.pdf>
- GDPR Guidance (from Jisc – formally Joint Information Systems Committee)  
<https://www.jisc.ac.uk/guides/data-protection>
- Rowe, N.C., 2004. Cheating in online student assessment: Beyond plagiarism. *Online Journal of Distance Learning Administration*, 7(2).

<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	Virtual accreditation visits
Summary	<p>When lockdown measures were introduced in March 2020, all accreditation visits were postponed and accreditation periods for those schools due a visitation extended by 12 months, to facilitate rescheduling. With threats of a second wave of infection, and localised flare-ups both nationally and internationally, there is no guarantee that “traditional” accreditation visits will be possible within the next 12 months.</p> <p>Since it was not feasible to keep extending accreditation periods, another solution was required. Through discussions with members from the International Accreditors Working Group (IAWG), RCVS had learned that most other accreditors were moving to conduct online/virtual site visits, in order to continue their accreditation function. The American Veterinary Medical Association (AVMA) had already trialled a virtual site visit and developed policy/guidelines to help facilitate this.</p> <p>RCVS is involved in nine visitations between 2020 and 2021, and for those which involve members of IAWG, an agreement will need to be developed between members for the conduct of international virtual visitations.</p> <p>However, for visits that RCVS will carry out alone, policy and guidelines needed to be put in place, and at its meeting on 1 October, RCVS Council Taskforce for Covid-19 approved the guidance document set out in Annex A.</p>
Decisions required	To note
Attachments	Annex A – RCVS virtual accreditation visit guidelines Annex B – Sample virtual visitation schedule
Author	Jordan Nicholls Lead for Undergraduate Education <a href="mailto:j.nicholls@rcvs.org.uk">j.nicholls@rcvs.org.uk</a> / 020 7202 0704

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	
Annex A	Unclassified	
Annex B	Unclassified	

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## Annex A

### RCVS virtual accreditation visit guidelines

Where a site visit is unable to proceed with team members physically present at the veterinary school, every effort will be taken to ensure that the virtual visitation fulfils the same functions as the traditional visitation. Whilst the conduct of the virtual visit will be similar to that of the traditional visit, alternative methods will be used to achieve the same outcomes.

The following guidelines should also be followed to ensure that visitors present the same professionalism and behaviour expected during an in-person visitation. Visitors are required to conduct themselves professionally, courteously, and with the utmost respect for university staff, students, and other representatives of the school visited, as well as fellow visitors.

The RCVS Standards and procedures for the accreditation of veterinary degrees remains the primary source document for policies and procedures of the RCVS. The following policy amendments and guidelines are designed for use in response to the Covid-19 situation only. All other aspects of the RCVS standards document continue to apply.

Prior to the virtual visitation, the school will be asked to sign a declaration to confirm that they agree a decision on accreditation status can be made following the virtual site visit, subject to RCVS undertaking a follow-up in-person visit within 12-18 months. The duration and focus of this follow-up visit will be determined by RCVS based on the findings of, and in collaboration with, the site team visitors. This follow-up visit should not duplicate the work of the original visit and should only seek to reassure on areas that would benefit from an in-person presence. It is understood that RCVS can, however, make an accreditation decision based on the virtual visit prior to, and without regard to, the follow-up visit.

### Confidentiality

1. Visitors will be asked to sign a confidentiality and conflict of interest declaration before the visitation.
2. All materials, discussions, deliberations, and reports of the visit are confidential.
3. Where the school has confidential documents that it wishes to share with the team, they will provide them via a secure website and provide visitors with login details for access (this will be no different from traditional visits where confidential materials are stored on the school intranet).
4. Visitors must identify a workspace which is quiet, free from distraction, and which offers the privacy and confidentiality expected of an accreditation visit.
5. On agreement of all parties, meetings will be recorded to provide accuracy in report writing. All recordings will be deleted once the final report has been agreed by the visiting panel, and the school has had the opportunity for factual correction.

### Preparation

6. Reviewing evidence: With limited time available on the virtual visit, the team should aim to identify evidence in support (or otherwise) of each of the accreditation standards during the 12 weeks before the site visit, once the self-evaluation report (SER) and additional 'virtual base room' documents have been received. Members of the Education department will be available to assist with this.
7. Schools will be asked to populate a secure 'virtual' base room with evidence at the same time as submitting the SER. Documentation, referenced against each of the standards to assist with review, will be available and visitors are asked to identify areas that require further clarification or evidence, notifying the RCVS Education Department regularly so that there can be frequent liaison with the school being visited.
8. Visitors should be mindful that providing last minute documentation/evidence during the virtual visit may be more challenging with many institutions working from home, and that it will be preferable to address as many standards as possible ahead of the visit.
9. Although visitors will be allocated specific standards for reporting purposes, as they would on a traditional visit, for a virtual visitation there will be an expectation for all visitors to contribute to all standards, with the lead reporter coordinating contributions from the rest of the team.
10. 12 weeks before a visit is due, the school will be notified if RCVS is intending to host a virtual visitation. At this stage they will be asked to submit their documentation as detailed above, which will be collated by the RCVS Education Department and circulated to the visitation team. Regular pre-visit meetings will be held fortnightly following this exercise, so that the team can consider additional evidence as a whole, completing the rubric where possible and requesting additional evidence where required.
11. Two weeks before the visit, a final pre-visit meeting will be held and the team will be asked to identify the areas to focus on during the virtual visit, where additional evidence has not addressed concerns.
12. These pre-visit meetings will also be opportunities for visitors to become familiar with the technology being used.
13. Visitors should confirm their correct email address, to be used for the log-in to the virtual meetings (held via Zoom), and a telephone number where they can be reached for the duration of the visit. Meetings held via Zoom will be secure and require passwords to access.

### Technology requirements

14. Visitors must ensure that their devices and internet are correctly set up and in good working order. The functionality of Zoom on a tablet device is different to that on a desktop and therefore, where possible, visitors should use a laptop or desktop computer to attend the virtual meetings. Devices must be charged and/or plugged in.

15. Multiple types of internet connection should be available – broadband (wired or wireless), and a 3G/4G or 5G mobile connection.
16. In addition to a desktop or laptop computer, visitors should have a backup mobile device (smartphone or tablet) in case of technological issues.
17. Devices must be able to run Microsoft Office applications (Word, Excel, PowerPoint), and internet browsers must be updated to the latest version.
18. Devices must have audio and visual capabilities (microphone, speakers, webcam).
19. If possible, visitors will benefit from having dual monitors.
20. RCVS IT support will be on-hand throughout the visitation.

#### Interviews and meetings

21. Visitors should be signed into meetings 5-10 minutes prior to the start time.
22. At the start of the visitation, it will be important for all parties to recognise that a virtual visit may not be without challenges – unstable internet connections or interruptions from third parties (co-workers/family/pets) may happen at some point. A degree of patience and resilience with regard to such challenges will be necessary.
23. A separate “base room” meeting space will be available throughout the visitation, where the visit team can meet privately and work collaboratively on the visit report.
24. A resource for sharing report drafts will be provided for the team, which will serve a similar function to the use of USB sticks for each standard, which would be used on a traditional visit. Strict version control of documents will be enforced and back-up copies will be kept on RCVS servers until a final report is produced.
25. The chat function of Zoom will be disabled to prevent extra conversations, which would not normally take place during traditional visit meetings.
26. Video must be enabled for all participants. Microphones must be muted unless speaking.
27. Visitors should maintain focus and practice active listening. Keep eyes focussed on camera. Support will be available for with taking notes during meetings (in addition to recordings for accuracy of reporting).
28. Visitors must not multi-task during the meeting (just as in person). Please stay seated and excuse yourself if you need to leave.
29. As with a traditional visit, business professional attire should be worn.



30. Breaks will be scheduled to allow transition between meetings, comfort breaks and time away from the screen.

#### Facility tours

31. Tours will be provided through a combination of virtual on-site and pre-recorded tours.
32. Photographic and video evidence of both on-campus, and off-campus, core teaching facilities will be provided.
33. Pre-recorded tours will be made available for visitors to review as part of the virtual base room materials, 8 weeks ahead of the visit.
34. On-site virtual tours (in real time) should be hosted by the school on their own platform. There will be a designated day for the virtual tours. Additional time will be scheduled to allow visitors to revisit or further inspect any areas they wish to view, if this is feasible for the school to arrange.

## Annex B

## Draft virtual visitation timetable

## Sunday

Time	Activity
15.00 – 17:00	Visit team private meeting – SER overview and analysis of evidence, and virtual training

## Monday

Time	Activity
08.00	RCVS to initiate meeting for visit team
08.15	Vet school personnel to join meeting
08.30	Welcome, introductions and logistics
09.00	<b>Standard 1</b> – Organisation
10.00	Comfort break
10.15	<b>Standard 2</b> – Finances
11.00	Comfort break
11.15	<b>Meeting with first, second and third year students</b>
12.15	Comfort break
13.00	Virtual site tours – areas to view specified in advance.
14.00	Comfort break
14.15	Virtual site tours
15.15	Comfort break
15.30	Virtual site tours
16.30	Visitors depart
18.00	Visitor private meeting – debrief/rubric completion. Preparation for day two.

**Tuesday**

<b>Time</b>	<b>Activity</b>
08.00	RCVS to initiate meeting – welcome, check conference systems, logistics
08.15	<b>Standard 3</b> – Facilities and equipment
09.00	<b>Standard 4</b> – Animal resources
09.45	Comfort break
10.00	<b>Meeting with off-campus core clinical teaching providers</b>
11.00	Comfort break
11.15	<b>Standard 5</b> – Information resources
12.00	Comfort break
12.45	<b>Meeting with fourth and fifth year students</b>
13.45	Comfort break
14.00	<b>Standard 6</b> – Students
15.00	<b>Meeting with interns/residents/PhD students/research students</b>
16.00	Visitors depart
17.00	Visitors private meeting - debrief/rubric completion. Preparation for day three

**Wednesday**

<b>Time</b>	<b>Activity</b>
08.00	RCVS to initiate meeting – welcome, check conference systems, logistics
08.15	<b>Standard 7</b> – Admission and progression
09.00	Comfort break
09.15	<b>Standard 8</b> – Academic staff (junior staff, no senior team)
10.00	<b>Standard 8</b> – Support staff (administrative support and technicians)
10.45	Comfort break
11.00	<b>Standard 9</b> – Curriculum
12.00	Comfort break

12.45	<b>Standard 10</b> – Assessment
13.45	Comfort break
14.00	<b>Standard 12</b> – Outcomes Assessment
15.00	Comfort break
15.15	<b>Standard 11</b> – Research programmes, continuing and higher education
16.00	Comfort break
16.15	<b>Meeting with alumni and employers</b>
17.00	Visitors depart
18.00	Visitor private meeting – debrief/rubric completion. Preparation for day four.

**Thursday**

<b>Time</b>	<b>Activity</b>
09.00	RCVS to initiate meeting – welcome, check conference systems, logistics
09.15	<b>Meeting with senior team members</b>
10.15	Comfort break
10.30	Advertised confidential meetings available for students or faculty
10.30	<i>Alternative: Report writing</i>
11.30	Comfort break
11.45	<b>Meeting with alumni and employers</b>
12.45	Comfort break
13.30	Report writing. Opportunity to revisit areas as necessary. Optional revisits with faculty, staff or students.
16.00	Visitors depart
17.00	Visitor private meeting – report to be finalised and feedback to school agreed upon. Rubric to be completed

**Friday**

<b>Time</b>	<b>Activity</b>
09.00	RCVS to initiate meeting – check of conference systems
09.15	Visitor feedback to Dean/Head of School
09.45	Visitor feedback to Vice Chancellor (could be combined with above)
10.15	Wrap up logistics and thanks

<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	Remote synoptic exams for CertAVP
Summary	<p>RCVS synoptic examinations are structured, oral examinations which are usually held face to face in Belgravia House, but due to the current pandemic we propose to hold these remotely online.</p> <p>RCVS Council Covid-19 Taskforce approved the temporary change for RCVS synoptic exams to be held in a remote format on the 1 October 2020.</p>
Decisions required	To note
Attachments	None
Author	Britta Crawford b.crawford@rcvs.org.uk 020 7202 0777

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	

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**<sup>2</sup>Classification rationales**

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### **Change of format for RCVS held CertAVP synoptic examinations**

1. The Certificate in Advanced Veterinary Practice (CertAVP) is an RCVS postgraduate certificate, delivered by a number of vet schools in the UK. A designated CertAVP can be achieved when a candidate completes a certain module combination and also passes a synoptic exam in that area. Synoptic exams are delivered either by the vet school or by RCVS.
2. The synoptic examination is a structured oral examination conducted by two examiners. The aim of the CertAVP synoptic exam is to enable candidates to demonstrate coherence, integration and application of learning across the subject area concerned, in terms of current knowledge and understanding, application and a systematic approach to clinical problems in the area.
3. The candidate is presented with three clinical case descriptions. Clinical cases and questions are agreed by the examiners in advance, and are the same across candidates taking the same exam.
4. Examinations in the area of General Small Animal Surgery were originally going to be held in May 2020 for nine candidates, but were postponed until November due to Covid-19. These examinations would normally be held in person but in the current situation we are proposing to hold these examinations scheduled for November remotely via Zoom and are currently putting appropriate invigilation measures in place for this.
5. The taskforce are asked to approve the change to a remote format for these examinations.



<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	Update from the CPD Policy Working Party
Summary	This paper includes the minutes from the CPD Policy Working Party's meeting on the 1 <sup>st</sup> October 2020, data from 1CPD and the updated terms of reference for the group.
Decisions required	To note
Attachments	Annex A – 1CPD data Annex B – Terms of Reference
Author	Jenny Soreskog-Turp j.soreskog-turp@rcvs.org.uk 020 7202 0701

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	
Annex A	Unclassified	
Annex B	Unclassified	

**<sup>1</sup>Classifications explained**

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Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

## **CPD Policy Working Party Minutes of the meeting on the 1 October (held online via Teams)**

<b>Present:</b>	Richard Stephenson Stephen May Frances Barr Shona McIntyre Elizabeth Cox	Chair
* Absent	Susan Rhind Linda Prescott-Clements Julie Dugmore	
<b>In attendance:</b>	Jenny Soreskog-Turp Rebecca Smith Felix Michaux Joanne Stetzel	Lead for Postgraduate Education Education Administrative Assistant Lead Software Developer Marketing Communications Manager

### **Welcome and Apologies**

1. The Chair welcomed everyone to the meeting and noted that Susan Rhind, Julie Dugmore and Linda Prescott-Clements had sent their apologies.

### **Declarations of interest**

2. Richard Stephenson as the new chair declared that he was also Chair of the IVC Evidensia Equine Clinical Board (which has interests in arranging and promoting CPD for IVC Evidensia employees), that the Pool House Veterinary Group (of which he is the Senior Director) works with commercial providers such as Vet PD and BEVA to provide CPD courses. He also has agreements with the Universities of Glasgow (joint training of residents) and Nottingham (training of residents (medicine) and student rotations. He is also a member of the Farriers Examinations Board.

### **Matters arising**

3. There were no matters arising that were not covered by other agenda items.

### **Minutes of the meeting on the 5 May 2020**

4. The notes of the meeting held on the 5 May 2020 were received and approved.

### Update from the CPD Referral Group

5. The group received and noted the minutes from the CPD Referral Group's meeting on the 5 August 2020.
6. Some members were not aware that the group existed and felt that it is important that the RCVS' website is regularly updated with clear information about any sub-committees and the members of each committee.  
**Action: JST to review website to make sure CPD groups and their membership is updated**
7. Although the Referral group's work focuses on non-compliance issues and reviewing cases for referral to the professional conduct department, there is an overlap with the CPD Policy Working Party in relation to promoting engagement with CPD and 1CPD. The Working Party thought it was a good idea to try to coordinate the meetings on the same day to jointly discuss the communication strategy.

**Action: JST to coordinate the next meeting with the CPD Referral group**

### 1CPD usage report

8. The group received and noted the 1CPD usage report.
9. The group queried if 1CPD worked on older phones and were informed that the app works on iPhone 4/5 and some older android phones, but all users can access the 1CPD website through their browser instead of downloading the app. The group felt that we needed to do more to promote the web version as many members are only aware of the app.

**Action: Include further communication about 1CPD website in Comms plan**

10. The group discussed the split in the professions following lockdown, between those who have been working full time in busy practices and those being furloughed and how the two groups perceived the CPD requirement. The group acknowledge that many are experiencing video and webinar fatigue and missing the normal mixture of face to face and online CPD. There is a huge amount of CPD resources available online, but it is more difficult for practitioners to get time off for 'online' CPD so they need to undertake large proportion of it outside of working hours. Employers might not think of 'online' CPD in the same way as they thought of 'in person' CPD when it comes to time away from work. It was noted that working under Covid-19 safe conditions and clearing a backlog of cases was putting many practitioners under strain – and could impact their enthusiasm for doing CPD out of working hours. It is important that we remind veterinary surgeons and nurses about the wide range of activities that you can count as CPD, including many of the changes made because of government guidelines due to Covid-19.
11. The group reviewed the 1CPD usage report and noticed the graph of activities and minutes recorded were lower this year compared to the last three years. Covid-19 is likely to be a contributed factor but it is important to keep in mind that this is the first year when live data has been available and many vets and nurses will wait until the end of the year or the annual renewal to update their CPD for the year so the number of activities per month may change as members retrospectively record their CPD.

12. 65% of UK practicing vets and 80% of veterinary nurses are active 1CPD users. 65 % of veterinary surgeons and 71% of veterinary nurses using 1CPD have already completed more than 90% of the hours required for this year (i.e. the reduced emergency Covid-19 requirement) so the drop in recorded activities may also be due to members stopping recording when they have met the hours for this year. The group felt it was important to keep reviewing the data so that we can spot any trends in recording and compliance.

### **Update on the Communication Plan**

13. Ms Stetzel updated the Working Party about the CPD communication plan and explained to the committee that following the pause in communication during lock-down, we have published social media posts about CPD in lockdown with case studies and examples of how different individuals approached their CPD this year. The next step is to engage with members who are not using 1CPD and trying to understand any barriers to engagement and work with members to overcome those barriers before 1CPD becomes mandatory in 2022.
14. The plan is to continue with case studies and how-to-videos, for example a veterinary surgeon using 1CPD for the first time, but also an article in RCVS News. We are also looking at other printed press such as the Vet times to reach a wider audience and start conversation with anyone not using 1CPD or anyone having problems with compliance. It is suggested to introduce pre-recorded webinars covering one specific issue and then having live Q&A sessions at the end, and to repeat those every few weeks.

#### **Action: Education and Communication Department to develop webinar content**

15. Some of the social media posts about case studies featuring furloughed vets and nurses caused upset amongst vets and nurses working, who are trying to balance a full-time job with other competing priorities. The group discussed role models and felt that we could not provide a perfect match for every person and every situation but acknowledge that it is stressful situation, and any communication needs to be thoughtful and respectful. However, it was noted that some controversy did have the positive effect of stimulating interest.
16. The CPD Policy Working Party reviewed the reduced CPD requirement in May and agreed to recommend to the RCVS Covid-19 Taskforce that further reductions should not be made this year so the CPD requirement will go back to normal next year. We need to remind members that the CPD requirement is back to full hours but in line with the policy, members can apply to pause their CPD for up to six months. Anyone who is struggling with the CPD requirement should contact the Education Department to discuss their circumstances as we always take individual circumstances into account.

### **Updated Terms of References**

17. The group received and noted the updated terms of reference for the group and the only change was to add Shona McIntyre to membership list.

**Any other business**

18. There were no other items of business to discuss.

**Next meeting**

19. There is no set date for the next meeting, but it is planned for January, hopefully as a joint meeting with the CPD Referral Group (new name CPD Compliance Panel)

**Action JST to send out meeting dates.**

Jenny Soreskog-Turp

October 2020

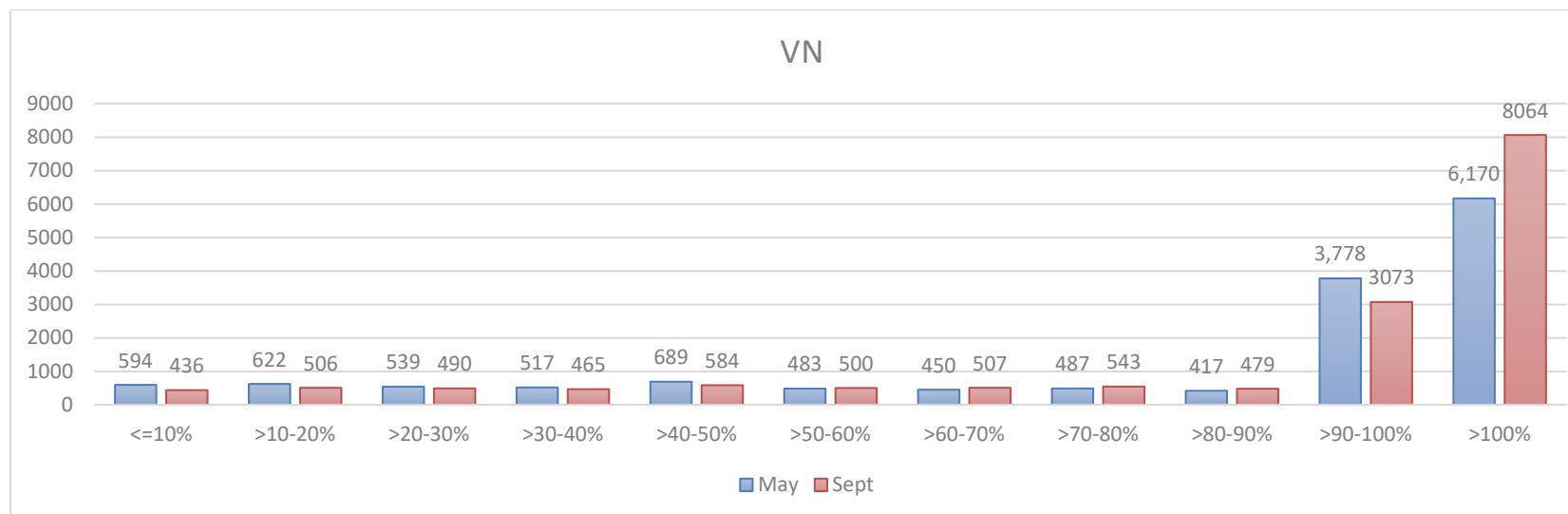
[j.soreskog-turp@rcvs.org.uk](mailto:j.soreskog-turp@rcvs.org.uk)

**Annex A**

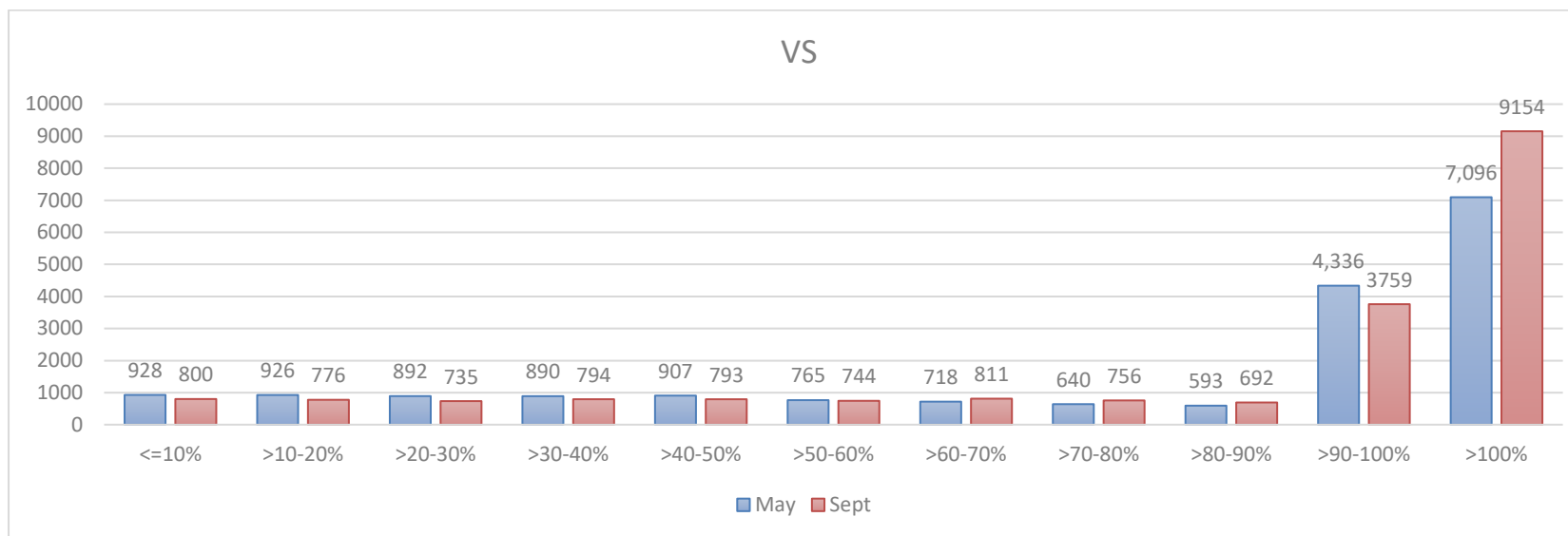
1CPD Users

Category	Register count	Active 1CPD count	Percentage
HP	26887	17629	65.6
RVN	18887	15214	80.6
OP	3340	833	24.9
NP	2460	366	14.9
NP70	1657	9	0.5

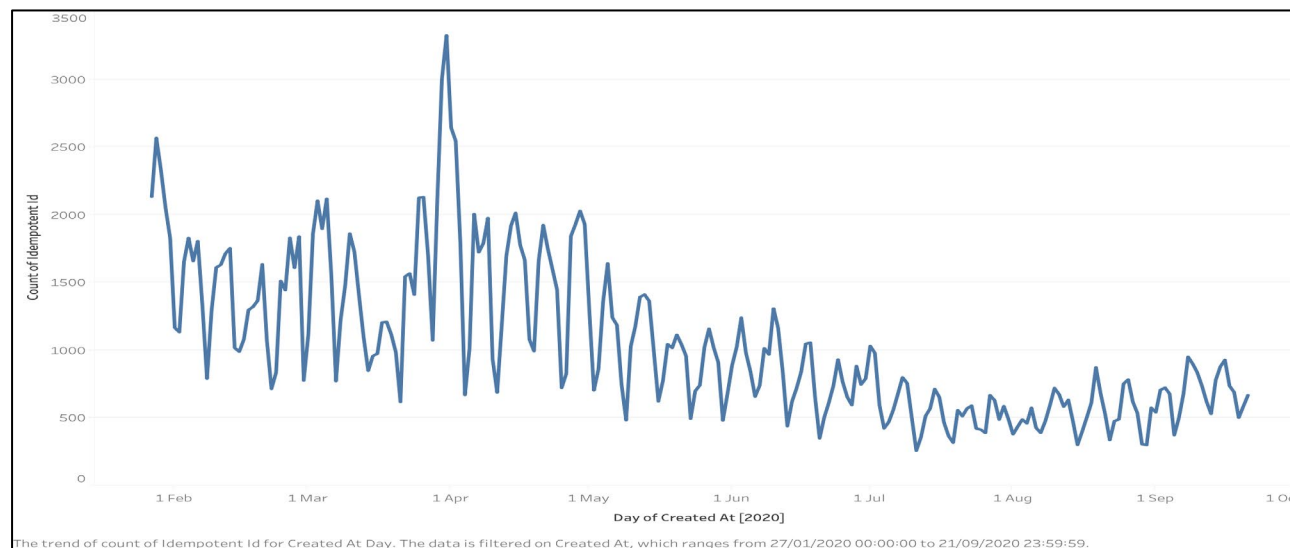
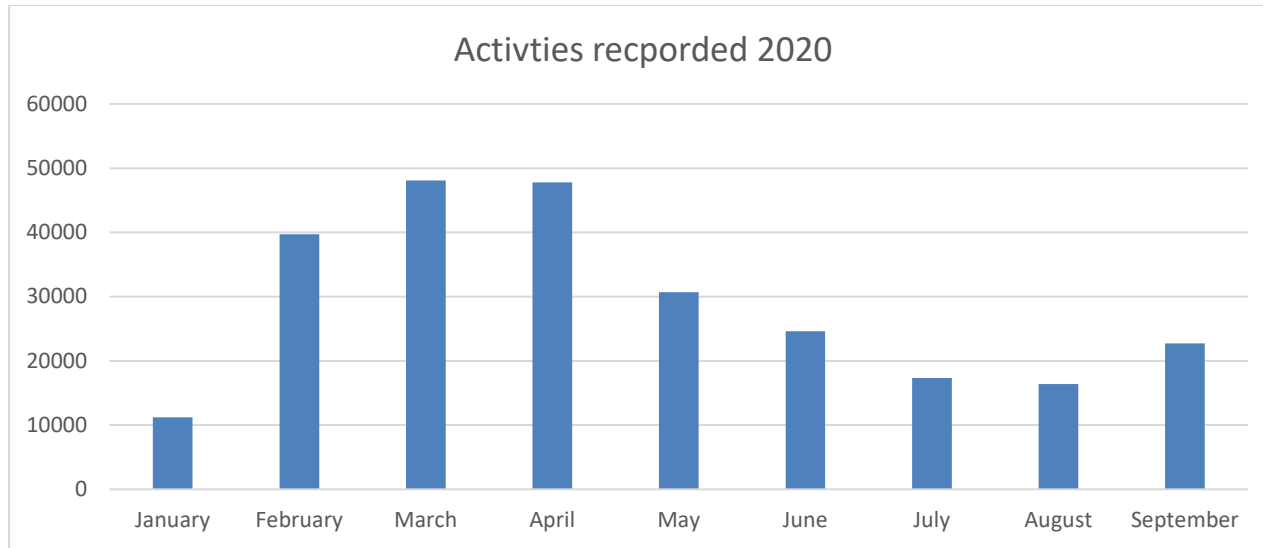
	Percentage of minimum hours recorded for 2020 - Veterinary Nurses										
	<=10%	>10-20%	>20-30%	>30-40%	>40-50%	>50-60%	>60-70%	>70-80%	>80-90%	>90-100%	>100%
May	594	622	539	517	689	483	450	487	417	3,778	6,170
Sept	436	506	490	465	584	500	507	543	479	3073	8064



	Percentage of minimum hours recorded for 2020 - Veterinary Surgeons										
Percentage of minimum hours recorded for 2020	<=10%	>10-20%	>20-30%	>30-40%	>40-50%	>50-60%	>60-70%	>70-80%	>80-90%	>90-100%	>100%
May	928	926	892	890	907	765	718	640	593	4,336	7,096
Sept	800	776	735	794	793	744	811	756	692	3759	9154

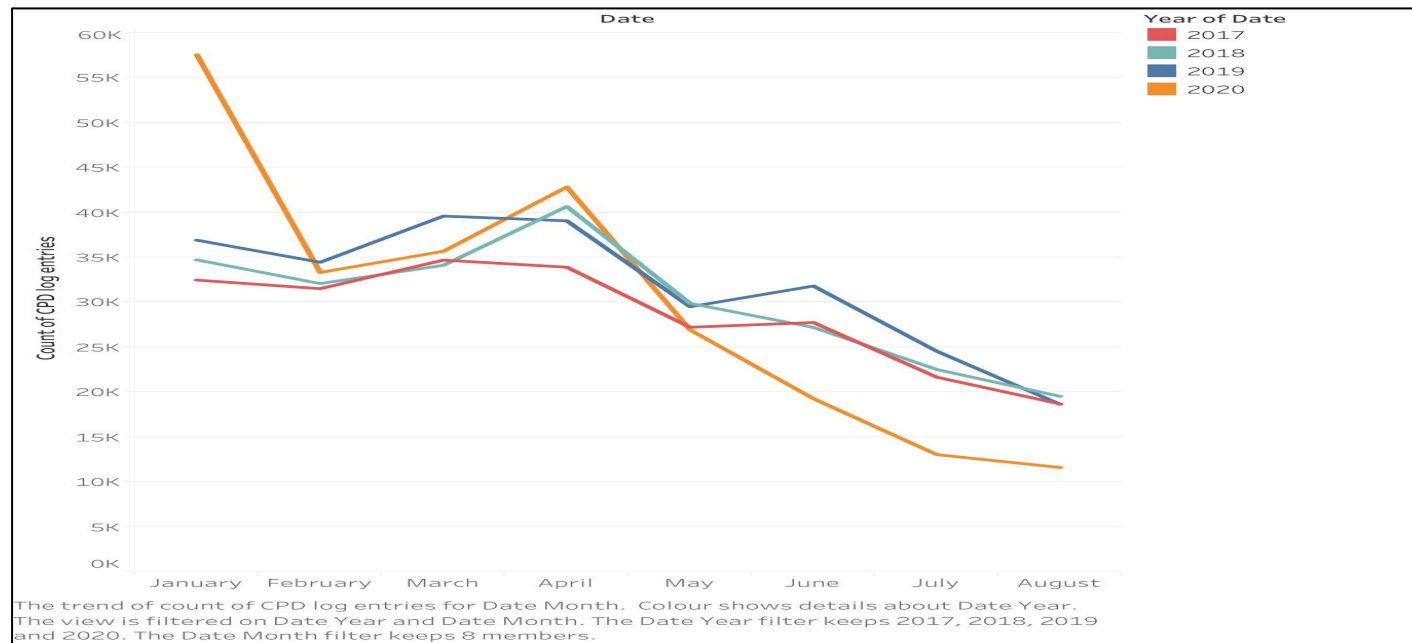






Activities recorded per months 2017-2020

Year of Date	January	February	March	April	May	June	July	August
2017	32482	31525	34706	33918	27231	27759	21668	18693
2018	34734	32091	34131	40677	29893	27211	22524	19538
2019	36926	34464	39610	39084	29515	31823	24559	18652
2020	57568	33328	35693	42849	26930	19279	13046	11612



Number of recorded activities	%	Category
611323	27.2%	Distance learning - webinar
575692	25.6%	Seminar
273885	12.2%	Workshop
204191	9.1%	In-house training
190354	8.5%	Distance learning - formal
86996	3.9%	Distance learning - other
79534	3.5%	Work based observation
49411	2.2%	External qualification
48193	2.1%	Preparing a new lecture
27504	1.2%	Clinical audit
27440	1.2%	Clinical skills lab
21921	1.0%	Research
14101	0.6%	Veterinary reading
12899	0.6%	Course
10446	0.5%	Conference
4975	0.2%	Case discussion
4887	0.2%	Lecture
1436	0.1%	Preparing a paper
861	0.0%	Peer feedback
486	0.0%	Significant event analysis

**Annex B**

**CPD Policy Working Party**

**Terms of reference**

1. The CPD Policy Working Party's task is to:
  - a. introduce an outcomes-based CPD Policy for the veterinary professions, including how such a system might be monitored.
  - b. Oversee the development of 1CPD and review feedback for future amendments.
  - c. Monitor and review the communication strategy to improve engagement with the outcomes based CPD model and 1CPD.
  
2. The Group will report to Education Committee and Veterinary Nursing Council.

**Membership as of 24/09/2020**

- Richard Stephenson (Chair)
- Stephen May
- Frances Barr (BSAVA),
- Susan Rhind (Edinburgh University),
- Elizabeth Cox (VN Council).
- Shona McIntyre

<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	Day One Competences
Summary	<p>Following the publication of the new RCVS Day One Competences, the education department were contacted to enquire why a particular competence was not included.</p> <p>In order to be in agreement with the EU Directives (2005 &amp; 2013), the European Coordinating Committee on Veterinary Training (ECCVT) (comprising the European Association of Establishments for Veterinary Education (EAEVE), the European Board for Veterinary Specialization (EBVS) and the Federation of Veterinarians of Europe (FVE)) decided in 2015 to include the following Day One Competence:</p> <p>'1.35 Perform inspection of food and feed including post-mortem inspection of food producing animals and inspection in the field of related food technology.'</p> <p>Education Committee is invited to consider whether this competence should be added to the RCVS list.</p>
Decisions required	To discuss.
Attachments	2020 RCVS Day One Competences
Author	Jordan Nicholls Lead for Undergraduate Education j.nicholls@rcvs.org.uk / 020 7202 0704

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	N/A

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<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	EMS & Clinical Education Sub-Group
Summary	The minutes of the EMS & Clinical Education Sub-Group held on 17 September
Decisions required	None, to note
Attachments	None
Author	Duncan Ash Senior Education Officer d.ash@rcvs.org.uk / 020 7202 0703

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	n/a

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## Graduate Outcomes - EMS & Clinical Education Sub-Group

### Minutes of the meeting held on 17 September 2020

Members:	Dr David Charles *	
	Mrs Liz Cox	
	Professor Susan Dawson	
	Dr Richard Hammond	
	Professor Stephen May	Chair
	Mrs Brin McNeill	
	Mr Peter Robinson	
	Dr Chris Tufnell *	
	Dr Rob Williams	

\* absent

In attendance:	Mr Duncan Ash
	Mrs Sam Eady
	Mr Jordan Nicholls
	Dr Linda Prescott-Clements

#### Welcome and apologies for absence

1. Apologies were received from Dr Tufnell.

#### Declarations of interest

2. There were no new declarations of interest.

#### Minutes of the last meeting

3. The minutes from the meeting held on 27 July were received and noted.
  4. It was agreed to amend a section of paragraph 13 of the minutes to, *"it was agreed that students were all taught the necessary practical skills at university, **however they did not necessary always learn effectively.**"*
  5. It was agreed that otherwise, the minutes should be accepted as a true record.
-

## Matters arising

6. The minutes had been considered by Education Committee on the 15<sup>th</sup> September, and some members had expressed concerns about the direction of the sub-group, quoting paragraphs 11 and 18 in particular.

*11. It was agreed that a clear line needed to be drawn between general practice and specialist practice, and learning in primary care and secondary care, so that students can better understand the difference.*

*18. After consideration, it was agreed that between 80%-90% would be a reasonable majority to ask for, i.e. that 80-90% of clinical education for students should be in general practice (as defined above).*

It was agreed that the sub-group would be asked to revisit them.

7. For paragraph 11, there were concerns that the group were recommending that no teaching should take place at specialist practices, referral centres or veterinary hospitals. The sub-group agreed that this was not the intention, but rather the key was getting the correct balance between teaching at a specialist/referral centre and general practice and for some schools where a significant amount of teaching takes place in referral centres this needed to shift more towards general practice in order to be in line with the Graduate Outcomes consultation results. The group wished to reassure Education Committee to this effect, and also highlighted that the next paragraph in the minutes went on to further explain this.
8. The concerns around paragraph 18 were that there was little explanation or evidence as to how the group arrived at the figure of 80-90% which was quoted in the minutes, and Education Committee requested that it was reconsidered using more outcomes data. Although this was acknowledged as a good suggestion, the reality was that there is currently a lack of outcomes data available, and RCVS did not have access to disaggregated outcomes data from the RCVS / VSC graduate and employers surveys. However, it was agreed that the figure would be reconsidered at the next meeting.
9. It was agreed that at the point of any formal recommendation to Education Committee it would be important to demonstrate the rationale and any evidence to avoid any possible misinterpretation.

## Definitions of “Clinical Education”, IMR and EMS

10. The group received and noted a draft definition of the terms “Clinical Education”, “IMR” and “EMS”, based on an action from the previous meeting so that work could be moved forward in producing some guidance. It was also noted that the RCVS Accreditation Standards Review was currently taking place, and the definitions needs to be agreed so that they could be included within the new standards. The group were invited to comment on the current draft.
11. Whilst it was agreed that IMR should be included as part of clinical education, the group agreed that the overarching term ‘clinical education’ should encapsulate much more than just IMR, which could be interpreted as such in the current draft. It was agreed that clinical education should be
-

defined so it included theory, as well as practice and therefore should become an umbrella term which also includes clinical knowledge and clinical skills as well as clinical teaching.

12. There was also a discussion around the possibility of extending the EMS definition to explain how it was a “real workplace learning” experience, to show how it covered much than simply the practising of procedures. It was felt that EMS also gave students experience in decision making, team working and communication as well as an insight into how finances work at other practices compared to university hospitals. It was agreed that this would need to be worded carefully so as not to suggest that IMR placements at either university hospitals or practices in distributed models were not examples of “real workplaces”. It was acknowledged that it could be possible for university hospitals to give a more distorted view of workplace than an independent practice, for example, but it was important for the definition to fully capture the proper balance of IMR and EMS on the wider spectrum of clinical education as a whole.
13. It was highlighted again that the work of this group was to inform the wording of the RCVS standards of accreditation relating to clinical education and EMS, and that agreement was needed not only for the standard itself but also the guidance underpinning it. The challenge remained that this guidance needed to be clear for schools on how to meet the standard, describing any flexibility permissible. Because there were so many interpretations of terminology circulating, it was agreed that it was vital to agree on a list of definitions.
14. One definition proposed was that student *learning* in the clinical workplace encompasses the teaching and training that takes place both during IMR as well as during EMS. The majority of clinical education delivered by Universities (IMR) should focus on casework relevant to the general practice setting, which includes all aspects of case management from interaction with clients up to financial aspects of case management, so that there is a clear steer that clinical casework is defined as the entirety of the case. It was acknowledged that what the entirety of clinical education looks like is going to be slightly different depending on the vet school, but from the point of view of the standards it needs to be very clear that an appropriate balance is in place.
15. It was agreed that a further draft would be brought to the group at the next meeting, along with a draft standard for approval.
16. The group was also invited to submit any further suggestions which would be taken into account when the definitions were redrafted.

**Action: RCVS to redraft definitions to expand and include a glossary of terms for the group to agree on**

### Report on feedback from EMS Coordinators

17. To gather feedback and ideas on how to address the challenges to improve the EMS experience going forward, a series of semi-structured interviews were held with the EMS Coordinators from each of the vet schools, as well as other representational bodies that sit on the EMS Coordinators
-

Liaison Group. A report of these interviews, suggestions to put forward for consideration by the sub-group was received and noted.

18. There was a general agreement amongst the group with the reported problems surrounding EMS, and there were discussions about the specific points that were included in the report. The employer representatives on the group agreed that placement providers often felt like there was not sufficient communication between the schools, students, and providers, both before and after placements. This echoed the same messages that had come out of the interview with the representative from the Society of Practising Veterinary Surgeons, in that whilst not intentional, a lack of engagement with providers from the schools was taken as a lack of recognition for the time and effort spent in taking on students for EMS placements, which was often done with no compensation or remuneration.
19. There was support for the possibility of a national database for placements, with the group also acknowledging that there could be issues with data sharing, but it was felt that a consistent booking system which listed facilities and gave details about what practices could offer students would have the potential for managing the students' expectations on placements. One of the perceived challenges with EMS was that students sometimes did not meet the learning outcomes that they set out to achieve, so if they had a better knowledge of what a practice could offer prior to going on to the placement then the, realistic learning objectives could be set and the EMS experience could be improved. It was also felt that a national database could encourage more communication between the student and the practice before the placement begins which would help prepare both parties more.
20. The group also agreed that the problem with finances was the biggest challenge, not only to the students themselves, but also both the schools and the providers as well. Therefore, it was put forward that Education Committee should also be asked to discuss the possibility of centralised funding by RCVS, in addition to the listed suggestions for interventions to support EMS proposed in the report.
21. A paper writing up each suggestion in further detail, along with the added request of a discussion around RCVS financing EMS would be put to Education Committee.

**Date of next meeting** – to be confirmed for October

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<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	EMS & Clinical Education Sub-Group
Summary	The minutes of the EMS & Clinical Education Sub-Group held on 9 October
Decisions required	None, to note
Attachments	None
Author	Duncan Ash Senior Education Officer d.ash@rcvs.org.uk / 020 7202 0703

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	n/a

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## Graduate Outcomes - EMS & Clinical Education Sub-Group

### Minutes of the meeting held on 9 October 2020

**Members:** Professor Stephen May Chair  
Dr Rob Williams  
Dr Richard Hammond  
Mr Peter Robinson  
Mrs Brin McNeill  
Professor Susan Dawson  
Dr Chris Tufnell  
Mrs Liz Cox  
Dr David Charles\*

\*absent

**In attendance:** Dr Linda Prescott-Clements  
Mr Jordan Nicholls  
Mr Duncan Ash  
Mr Kieran Thakrar

#### Welcome and apologies for absence

1. No apologies were received.

#### Declarations of interest

2. Mrs McNeill declared that she had been developing EMS-related webinars with SPVS.
3. Dr Hammond declared that he had been appointed as a trustee for Battersea Dogs Home, subject to references and acceptance.
4. Dr Tufnell stated that his practice was taking on RVC students for both IMR and EMS placements, therefore, RVC students were on-site.

5. Professor Dawson declared that she is a non-executive director for Pets at Home.

### Minutes of the last meeting

6. The minutes from the meeting held on 17 September 2020 were received and noted.
7. It was agreed that the minutes should be accepted as a true record.

### Clinical Education Definition

8. Following the discussions at the September meeting, as well as further written submissions from the group, an updated draft definition of “Clinical Education” was received by the group. Members were invited to discuss and comment on the draft, and to agree a final wording. Some minor grammatical errors were highlighted, and it was agreed that these would be amended.
9. It was agreed that more of an emphasis on IMR placements being considered as workplace learning would be added to the document.
10. The draft also indicated that summative assessments were always carried out at the end of a programme, however this was not always the case, so it was agreed that that section would be amended.
11. It was highlighted that the terminology was to be included in the new RCVS accreditation standards, and so it was agreed that references would be provided for the glossary of terms to provide an evidence base for their origin.

**Action: Professor May to provide citations for glossary terms.**

12. Ultimately, it was agreed to present the new definition to Education Committee, subject to the amendments stated.

**Action: GO EMS & Clinical Education sub-group recommends the amended clinical education definition to Education Committee for approval.**

### Majority Discussion

13. Following concerns raised at a previous Education Committee meeting, the group had been asked to reconsider their definition of “majority”, and three further options were presented for consideration. These comprised different definitions of what a ‘majority’ would represent in terms of clinical education delivery, focusing on casework in a general practice context. Alongside each option, a rationale was presented for the majority percentage, along with potential risks and benefits.



- 14.** Although it was agreed that the proposed options currently lacked the evidence to support the percentages given, the aim was to agree on an option and then to collect robust outcomes data through the new RCVS accreditation process. This meant that over time, a clearer understanding of the impact of different models of curricula on the preparedness of graduates could be built up. The options were therefore presented in the format of the proposed accreditation standard and corresponding guidance.
- 15.** It was also reported that there were plans to gather additional data through the new Veterinary Graduate Development Phase, which could supplement the data gathered through accreditation work, with the intention of using the evidence to inform future iterations of what should be considered a majority.
- 16.** There was a discussion around the proposed timelines for the introduction of any option agreed upon. It was commented that there were potential legal ramifications for universities from the student population, who may feel that they were not getting the advertised degree which they originally signed up for, should major changes be introduced for a cohort midway through their programme. However, it was clarified that for any large-scale changes, the period of implementation would be to take a staggered approach.
- 17.** It was queried whether the percentage options were species specific, or whether they covered the overall mean within a general practice environment. It was explained that it was envisaged as a total percentage across all species to allow for flexibility, however it was acknowledged that this could cause problems if schools were delivering all primary care education against one or two species. Therefore, it was suggested that a minimum percentage could be allocated to each area to ensure a diverse variety of learning outcomes for the students to increase competency, whilst also maintaining flexibility for the university in the delivery of teaching.
- 18.** There had been previous discussions within the group as to whether EMS was included under the umbrella of “clinical education”, and it was clarified that going forward it would not be included. Whilst it was accepted that EMS could be classed as “learning”, the idea was more to practice learned skills and techniques, and therefore not within the new definition of “clinical education”. Furthermore, it could then not be included within the percentage of clinical teaching being delivered in a primary care context.
- 19.** Some members expressed concern that attributing a specific number for the majority percentage could have negative consequences, as it could be considered as ticking a box rather than focussing on improving the quality of veterinary education. There were also concerns around the lack of data currently available to support any number chosen. Although the group had previously suggested the majority should be 80-90% based on limited data provided by the universities, it was agreed that these figures were not necessarily reliable. It was also argued that there was currently no data available to suggest that a greater focus in study within a general practice context would improve the competency of graduates. Therefore, it was suggested that the option of “majority” meaning anything over 50% might be the best starting point until further evidence was collected.

20. This prompted further concerns from some members that this option would result in minimal or no change from the universities, as those which had provided RCVS with details of how much training was currently delivered in a first opinion context had all indicated that the figure was over 60%. It was argued that this would result in graduates remaining unprepared for their first jobs general practice, and that the high attrition rate faced by the profession would continue.
21. University representatives assured the group that although it may appear that the vet schools would generally be against changes, they did hold the holistic view of serving the profession and would be open to any changes that improved the level of competence and confidence of new graduates. Also, as more data would be collected following introduction of the new standards and methodology, through accreditation visits and annual monitoring, the schools themselves would be striving for better outcomes.
22. The decision was put to a vote, and ultimately it was agreed that the group would recommend option 1 (majority to equal anything over 50%) to Education Committee, but the draft definition would be worked up to include the caveat that an holistic approach would be required from the schools as a compromise to the lower percentage, with a further emphasis on the requirement to collect detailed outcomes data going forward.

**Action: GO EMS & Clinical Education Sub-Group recommends the amended Standard and majority definition to Education Committee for approval.**

23. The updated draft definitions of clinical education and the agreed majority option would be circulated to the group before being put to Education Committee at its next meeting in November.

#### **Date of next meeting**

24. It was queried whether there was a need for another meeting now that the clinical education definitions and EMS recommendations had been agreed upon. It was noted that the secretary would confirm following the meeting.

Votes: Option 1 – 6

Option 2 – 2

Option 3 – 0

<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	Reports of the Primary Qualifications Sub-Committee (PQSC) meetings held on 11 September 2020 and 19 October 2020
Summary	Minutes from the PQSC meetings held on 11 September and 19 October 2020
Decisions required	To note
Attachments	Annex A – Minutes of meeting held on 11 September 2020 Annex B – Minutes of meeting held on 19 October 2020 Classified appendix
Author	Jordan Nicholls Lead for Undergraduate Education j.nicholls@rcvs.org.uk / 020 7202 0704

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Annex A	Unclassified	
Annex B	Unclassified	
Classified appendix	<b>Confidential</b>	1, 2

**<sup>1</sup>Classifications explained**

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

**<sup>2</sup>Classification rationales**

Confidential	<ol style="list-style-type: none"> <li>1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others</li> <li>2. To maintain the confidence of another organisation</li> <li>3. To protect commercially sensitive information</li> <li>4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS</li> </ol>
Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

Annex A – Minutes of meeting held on 11 September 2020



## Primary Qualifications Sub-Committee (PQSC)

### Minutes of the meeting held via videoconference on 11 September 2020

<b>Members:</b>	Dr Alex Berry	*
	Professor Kate Cobb	
	Dr Jo Dyer	Chair
	Professor Jim Anderson	
	Mrs Jo Oultram	
	Mr Martin Peaty	
	Professor Susan Rhind	
	Dr Kate Richards	
	Dr Cheryl Scudamore	
	Professor Ken Smith	
	Mr James Statton	
	Dr Clare Tapsfield-Wright	
	Professor Sheena Warman	

<b>In attendance:</b>	Mr Jordan Nicholls
	Dr Linda Prescott-Clements
	Mrs Kirsty Williams

\*absent

#### Welcome and apologies for absence

1. The chair welcomed everyone to the meeting, being held via videoconference. Since this was the first meeting of the new PQSC membership, introductions were given.
2. Apologies were received from Mr Alex Berry

#### Declarations of interest

3. Dr Scudamore declared that she has a short-term consultancy position regarding pathology teaching at the new vet school at Harper and Keele University. Dr Richards stated that she is a Non-Executive Director on the Scottish Agriculture Colleges Commercial Board (SACC). Professor Anderson commented he was the chair of the visitation panel to Cambridge University, being discussed later in the agenda. Professor Warman declared that she sits on the Board of

Langford Vets which is a subsidiary of Bristol vet school that provides their clinical rotations. Mr Peaty stated that he owns a practice involved with the delivery of Intra-Mural Rotations (IMR) for Surrey University Vet School.

#### Minutes of the meeting held on 21 April 2020

4. The minutes from the PQSC meeting held on 21 April 2020 were received and noted to be an accurate reflection of the meeting.

#### Matters arising

5. It was noted that most of the actions from the previous meeting were either complete or included on the agenda for this meeting. Outstanding actions included the feedback of comments from PQSC to RVC/University of Nicosia, (a meeting with RVC was due to take place the following week), and the action for PQSC to be kept updated about plans for hosting the International Accreditors Working Group (IAWG) meeting in London in 2021, which had not yet begun.

#### Terms of Reference (ToR)

6. PQSC were presented with the current ToR for the sub-committee to review and ensure that they remained current and fit for purpose.
7. It was suggested that item “(f) to receive reports of meetings of the EMS Coordinators Liaison Group” seemed to be a little passive and did not suggest what the sub-committee was to do with these reports. It was agreed that this relationship would be improved by amending the ToR to read “Consider reports from meetings of the EMS Coordinators Liaison Group and make recommendations to Education Committee regarding EMS policy and activities”.

**Action: RCVS to update item (f) of the PQSC ToR**

#### Temporary restrictions to Education Policy as a consequence of the Covid-19 pandemic

8. Since the last PQSC meeting, several temporary amendments to policy resulting from the effects of the pandemic had been agreed upon by the RCVS Council Covid-19 Taskforce.

#### Review of vet schools' alternative plans

9. The constraints in place due to the pandemic, including restrictions on travel and lockdown measures, resulted in significant disruption across the Higher Education Sector. As universities were unable to allow students on site, alternative plans were necessary to ensure continued delivery of courses. In order for RCVS to meet its statutory obligations, it was essential that these temporary changes to the delivery of vet programmes be considered, so that the College could be assured of the standards and outcomes in terms of graduates having demonstrated that they meet the Day One Competences (D1C). Therefore, schools were asked to submit their alternative plans for teaching and assessment to RCVS for consideration.

10. These plans required formal review, which would normally have taken place through PQSC and Education Committee. However, many of the members of these committees are directly associated with vet schools and are therefore conflicted. Consequently, it had been proposed that a new temporary group be established to review these plans, comprising the Chair of Education Committee, the RCVS Director of Education and an independent expert (Professor Suzanne Chamberlain from the General Medical Council (GMC)).
11. The plans had now been received and considered, and both generic and specific feedback given to all schools. PQSC raised concerns that because it had been so long since the committee last met in April, a lot had changed, and members felt that they needed more information about the measures being put in place. It was agreed that PQSC would receive the feedback provided to each school regarding their programme changes due to Covid-19 as confidential items at the next meeting.

**Action: RCVS to present feedback at next meeting.**

#### **Temporary changes to EMS policy**

12. In April 2020, the Covid-19 Taskforce had agreed temporary changes to EMS requirements for students in the graduating year groups of 2020 and 2021. Further changes for the graduated classes of 2023 and 2024 were agreed in June, and amendments for the graduating class of 2022 were agreed in July. The summaries all temporary changes for each year were presented to the committee.
13. It was reported that all UK veterinary students had received a letter from the RCVS President to communicate these amendments, and that they were also published on the RCVS website.
14. Members expressed concerns that the situation around EMS was extremely fragile and that with local lockdowns being imposed and a constant threat of a resurgence of the virus, students were finding it challenging to plan and carry out their EMS placements. It was assured that the situation was under continuous review by both RCVS and the Veterinary Schools Council (VSC), and that further considerations would be tabled at a forthcoming RCVS/VSC meeting.

#### **Virtual abattoir resources**

15. At its meeting on 25 June, RCVS Covid-19 Taskforce had approved a proposal put forward to accept the use of virtual abattoir teaching resources for students in this area, whilst the risks of transmission of Covid-19 within abattoirs remained high and access for schools remained a challenge. The Taskforce agreed that this should be subject to review of the resource(s) by members of Education Committee.
16. Dr Susan Paterson (chair of Education Committee), along with committee members Dr Cheryl Scudamore and Professor Ken Smith (plus RCVS staff member Mr Jordan Nicholls), reviewed the virtual abattoir software / online resources produced by three veterinary schools, to assess

whether they were sufficient to temporarily fulfil the abattoir requirements of the RCVS Standards, and to ensure that the VPH elements of the Day One Competences could be met.

17. After careful review, it had been decided that the virtual resources were sufficient to deliver the learning outcomes expected of a traditional abattoir visit, subject to a series of recommendations that were noted by the committee.

### Cambridge visitation

18. Following the 2018 full revisit to the University of Cambridge, Department of Veterinary Medicine, RCVS had recommended that there be a focused one-day revisit to consider progress with addressing the visitor recommendations from the report.
19. PQSC and Education Committee had considered the 2018 report and Department response at length, and there had been concern that there were still a number of issues outstanding from both the 2015 visitation and the revisit in 2018. Whilst it had been noted that work on developing and instigating a cohesive programme-wide assessment strategy had commenced, PQSC had been disappointed at the speed in which it was being implemented. The Department response indicated that there would not be a robust assessment programme in place until at least 2020-21, which PQSC found to be concerning considering that this was an issue that was also highlighted in the 2015 visitation.
20. Therefore, PQSC and Education Committee had felt it appropriate to recommend a short, focused revisit within one year, to specifically look at the standards on curriculum, assessment, and outcomes assessment.
21. In March 2020, RCVS visitors conducted a focused revisit to the University of Cambridge, Department of Veterinary Medicine. The report from the visitors, along with a response to the findings from the Department, was presented to PQSC for consideration.
22. See classified appendix for further discussion.

### Review of Accreditation

#### Minutes of Working Party meetings held on 24 June and 24 August 2020

23. Minutes from two meetings of the Accreditation Review Working Party (ARWP) were presented to PQSC for note. Attention was drawn to considerations made by the working party surrounding abattoir teaching and requirements to specify a number of weeks of clinical, hands-on training within a veterinary programme.
24. It was noted that the working party had considered the requirement within RCVS standards which states that students must experience red and white meat abattoirs in person. With a temporary amendment to standards in place during the pandemic, which allowed schools to use virtual



abattoir materials to fulfil the learning objectives of a traditional abattoir experience, a query had been raised by some members as to whether this could be a longer term arrangement, given the issues faced with gaining access to abattoirs in general. Following a lengthy discussion, however, it was agreed that a virtual resource could not make up for a live experience and that it was important for all vets to have this understanding of abattoirs before graduation. Therefore, it was decided that the requirement for both red and white meat abattoir experience, in person, would remain as part of the standards.

25. Another consideration for the working party had been a requirement to specify an amount of hands-on, practical training within the standards. It had been noted that other international accreditors that RCVS works closely with specified either a percentage of the curriculum or a certain number of weeks required to be made up of practical experience, and it was questioned whether RCVS should be doing the same. Members had considered this at length, but ultimately felt that this would be a focus on an 'input' of a veterinary programme, whereas the intention was for the standards to move towards a focus on outputs. It was therefore decided that the standard would not reference an amount, but that careful guidance would be produced to specify the abilities and capabilities required of a graduate, and that these would only be able to be achieved through an appropriate amount of hands-on clinical experience.

### **New 2020 standards**

26. The new RCVS standards for accreditation, approved by the ARWP, were presented for comment. There was still some work to complete on standards relating to what constitutes a "majority" of teaching and the definition/context of "primary care", as well as the EMS standards; however, it was reported that these would be updated in light of the Graduate Outcomes working group currently considering these issues.
27. There was unanimous praise for the standards, and it was commented that the RCVS had clearly put a lot of work into their development. It was felt, however, that the sequencing of the standards should be revisited and that there would be a more optimal way to present them.

### **Action: RCVS to consider reordering the standards**

28. As discussions progressed it became apparent that some committee members had specific comments on the standards themselves and it was requested that, to avoid drafting in committee, these be submitted to the Education Department via email for consideration.
29. It was reported that this draft would need to go to Education Committee for approval, which was scheduled the following week. However, it was noted that this iteration needed to be approved so that work could begin on drafting the guidance to support the standards and that a fuller version would come back to PQSC before being finalised.

### **New 2020 methodology**

30. PQSC were asked to consider a draft of the new accreditation methodology so that a formal policy could be developed. It was highlighted that visitor training appeared quite late in the proposed cycle, however it was commented that there was a third strand to the review which had not yet commenced, looking at a complete revision of visitor training that would sit alongside the accreditation work.
31. It was also noted that both the annual monitoring cycle and the formal two-month consultation period, for schools to provide a response to the visit report, needed to be structured into the process chart.
32. Lastly, it was felt that there needed to be a step incorporated at the beginning of the process to describe the coordination with the vet school (and any international accreditors with an interest) regarding the scheduling of the visit.

**Action: RCVS to draft full accreditation methodology**

### Virtual visitations

33. When lockdown measures were introduced in March 2020, all accreditation visits were postponed and accreditation periods for those schools due a visitation extended by 12 months, to facilitate rescheduling. With threats of a second wave of infection, and localised flare-ups both nationally and internationally, it was reported that there was no guarantee that “traditional” accreditation visits would be possible within the next 12 months.
34. Since it was recognised that it would not be feasible to keep extending accreditation periods, another solution was required. Through discussions with other international accreditors, RCVS had learned that most other accreditors were moving to conduct online/remote site visits, in order to continue their accreditation function. The American Veterinary Medical Association (AVMA) had already trialled a virtual site visit and developed policy/guidelines to help facilitate this.
35. As remote visitations would be new to the RCVS, and would represent a change to policy, a new policy and guidelines needed to be agreed on and a draft paper was considered by PQSC. It was pointed out that this guidance would apply only in situations where RCVS was the sole accreditor, and that for joint visitations involving other members of IAWG, a separate agreement would need to be developed between the accrediting organisations for the conduct of international virtual visitations.
36. After consideration of the draft policy and guidance, it was requested that an addition be made to specify that where a virtual accreditation visit is carried out, a physical follow-up visitation be conducted within 12-18 months. It was felt that physically attending an institute was important but it was stressed that this follow-up visit should not be to duplicate work already undertaken during the virtual visit, and that an accreditation decision would be able to be granted based on the findings of a remote visit. It was agreed that the nature and duration of the visit should be

decided on a case by case basis, through discussions between RCVS committees and the visitation team.

**Action: RCVS to amend virtual visitation policy to require a physical follow-up visitation 12-18 months after a virtual visit**

### 2021 visitation schedule

37. PQSC were presented with the 2021 schedule of visits, which detailed nine visitations before the end of the year. It was highlighted that there were currently not enough visitors on the RCVS visitor list to fill the positions on all visit teams with visitors only being allocated one visit within the year, and that there would need to be some duplication of visitors on different teams.
38. This prompted a discussion of how to expand the visitor pool, as this had been an ongoing issue. It was questioned how active the list was, in that certain members were known to have other commitments which would make participation in a visitation challenging, and that RCVS needed to be mindful that the list may be even more restricted than it appeared. It was also commented that there lacked clarity from RCVS on how to apply to become a visitor.
39. Some potential solutions had been suggested to RCVS as part of the visit held by the European Association for Quality Assurance in Higher Education (ENQA), an update on which was to be discussed later in the agenda. These suggestions included adopting a 'snowball effect' whereby current visitors would be asked to recommend a colleague to join the list, or for there to be a formal requirement for Heads of Veterinary Schools (HOVS) to nominate two members of staff each year to become RCVS visitors. It was felt that advertising the fact that being a visitor could count as a CPD activity would be beneficial. Lastly, it was suggested that RCVS, through its accreditation experiences, extend invitations to members of staff at the universities that have received an accreditation visit.
40. Since one of main challenges to expanding the list was the requirement for new visitors to observe a visit before acting as a full visitor, it was suggested that this requirement be reviewed to allow new visitors to join a panel as long as there were experienced visitors to guide them through the process. Some members commented that this would not be ideal as it would potentially place more burden on experienced panel members during what is already an intense process. Others felt that a flexible approach was needed, in that some visitors (particularly academic members of staff at universities who were already familiar with the process) may not need so much guidance and would be comfortable with what was expected of them.

**Action: feedback to be considered by the ARWP when reviewing visitor training / recruitment**

### CityU, Hong Kong update report

41. PQSC had previously requested clarification from CityU regarding the timetable of EMS activities at Cornell University in the United States, which was received and noted.
42. The clarification had come with a request from the University that, as visitations in early 2021 were likely to be virtual, was there scope for RCVS to combine its interim visitation with that being conducted by AVBC. It was highlighted that the challenges of conducting a full visitation across three time zones would be significant, and after some discussion it was decided that RCVS should continue with its original request to conduct an interim visit alone.

**Action: RCVS to contact CityU regarding decision for the interim visit in 2021 to remain an RCVS only visit**

### 2019 visitations – visitor feedback

43. Following the visitations to the University of Surrey and St. George's University in Grenada, feedback regarding RCVS standards and processes had been sought from both the universities and the visiting panels in line with our quality assurance policy. This combined feedback was presented to PQSC to note any trends and it was agreed that there were no recommendations for any amendments to either standards or processes as a result of the feedback.

### AVMA COE update

44. In keeping with the regulations of the US Department of Education, the AVMA Council on Education (COE) notified RCVS of the accreditation actions taken during its June 2020 meeting. This was received and noted by the committee.

### AVMA MRA

45. The Mutual Recognition Agreement (MRA) between RCVS and the AVMA was agreed in November 2000 and had not been renegotiated since. PQSC had previously requested that the possibility of renegotiation as it was now very much out of date and many members were concerned with how one-sided the agreement was in favour of the AVMA. Education Committee had agreed that renegotiations should begin and PQSC were asked for a way forward, as well as suggestions on who should lead these.
46. Please see classified appendix for further discussion.
47. With regards to who should lead the negotiations, it was felt that these should involve the RCVS President, along with the Director of Education and the Chair of Education Committee.

### Accreditation charges for IAWG visits

48. The current accreditation fee for visitations outside of the UK is set at £12,000. During original negotiations of the MRA that RCVS has with the Australasian Veterinary Boards Council (AVBC), it was informally agreed that both RCVS and AVBC would charge a reduced accreditation fee for

mutual visitations, due to the close working relationship between the two organisations. This was set at £3,000. Whilst AVBC went on to specify this arrangement within their Accreditation Standards document, as detailed below, RCVS did not publish its fees.

49. AVBC subsequently expanded this arrangement to cover visitations conducted by members of IAWG, and PQSC was asked whether to recommend to Education Committee that RCVS formalise a similar arrangement, to which it agreed.

**Action: PQSC recommends to Education Committee that RCVS formalises the arrangement for accreditation visits conducted within IAWG member countries to be charged at a reduced rate**

### Statutory Membership Examination update

50. An update on progress with the ongoing 2020 statutory membership examination was given. The written component had been completed using online software for the first time due to restrictions in place due to the pandemic. Thanks were given to members of the Education Department for their hard work in organising what turned out to be a logistically challenging event. Results had been received but not yet communicated with candidates.
51. It was questioned whether the pass rate was comparable to the 'old-style' exam and it was noted that the pass rates remained similar. It was also noted that successful candidates were those that had more exposure to UK practices or experiences within UK vet schools.
52. It was presented that questions for the MCQ exam came from a bank produced collaboratively with the vet schools, and it was reported that some poor performing questions would be removed from the bank ahead of the next examination. This prompted a question as to whether the species leads would feedback to the vet schools concerned about this, as this would prove useful in either determining whether the question was flawed in some way, or behaved in a similar way in those schools. It was noted that this requirement for feedback was written into the contract between RCVS and the Veterinary Schools Council (VSC) regarding access to the question bank, and that VSC would be notified in due course.
53. A question was raised as to whether hosting the exam remotely / online in the longer term would be considered and it was reported that this would be considered as part of an annual review of the exam, conducted following conclusion, from which the resulting report would be presented to PQSC. It was commented that by holding the examination online, engagement could be expanded and that opportunities to sit the written exam could be offered to those who currently felt unable to apply due to location or cost.
54. The OSCE component of the exam was reported to have been postponed until December due to Covid-19 restrictions. Questions had been finalised and sent to Glasgow vet school, who were kindly hosting this portion of the exam this year, so that equipment etc. could be arranged. Members of the Education Department had already travelled to Glasgow to trial the OSCE stations, and it was reported that everything was on course to be ready for those candidates that had been successful at the written exam.

55. Considerations were also being discussed as to what contingencies would need to be in place in case of any Covid-19 resurgence in December, or local lockdown measures that could impact the OSCE.

### **Statutory Membership Examination guidance**

56. Updates to the 2021 guidance notes were presented and approved by the committee.

### **EMS Coordinators Liaison group (EMSCLG)**

57. Minutes from the EMSCLG meeting held on 6 March 2020 were received and noted. It was noted that through an updated Terms of Reference, the group was now more engaged with the College and contributing to discussions regarding the direction of travel for EMS. A series of semi-structured interviews with each of the schools, along with representatives from student and industry groups and the BVA, had been conducted to gather potential solutions to the well know challenges surrounding EMS. These were to be fed into the Graduate Outcomes working group tasked with looking at EMS and Clinical Education together.
58. Members were again updated regarding the many temporary amends to EMS policy made as a result of restrictions put in place during the pandemic, and whilst there were further concerns voiced about the impact on students moving forward, it was reiterated that these issues were constantly under review and that the next step was to assess whether there needed to be policy adjustments for both the current cohort of new students, as well reviewing the changes already in place for each year.

### **Any other business**

#### ENQA update

59. The ENQA progress visit took place virtually 2 September 2020. Members from both the Education and Veterinary Nursing Department met with colleagues from ENQA to discuss progress with meeting the recommendations resulting from the accreditation review in 2018, and the ENQA panel provided positive feedback on the work that had been done so far to address these.
60. The panel were given sight of the new RCVS Internal Quality Assurance Policy and procedures, as well as the new Thematic Analysis Policy, which had been approved by RCVS Audit and Risk committee. It was reported that both documents would be presented for note at the next Education Committee meeting.
61. Members were informed that the next review visit from ENQA would take place in 2023.

### **Date of the next meeting**

62. The date of the next meeting was set for 19 October 2020 at 2pm.

Annex B – Minutes of meeting held on 19 October 2020



## Primary Qualifications Sub-Committee (PQSC)

### Minutes of the meeting held via videoconference on 19 October 2020

Members:	Dr Alex Berry	*
	Professor Kate Cobb	
	Dr Jo Dyer	Chair
	Professor Jim Anderson	
	Mrs Jo Oultram	
	Mr Martin Peaty	
	Professor Susan Rhind	*
	Dr Kate Richards	
	Dr Cheryl Scudamore	
	Professor Ken Smith	*
	Mr James Statton	
	Dr Clare Tapsfield-Wright	
	Professor Sheena Warman	

In attendance:	Mr Jordan Nicholls
	Dr Linda Prescott-Clements
	Mrs Kirsty Williams

\*absent

#### Welcome and apologies for absence

1. The chair welcomed everyone to the meeting, being held via videoconference.
2. Apologies were received from Mr Alex Berry, Professor Susan Rhind and Professor Ken Smith.

#### Declarations of interest

3. There were no new declarations of interest that had not previously been stated.



### Minutes of the meeting held on 21 April 2020

4. The minutes from the PQSC meeting held on 21 April 2020 were received and noted to be an accurate reflection of the meeting.

### Matters arising

5. It was noted that all actions from the previous meeting were either complete, ongoing, or included on the agenda for this meeting.

### Statutory Membership Examination (AOB)

6. As Mr Peaty had to leave the meeting early, it was decided to move an item from AOB for discussion, before turning to the agenda.
7. It was reported that the Education Department had received emails from several candidates due to sit the OSCE component of the Statutory Membership Examination in December, raising concerns about the effects of the pandemic on their ability to be present at the exam. Challenges included high costs of flights to the UK, extensive quarantine periods and cancelled/delayed 'seeing practice' arrangements (which RCVS advises should be undertaken in preparation for the exam).
8. In agreement with the chair of Education Committee it had been decided that, given the circumstances, all candidates who passed the written component of the exam would be offered the opportunity to delay taking the OSCE until 2021. As of the meeting, one candidate had taken up this offer, and all remaining candidates were given a deadline for decision.
9. Members questioned whether such an increase in numbers (if more choose to defer) could impact on the delivery of the 2021 OSCE, however it was reported that there was scope for extending the OSCE by one day to accommodate larger numbers of candidates, should this become necessary.

### Cambridge necropsy numbers

10. Following consideration of the 2019 annual report from Cambridge, the Department had been requested to provide some clarification of the data presented. PQSC had raised concerns regarding the low percentages of necropsy material being seen by veterinary students.
11. It was commented that the updated numbers presented still appeared to be very low, and it was questioned whether they could affect students achieving the day one competency by the time of graduation. One of the expected competences is to perform a systematic gross post-mortem examination, and members questioned whether the post-mortems listed in the updated table were sufficient to ensure this outcome was achieved by all students. For some species it appeared that students were involved in less than one necropsy each.

12. Other members felt that it was the quality and context of the student involvement that was important, and not just the numbers, and questioned whether Cambridge was demonstrating this skill in another way. PQSC asked that Cambridge be asked to provide a justification for how these low necropsy numbers were able to demonstrate day one competence in their graduates.
13. It was pointed out that low necropsy numbers continued to be an issue for Cambridge, and that this had been identified numerous times through past visitations and annual reports.

**Action: RCVS to write to Cambridge for further clarification on the low necropsy numbers**

### Review of temporary changes to the veterinary programmes due to Covid-19

14. The constraints in place due to the pandemic, including restrictions on travel and lockdown measures, resulted in significant disruption across the Higher Education sector. As universities were unable to allow students on site, alternative plans were necessary to ensure continued delivery of courses. In order for the RCVS to meet its statutory obligations, it was essential that these temporary changes to the delivery of vet programmes be considered, so that the College could be assured of the standards and outcomes in terms of graduates having demonstrated that they meet the Day One Competences (D1C). Therefore, schools were asked to submit their alternative plans for teaching and assessment to RCVS for consideration.
15. It had been agreed that PQSC would receive the feedback provided to each school regarding their Covid-19 related programme changes, and these confidential letters were presented to note. Some members felt that the feedback seen in isolation did not provide much context to the changes, although it was pointed out that a lot of information had been received from the schools, which would not have been able to be presented to the committee due to the volume of data.
16. Whilst some appreciated seeing the feedback, it was questioned at what stage the College needed to become concerned about the schools' ability to deliver Day One Competent graduates, and what plans were in place should this not be possible. By way of comparison, it was highlighted that dentistry students in Scotland had already been informed that they would have to repeat their final year or studies.
17. Some members questioned whether there was scope for linking the new Veterinary Graduate Development Programme (VetGDP) with the 2021 cohort so that students could graduate on the provision that they were employed with the support from mentors in the areas that they may have been deficient in. Whilst it was highlighted that the Veterinary Surgeons Act did not have allowances for limited licensure, it was commented that there may be some scope for building in communication channels between the mentor and the university tutors to liaise on areas that need more focus.
18. The next set of school plans, including responses to the previous feedback, were due imminently, and it was reported that schools had been asked to provide their "plan B" details within the submissions. It was agreed these would be presented at the next PQSC meeting in

January. It was also reported that contingency plans, resulting from any further Covid-19 related impact on the veterinary programmes, was a subject to be discussed at the next RCVS/VSC meeting.

**Action: RCVS to present further feedback at next meeting.**

### SAVC Mutual Recognition Agreement (MRA)

19. The MRA between RCVS and the South African Veterinary Council (SAVC), signed in 2015, is now due for renewal. SAVC had proposed some minor amendments to the wording - to include the degree from Medunsa within the paragraph defining "recognised qualifications", and to add EAEVE to the list of International Accreditors Working Group (IAWG) members.
20. PQSC were content with the amendments and agreed to recommend to Education Committee that the MRA be agreed as final and signed.

**Action: PQSC recommends that the MRA between RCVS and SAVC be signed.**

### AVMA Agreement renegotiation

21. See classified appendix for further discussion.

### Internal Quality Assurance (IQA) Policy and Procedures

22. In October 2018, the European Association for Quality Assurance in Higher Education (ENQA) reviewed the RCVS and had recommended that a QA policy be developed to help stakeholders outside the RCVS to understand the aim and scope of its QA activities. Furthermore, it was suggested that as there was no one document describing the IQA policies and responsibilities, the RCVS should consider developing a formal policy document. It was suggested that this documentation should include formal procedures of IQA, articulation of responsibilities and formalised feedback structures.
23. A policy had since been created and agreed upon by the Audit and Risk Committee (ARC) to which RCVS reports the findings of its QA work. This was received and noted by PQSC.

### Thematic Analysis Policy

24. Another recommendation that arose from the review by ENQA was that RCVS must develop a clear concept and plan for thematic analysis. This policy had also been agreed upon by the ARC and was presented to PQSC for note.
25. It was questioned why there was reference to a survey of graduates and employers included within the policy, when this had previously been undertaken jointly with the VSC. It was pointed

out that to be in line with proposals for a more outcomes based approach to accreditation, the RCVS would be required to collect its own outcomes data and this would be vital as part of that process..

### **EMS Coordinators Liaison Group (EMSCLG)**

26. The minutes of the EMSCLG meeting held on the 8 September were received and noted.

### **Temporary amendments to EMS policy**

27. The latest temporary amendments to EMS policy, approved by the RCVS Council Covid-19 Taskforce, were presented for note. It was reported that these had been communicated to the vet schools and EMS co-ordinators as well as being published on the RCVS website.

28. It had been agreed to review these temporary amendments to policy in December 2020, following meetings between both the VSC and the EMS coordinators, who were to be asked to provide an current picture of how much EMS had been completed to date, and where there were challenges being faced from regional lockdown measures.

### **Harper and Keele Veterinary School (HKVS) update**

29. Representatives from HKVS and RCVS met on 16 September 2020 as part of the six-monthly progress meetings that are normally held when a new veterinary school starts up. Professor Matthew Jones and colleagues presented an update on the progress with establishing the vet school, reporting against each of the RCVS standards, and the confidential file note of these discussions were presented to PQSC to note. The next progress meeting was to be scheduled for April 2021.

### **Any other business**

30. There was no additional business to discuss.

### **Date of the next meeting**

31. The date of the next meeting was set for 15 January 2021 at 10am.

<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	Accreditation charges for visitations
Summary	<p>The current accreditation fee for visitations outside of the UK is £12,000. During original negotiations of the Mutual Recognition Agreement (MRA) that RCVS has with the Australasian Veterinary Boards Council (AVBC), it was informally agreed that both RCVS and AVBC would charge a reduced accreditation fee for mutual visitations, due to the close working relationship between the two organisations. This was set at £3,000. Whilst AVBC went on to specify this arrangement within their Accreditation Standards document, as detailed below, RCVS did not publish its fees.</p> <p>AVBC subsequently expanded this arrangement to cover visitations conducted by members of the International Accreditors Working Group (IAWG):</p> <p><u>AVBC Administration Fees</u></p> <p><i>In addition to expenses incurred by team, the AVBC administrative fees (excluding GST) are as follows:</i></p> <ul style="list-style-type: none"> <li>• <i>full site visit to Australasian schools \$15,000 per visit</i></li> <li>• <i>to IAWG, UK, SAVC and Irish schools \$6,000 per visit</i></li> <li>• <i>full site visit for schools in countries without an MRA \$60,000 per visit</i></li> <li>• <i>consultative visit \$12,850 (any school)</i></li> <li>• <i>focused visit \$6,000 (any school)</i></li> </ul> <p><u>Annual Administration Fees</u></p> <p><i>When a veterinary school in a country which does not have an MRA with Australia is fully accredited, an annual administration fee of \$12,000 will be payable. Failure by a school to pay the annual administration fee will result in withdrawal of their accreditation status.</i></p> <p>PQSC was asked to consider whether RCVS should implement a similar fee structure for schools visited under MRA arrangements (which would include schools in Australia &amp; New Zealand, South Africa and Ireland) and it was agreed that this recommendation should be put forward to Education Committee for decision.</p>
Decisions required	PQSC recommends to Education Committee that the RCVS formalises the arrangement for accreditation visits conducted within countries where there is an MRA in place to be charged at a reduced rate.
Attachments	None

Author	Jordan Nicholls Lead for Undergraduate Education j.nicholls@rcvs.org.uk / 020 7202 0704	
<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	

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<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	CityU, Hong Kong visitation team
Summary	<p>The proposed visitation panel for the CityU accreditation visit in February 2021 is as follows:</p> <ol style="list-style-type: none"> <li>1. Prof. Elizabeth Mossop (Chair)</li> <li>2. Dr David Black</li> <li>3. Prof. Edward Hall</li> <li>4. Dr Clare Tapsfield-Wright</li> <li>5. Dr Kate Richards</li> <li>6. Dr Sue Paterson</li> <li>7. Dr Alessandro Seguino (Observer)</li> <li>8. Prof. Sheena Warman (Observer)</li> <li>9. RCVS Student representative TBC</li> <li>10. Jordan Nicholls (RCVS Staff)</li> <li>11. Kirsty Williams (RCVS Staff Observer)</li> </ol>
Decisions required	To ratify the visitor nominations for the CityU visit in February 2021
Attachments	None
Author	Kieran Thakrar Education Admin Assistant K.thakrar@rcvs.org.uk / 020 7202 0702

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
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Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>



<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	Remote Invigilation in the Statutory Membership Examination
Summary	The written component of the 2020 diet of the Statutory Membership Examination was run remotely using Exemplify. Given the current situation with COVID-19, Education Committee are asked to consider whether to allow the 2021 cohort to sit the examination remotely following the same process as was used in the 2020 diet.
Decisions required	To approve the use of Exemplify in securely delivering the written component of the 2021 examination remotely.
Attachments	None
Author	Jonathan Reid Examinations Manager <a href="mailto:j.reid@rcvs.org.uk">j.reid@rcvs.org.uk</a> / 020 7965 1104

<b>Classifications</b>		
<b>Document</b>	Classification <sup>1</sup>	Rationales <sup>2</sup>
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## Remote Invigilation in the Statutory Membership Examination

1. The current version of the Statutory Membership Examination guidance states that the written component is held at a secure computer delivery test centre in the UK. For the 2020 diet, this was initially scheduled to take place from 29 April to 1 May at the London Metropolitan University facilities in Holloway, London.
2. Due to the various lockdowns implemented by national governments to attempt to slow the spread of COVID-19, the decision was made in March 2020 to postpone the written examination to the summer whilst we try to secure an alternative software provider which would allow the candidates to sit the examination securely from their own countries.
3. Shortly afterwards, we had arranged a contract with ExamSoft, whose Examplify examinations portal would allow for the candidates to sit the examination remotely. In May 2020, Education Committee approved an addendum to the examination guidance which would allow this new arrangement to go ahead. The examination went ahead in August 2020 without major incident.
4. Given the current situation with COVID-19, it seems highly unlikely that we would be able to run the examination in person at a test centre in the UK in April/May 2021. We would like to recommend that Education Committee approves the use of Examplify in order to allow the 2021 cohort to sit the examination remotely following the same process as was implemented for the 2020 cohort.

<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	RCVS Advanced Practitioner status
Summary	List of new Advanced Practitioners approved by the panel in October 2020
Decisions required	To note
Attachments	None
Author	Laura Hogg Senior Education Officer L.hogg@rcvs.org.uk / 020 7202 0736

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
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<b>Designation</b>	<b>Name</b>	<b>Qualification</b>
Companion Animal Behaviour	Elizabeth Ayrton	Masters
Emergency and Critical Care	Tasmin Siu	CertAVP(ECC)
Equine Medicine	Leona Bramall	CertAVP(EM)
	Thomas Newton	MANZCVS
Small Animal Medicine	Helen Henstridge	Harper Adams PgC
	Sarah Whittaker	CertAVP(SAM)
	Philip Fox-Manning	BSAVA PGC
	Katie Knapp	BSAVA PGC
	Ana Cunha Ferreira	Harper Adams PgC
	Helen Redfern	BSAVA PGC
Small Animal Medicine - Feline	Lucy Preece	MANZCVS
Small Animal Surgery	Steven Hancox	CertSAS
	Rudo Nikisi	Harper Adams PgC
	Eleni Bousia Foti	BSAVA PGC
	Kathryn Ling	Harper Adams PgC
	Lisa Flood	Harper Adams PgC
	James Phillips	Harper Adams PgC
	Kingsley Warren	Harper Adams PgC
	Ignacio Quinonero Reinaldos	Postgraduate diploma
	Andrian Danov	Harper Adams PgC
	Michelle Geraghty	Harper Adams PgC
	Alan Rees	BSAVA PGC
Veterinary Anaesthesia	Jenny Brown	Postgraduate Certificate
Veterinary Ophthalmology	Cleo Cole Guerrerio	BSAVA PGC
	Michaela Wegg	BSAVA PGC
	Anna Rix	BSAVA PGC
	Natasha Carr-Sycheva	BSAVA PGC
Zoological Medicine	Lindsay Thomas	CertAVP(ZM)

	Justine Shotton	Masters
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<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	Professional Development Phase - statistics
Summary	This paper provides an update on the sign-up and completion data for the Professional Development Phase (PDP). It is divided into two sections: one for UK graduates and one for overseas graduates. The paper includes tables showing sign-up rates, completion rates, UK PDP information form responses, responses to the annual cohort chase, overseas PDP information form responses, and overall overseas graduate sign-up.
Decisions required	To note
Attachments	None
Author	Laura Hogg Senior Education Officer L.hogg@rcvs.org.uk / 020 7202 0736

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	



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## Professional Development Phase update

### UK Graduates

- The latest sign-up rates for the PDP are shown in the tables below.

**Table 1 - Sign-up of PDP**

Table 1 shows the number of participants by annual graduate cohort, who have signed up for PDP as of 23 October 2020.

Cohort	2012	2013	2014	2015	2016	2017	2018	2019	2020
UK Graduates	807	792	815	909	911	867	885	987	1065
UK Graduates PDP sign ups	730 (90%)	722 (91%)	735 (90%)	811 (89%)	793 (87%)	786 (91%)	803 (91%)	882 (89%)	663 (62%)

### Breakdown of sign-ups per cohort year

- Table 2 shows the number of UK graduates signing up for PDP for each cohort year broken down into three-month periods.

**Table 2 - Breakdown of sign-ups per cohort year**

Cohort Year	0-3 Months	Sign up rate as a %	4-6 Months	Sign up rate as a %	7-9 Months	Sign up rate as a %	10-12 Months	Sign up rate as a %	Total %
2012	294	40%	228	31%	145	20%	63	9%	90%
2013	327	41%	224	28%	121	15%	50	6%	91%
2014	399	49%	191	24%	100	12%	45	5.5%	90%
2015	495	54%	191	21%	96	11%	29	3%	89%
2016	528	58%	171	19%	68	7%	26	3%	87%
2017	462	52%	233	27%	69	8%	22	2.5%	91%
2018	526	59%	191	22%	66	7%	20	2%	91%
2019	584	59%	209	21%	68	7%	21	2%	89%
2020	512	48%	141	13%					62%

## PDP Completions

3. Table 3 shows the number of participants (by annual graduate cohort) who have completed their PDP as of 23 October 2020.

**Table 3 - Completion rates**

Cohort Year	Total Activated	Total Completed	Percentage Completed
2012	730	670	92%
2013	722	664	92%
2014	735	677	92%
2015	811	733	90%
2016	793	722	91%
2017	786	666	85%
2018	803	443	55%
2019	882	87	9%
2020	663		

Since 2012 the average time taken for a UK graduate to complete the PDP is 21 months.

## Postgraduate Deans

4. The Postgraduate Deans meet twice a year. This year they met virtually in June and the next meeting is scheduled for 25<sup>th</sup> November. In the June meeting the Deans discussed the process of chasing up graduates who take longer than three years to complete their PDP.
5. Table 4 shows the number of graduates each Dean is supporting as of 23 October 2020.

**Table 4 – Number of graduates per Postgraduate Dean**

PGD	Activation Year									Total
	2012	2013	2014	2015	2016	2017	2018	2019	2020	
J Wells	1	8	1	3	3	20	85	223	205	<b>549</b>
N Paull	1	3	4	8	7	35	119	260	125	<b>562</b>
G Hubbard	1	3	2	6	6	27	73	234	201	<b>553</b>
M Thomson	-	1	15	2	23	27	114	243	152	<b>577</b>
S McIntyre	-	-	1	0	5	27	108	27	149	<b>317</b>
M de Las Casas	-	-	1	1	2	16	99	241	187	<b>547</b>

## UK Graduate PDP Form

6. The UK graduate PDP form was introduced in 2016 and is sent out via email to all UK graduates after they have been admitted to the register.
7. Table 5 shows the responses to the PDP form as of 23 October 2020. Some graduates initially choose the 'taking a break' statement and then sign up later in the year.

**Table 5 – UK Graduate form responses**

Statement	2016	2017	2018	2019	2020
I will not be working in clinical practice so I do not need to complete PDP. If this changes I will contact the RCVS.	5	2	3	4	-
I will be working overseas so I may not be able to undertake the PDP, if this changes, I will contact the RCVS.	94	47	57	57	18
I will be taking a break before starting work so I am unable to start the PDP, if this changes, I will contact the RCVS	94	56	41	44	25
I will be working in a clinical role and therefore will be undertaking the PDP	632	579	400	375	335

## Annual cohort chase

8. This summer anyone from the 2017 cohort who signed up for PDP but has not yet completed it, were contacted. Three emails were sent out from the Senior Education Officer, the Director of Education and the Registrar. Those who did not respond to any of the emails were included in the CPD audit. Table 6 shows the response rate to each email.

In total there were 304 graduates that had not yet completed their PDP.

**Table 6 – Response to 2017 cohort chase**

Email	Number of graduates	Percentage who responded
Senior Education Officer email	215	40%
Director of Education email	144	30%
Registrar email	101	59%

26 graduates were removed from the cohort chase after they'd communicated with their postgraduate dean or been removed from the register.

41 graduates will be put into the CPD audit.

Since the first email was sent out 182 of the graduates have completed PDP.

## Overseas graduates

### Overseas graduate PDP form

9. Overseas graduates need to fill in a PDP declaration form as part of their registration here at the RCVS.

Table 7 shows the responses to the form per registration year since it was introduced in 2015.

**Table 7 – Overseas graduate responses per registration year**

Statement	2015	2016	2017	2018	2019	2020
I have more than three years' clinical experience so I do not need to complete PDP	228	331	316	357	413	160
I will be working overseas so I may not be able to undertake the PDP, if this changes, I will contact the RCVS.	0	8	4	1	0	0
I have read the RCVS Year One Competences list and declare, to the best of my knowledge and belief, that I have achieved these and do not need to complete PDP	94	175	175	218	192	87
I have read the RCVS Year One Competences list and declare, to the best of my knowledge and belief, that I have not yet achieved these and so I need to complete PDP	5	68	118	152	116	49
I have not worked in clinical practice so I need to complete PDP	4	6	34	31	35	21
I graduated within the last 12 months and I understand I need to complete the PDP	11	42	311	445	496	215
I will not be working in clinical practice so I do not need to complete PDP. If this changes I will contact the RCVS	92	94	156	169	96	24

Some graduates voluntarily contact the RCVS to report that their circumstances have changed.

10. Activation rates as of 23 October 2020: Table 8 shows the number of overseas vets who have signed up for PDP per calendar year.

**Table 8 – Overseas graduate sign-up**

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total Registered	723	809	856	1184	1151	1163	1415	1362	640
Total signed up for PDP	160 (22%)	206 (25%)	251 (29%)	351 (30%)	413 (36%)	440 (38%)	578 (41%)	476 (35%)	108 (17%)

11. Education Committee is invited to note this update.

<b>Summary</b>	
Meeting	Education Committee
Date	10 November 2020
Title	Fellowship Sub-Committee – minutes of meeting held on 9 September 2020
Summary	The minutes of the Fellowship Sub-Committee held on 9 September
Decisions required	None, to note
Attachments	None
Author	Duncan Ash Senior Education Officer d.ash@rcvs.org.uk / 020 7202 0703

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
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Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

**<sup>2</sup>Classification rationales**

Confidential	<ol style="list-style-type: none"> <li>1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others</li> <li>2. To maintain the confidence of another organisation</li> <li>3. To protect commercially sensitive information</li> <li>4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS</li> </ol>
Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>



**Fellowship Sub-Committee**

**Minutes of the meeting held on Wednesday 9 September 2020**

**Members:** Professor G C W England - Chairman  
Mr A G Greenwood  
Dr A G Matthews  
Mr P W Scott  
Mr J M Williams \*

Mr D Ash - Secretary

\*absent

**Apologies for absence**

1. Apologies were received from Mr Williams.

**Declarations of interest**

2. Professor England declared that candidate T/772 was a colleague, and he was also acting as adviser for candidate T/783.

**Minutes of the 2019 meeting**

3. The minutes of the meeting were accepted as a correct record.

**Submissions of Theses**

4. The sub-committee noted that candidates T/768 and T/765 had submitted their theses in July, and recommendations from both sets of examiners were pending.

**Candidate Annual Updates**

5. The committee reviewed submission reports and the recommendations were communicated to each candidate individually.

**Date of next meeting – Wednesday 8 September 2021**