International Postgraduate Veterinary Education (PGVE) Symposium 2025

Ironmongers' Hall, London, UK
Tuesday 18 November and
Wednesday 19 November 2025

Programme and abstracts

Introduction

Welcome from Dr Linda Prescott-Clements, Director of Education at the Royal College of Veterinary Surgeons (RCVS)

A very warm welcome to our inaugural International Postgraduate Veterinary Education (PGVE) Symposium, hosted this year by the Royal College of Veterinary Surgeons (RCVS), in the historical surroundings of Ironmongers' Hall, London.

We're delighted to welcome such a wide range of distinguished veterinary and medical professionals, educators and researchers, all united by a joint goal of advancing postgraduate veterinary education and sharing best practice on a global scale.

The need for an increased focus on this important area of veterinary education - and the development of a collaborative approach to understand 'best practice' through an international community of practice – stems from the relatively little published evidence relating to education and training 'beyond graduation' in veterinary, unlike in other professions such as medicine or dentistry.

This position has been set out in a recent paper published in the Journal of Veterinary Medical Education entitled **'The Veterinary Education and Training Landscape Beyond Graduation: Where Is the Evidence?'** authored by me, and international collaborators Professor Kent G. Hecker (Canada), Professor Harold G. J. Bok (Netherlands), and Professor Martin Cake (Australia). Following on from this publication, the idea to create an event to explore this area led us to launch

this initiative, with a view to it becoming a regular fixture on the international stage. The fact that tickets sold out within days, to individuals across the world, is testament to the importance of the topic and the need to a forum in this space.

Over the course of the next two days our symposium will centre around discussions on the four key topics set out in the paper:

· Graduate transition into the profession

· Advanced education and training (postgraduate qualifications, internships and residencies)

· Continuing education and professional development

· Licensure and revalidation

Investing in postgraduate education brings immense benefits to the entire veterinary and veterinary nurse professions. It supports retention, builds knowledge, skills and confidence, enhances access to high-quality training, and ensures that veterinary and veterinary nursing professionals can continue to grow professionally and deliver the best care possible.

I encourage you all to engage fully both with the sessions themselves, as well as with each other. It is only through exchanging ideas, challenging assumptions, and building lasting relationships that we can hope to develop an effective international community of practice.

I hope this symposium will help spark new ideas as well as develop existing ones, and support in forging valuable professional relationships.

Thank you for being part of this landmark event, and for your shared commitment to shaping the future of veterinary education.

I wish you all an inspiring, thought-provoking, and thoroughly enjoyable symposium.

Programme Day 1: Tuesday 18 November

Time		
08.30–09.00	**Registration and coffee**	
09.00–09.20	**The Banqueting Hall**	
	Welcome to the symposium Professor Tim Parkin FRCVS, President of the Royal College of Veterinary Surgeons (RCVS) **Introduction and aims** Dr Linda Prescott-Clements, Director of Education, RCVS	
09.20–10.40	**Plenary sessions** (Chaired by Dr Linda Prescott-Clements)	
09.20–10.00	**The history and evolution of workplace-based assessment** Professor John Norcini, PhD Upstate Medical University, New York, USA	
10.00–10.40	**Summiting Mount Miller – recalibrating outcomes beyond graduation** Professor Martin Cake, PhD, Murdoch University, Perth, Australia	
10.40–11.00	**BREAK (Coffee in the Drawing Room)**	
11.00–12.30	**Presentations in parallel sessions: Graduate transitions**	
	The Banqueting Hall	**The Court Room**
11.00–11.05	**Chair's welcome** Professor Martin Cake, Murdoch University, Perth, Australia	**Chair's welcome** Julie Dugmore RVN, Director of Veterinary Nursing, RCVS
11.05–11.20	**Professional identity: So, what's new?** Rachel Davis, Senior Lecturer in Veterinary Education, Royal Veterinary College, UK	**Preparedness of veterinary students for the transition into clinical practice** Paul Wood, Veterinary Reader, Scotland's Rural College (SRUC) School of Veterinary Medicine and Biosciences, UK
11.20–11.35	**Evaluating the impact of introducing a mandatory, national graduate support programme in the UK: VetGDP** Dr Linda Prescott-Clements, Director of Education, RCVS	**Developing cultural humility – a first small step** Neerja Muncaster, Senior Lecturer in Veterinary Clinical Practice, University of Surrey Veterinary School, UK
11.35–11.50	**How well are UK graduates being prepared for their first role in the veterinary profession?** Kirsty Williams, Education Quality Improvement Manager, RCVS	**Evolution of a veterinary graduate development programme, utilising the 70:20:10 workplace education model, and its potential impact on graduate attrition** Dr Rob Kelly, Clinical Lecturer and RCVS Advanced Practitioner, Royal Dick School of Veterinary Studies, University of Edinburgh, UK

11.50–12.05	**A comparison of VetGDP advisor and recent graduate reported preparedness for their first role by field of practice** Alexander Corbishley, Professor of Infectious Diseases and Education, University of Edinburgh, UK	**Use of generative AI in postgraduate taught programmes at a UK vet school: A moment in time** Dr Victoria Lindsay-McGee, Programme Coordinator and Teaching Fellow, Royal (Dick) School of Veterinary Studies, University of Edinburgh, UK
12.05–12.20	**Qualified but not yet competent? Towards a new continuum of veterinary education and training** Professor Harold Bok, Vice Dean for Education at the Faculty of Veterinary Medicine, Utrecht University, Netherlands	**You think graduates just leave? How support turns the tide** Alison Price, Graduate Development Programme Manager, Linnaeus, UK
12.20–12.30	**Chair's final remarks** (Professor Martin Cake)	**Chair's final remarks** (Julie Dugmore RVN)
12.30–13.30	**BREAK (Lunch in the Drawing Room)**	
	The Banqueting Hall	
	Plenary sessions (Chaired by Dr Linda Prescott-Clements and Julie Dugmore RVN)	
13.30–14.05	**Trends and challenges in veterinary specialty education: A North American Perspective** Professor Jane Sykes, Director for the Center of Continuing Professional Education, University of California-Davis, USA	
14.05–14.40	**Advancing human nursing practice within the UK and wider** Wendy Preston, Head of Nursing Workforce, Royal College of Nursing, UK	
14.40–15.15	**BREAK (Coffee in the Drawing Room)**	
15.15–16.15	**The Banqueting Hall**	
	New ideas and innovations – pitch then discuss… (Chaired by Professor Harold Bok)	
15.15–15.30	**Parallel postgraduate training for vets and nurses: Building mutual understanding to improve team performance** Dr Peter Kronen, VASTA Founder and Director, Veterinary Anaesthesia School for Veterinarians and Nurses (VASTA)	
15.30–15.45	**To work collaboratively to create an international, shared resource for assessment items for specialty training** Dr Linda Prescott-Clements, Director of Education, RCVS	
15.45–16.00	**Can we map post graduate opportunities? Using European Board of Veterinary Specialisation (EVBS) data to optimise resident training and workforce balance** Julie Rosser, Chief Executive Officer, EBVS	

	The Banqueting Hall	The Court Room
16.00–16.15	**Veterinary postgraduate education: Time to move past the "stick and carrot approach" to a coaching approach?** Aurora Zoff, Veterinary Anaesthetist, North Downs Specialist Referrals, UK	
16.15–17.30	**Presentations in parallel sessions: Postgraduate education (I)**	
16.20–16.25	**The Banqueting Hall**	**The Court Room**
	Chair's welcome (Dr Linda Prescott-Clements)	**Chair's welcome** (Jenny Soreskog-Turp)
16.25–16.40	**A vision or a necessity? Strengthening the role of veterinary nurses in team-based veterinary healthcare** Jill Macdonald RVN, Veterinary Nursing Progression and Development Lead, RCVS Julie Dugmore RVN, Director of Veterinary Nursing, RCVS	**Enhancing wellbeing in veterinary postgraduate training via structured support and programme quality standards** Natasha Hetzel, Head of Education and Career Development, Linnaeus, UK
16.40–16.55	**From guidelines to growth: Using care frameworks to support continuing professional development in first opinion practice** Stuart Garde, Head of Clinical Development, IVC Evidensia	**Mapping veterinary skills needs to training solutions: a systematic framework approach in European agri-food systems** Mark Bowen, Director of Education, European Board of Veterinary Specialisation (EBVS)
16.55–17.10	**Active learning activities in postgraduate veterinary education: strengthening clinical reasoning, transfer, and engagement** Gemma Coleman, Content Co-ordinator and Editor, Improve Veterinary Education, UK	**Perceptions of the impact of the RCVS Certificate in Advanced Veterinary Practice on the careers of its graduates** Evan Holdsworth, Postgraduate Coordinator, University of Liverpool, UK
17.10–17.25	**The missing middle: Understanding veterinary surgeons' appetite for an intermediate postgraduate award** Dr Aidan B. McAlinden, Academic Director, Improve Veterinary Education, UK	**Lessons from a case study: The impact of the COVID-19 pandemic on part-time postgraduate veterinary professionals** Emily Chapman-Waterhouse, Associate Head of Department, Principal Lecturer, Harper Adams University, UK
17.25–17.45	**The Banqueting Hall**	
	Closing remarks day 1: Panel – Dr Linda Prescott-Clements, Professor Harold Bok, Professor Martin Cake, Julie Dugmore RVN	
17:45–19:15	**Drinks reception**	

Programme Day 2: Wednesday 19 November

Time	
08.30–09.00	**Registration and coffee**
08.50–09.00	**The Banqueting Hall**
	Opening remarks Dr Linda Prescott-Clements
09.00–10.10	**Plenary sessions** (Chaired by Dr Linda Prescott-Clements)
09.00–09.35	**Latest developments in the use of Artificial Intelligence in learning** Professor Lambert Schuwirth, Professor of Medical Education, NewMed School, and Director of Healthcare Innovative Learning Solutions (HILS), Australia
09.35–10.10	**Rethinking the nature of veterinary competence to serve the education-practice continuum** Professor Olle ten Cate, Emeritus Professor of Medical Education, Utrecht University, Netherlands
10.10–10.40	**BREAK (Coffee in the Drawing Room)**
10.45–11.30	**The Banqueting Hall**
	New ideas and innovations – pitch then discuss… (Chaired by Julie Dugmore RVN)
10.45–11.00	**Integrate non-clinical, humanistic training into all types of post-graduate training and re-accreditation requirements** Petra Agthe, Diagnostic Imager, Southern Counties Veterinary Specialists, UK
11.00–11.15	**Beyond the clinic: Embedding expeditionary veterinary medicine into postgraduate education** Tom Roffe-Silvester, Managing Director, Veterinary Task Force Ltd, UK
11.15–11.30	**A dual-purpose tool: Using a Modified Competency Framework to support the continued professional development of primary care emergency vets** Aoife Reid, Head of Edge Programmes and Clinical Career Progression, Vets Now Ltd, UK
11.30–12.45	**Presentations in parallel sessions: Postgraduate education (II)**
	The Banqueting Hall / **The Court Room**

	The Banqueting Hall	The Court Room
	Chaired by Dr Linda Prescott-Clements	Chaired by Kirsty Williams

11.30–11.45	**Error management training and reverse engineering of a clinical case: Normalising error and minimising harm in postgraduate veterinary education** Gemma Coleman, Content Co-ordinator and Editor, Improve Veterinary Education, UK	**Unifying standards, empowering progress: Veterinary Continuing Education in Europe (VETCEE) and the future of European CPD accreditation** Lidewij Wiersma, Chief Executive Officer, VETCEE, Belgium
11.45–12.00	**A programme for newly qualified nurses to transition into referral practice** Natasha Hetzel, Head of Education and Career Development, Linnaeus, UK	**Empowering veterinary professionals as educators** Louise Dingley, Lecturer in Veterinary Primary Care Education and Leadership, University of Lancashire, UK
12.00–12.15	**Simulation-enhanced echocardiography training to address skills gaps in primary care practice** Stuart Garde, Head of Clinical Development, IVC Evidensia	**A breath of fresh AIR: Harnessing AI review to enhance question quality in specialist examinations** Mark Bowen, Director of Education, European Board of Veterinary Specialisation (EBVS)
12.15–12.30	**Teaching non-technical skills in postgraduate veterinary education** Bethan Ellwood, Masters Programme Coordinator, University of Edinburgh, UK	**Training veterinary leaders to advocate for sustainability** Sharon Boyd, Senior Lecturer, University of Edinburgh, UK (presenting on behalf of Vet Sustain)
12.30–12.45	**Mapping the structure, support, and outcomes of rotating veterinary internships across Europe: Findings from a multi-national survey** Julie Rosser, CEO, European Board of Veterinary Specialists (EBVS), Austria	**From systems to skills: Modular, active, and personalised postgraduate training in small-animal internal medicine (SAM) and soft tissue surgery (SASTS)** Gemma Coleman, Content Co-ordinator and Editor, Improve Veterinary Education, UK
12.45–13.45	**BREAK (lunch in the Drawing Room)**	
13.45–15.15	**Licensing and revalidation – plenary** (Chaired by Dr Linda Prescott-Clements)	
	The Banqueting Hall	
13.45–14.15	**Assessing doctors for UK practice: from medical school to specialty training and revalidation** Professor Suzanne Chamberlain, General Medical Council, UK	
14.15–14.45	**Limited Licensure Assessment in Canada** Lindsay Sproule, College of Veterinarians of Ontario, Canada	
14.45–15.15	**PAVE and Evaluated Clinical Experience** Amy Farmer, American Association of Veterinary State Boards, USA	

Time	The Banqueting Hall	The Court Room
15.15–15.40	**BREAK (coffee in the Drawing Room)**	
15.40–16.45	**Presentations in parallel sessions: Postgraduate education (III) – licensure and revalidation**	
	The Banqueting Hall	**The Court Room**
15.40–15.45	**Chair's welcome** (Dr Linda Prescott-Clements)	**Chair's welcome** (Julie Dugmore RVN)
15.45–16.00	**From knowledge to creation: Using Webb's Depth of Knowledge to define the veterinary specialist** Mark Bowen, Director of Education, European Board of Veterinary Specialisation (EBVS)	**Multifaceted education development to support commercial oral healthcare strategy** Natasha Hetzel, Head of Education and Career Development, Linnaeus, UK
16.00–16.15	**Distributed clinical teaching: how do residencies fit into this undergraduate community-based model?** Jessica Reynolds, Clinical Assistant Professor in Farm Animal Practice, School of Veterinary Medicine and Science, University of Nottingham, UK	**Leveraging the Pygmalion Effect with personalised video-feedback in online postgraduate veterinary education** Gemma Coleman, Content Co-ordinator and Editor, Improve Veterinary Education, UK
16.15–16.30	**International School of Veterinary Postgraduate Studies (ISVPS): Innovating global veterinary postgraduate assessment** Dr Charlotte French, ISVPS Academic Manager, ISVPS	**The Evidence-Based Veterinary Medicine (EBVM) Academy: Developing a course to meet practitioners' needs in evidence-based veterinary medicine** Jenny Stavisky, Clinical Research Manager, VetPartners, UK
16.30–16.45	**Task clarification and wellbeing in emergency veterinary care practice. Reframing work through Entrustable Professional Activities with desired supervision levels: an observational survey study** Robert Favier, Director of Education for Professionals, Faculty of Veterinary Medicine, Utrecht University, Netherlands	**Evaluating the utility of a quantitative skills audit, as the basis for self-reflection and future professional development in veterinary surgeons** Stephanie Richardson, Clinical Assistant Professor in Veterinary Education, University of Nottingham, UK
16.45–17.00	**The Banqueting Hall**	
	Moving forwards towards an International Community of Practice: Next steps (Discussion led by panel) **Closing remarks day 2:** Panel – Dr Linda Prescott-Clements, Professor Harold Bok, Professor Martin Cake, Julie Dugmore RVN	

Chairs and plenary speakers

Dr Linda Prescott-Clements
RCVS Director of Education

Biography

Linda is an experienced educationalist who has worked in health professionals education for 25 years. She has PhDs in Medical Education (from Maastricht University) and molecular virology, studying the genotyping of Hepatitis C virus variants. Linda has worked in senior roles within both the NHS and Education sector, encompassing undergraduate, postgraduate and continuing education.

She has successfully led a number of high profile UK educational initiatives during her career, including the development of competency frameworks and assessment programmes for a range of health professions, a quality assurance framework for effective continuing professional development (CPD), and methodology to support the successful remediation of doctors in the UK.

In 2018, Linda joined the RCVS as their Director of Education. Her department is responsible for the accreditation of veterinary degrees, extra-mural studies (EMS) policy, the Advanced Practitioner and Specialist registers, the new UK graduate development programme (VetGDP) and monitoring CPD. Her department is also leading on development work in veterinary clinical career pathways for UK veterinary professionals, including veterinary GP specialty training and flexible routes to specialisation.

Linda is a board member and Fellow of the Academy of Medical Royal Colleges, and a board member and treasurer of the European Board of Medical Assessors.

Julie Dugmore RVN
RCVS Director of Veterinary Nursing

Biography

Julie qualified as a veterinary nurse in 1987 after spending her training years in small animal practice in the West Midlands. She quickly progressed to a head nurse position where she became responsible for training student nurses.

Her enthusiasm for encouraging and supporting student training led her to take a teaching position with a private training provider where she gained considerable knowledge and experience of the UK educational systems and processes. Since leaving full time practice in 2000 she has kept her clinical skills up to date in veterinary practice.

Julie's position with the RCVS has been varied; she started as an external verifier, quality assuring student veterinary nurse training programmes and progressed through the ranks to become the Director of the Veterinary Nursing Department.

She is responsible for nine members of staff who work to support the Veterinary Nurse Council in the College's regulatory remit. Specifically, she manages and co-ordinates regulatory functions relating to the Register of Veterinary Nurses and post qualification veterinary nursing awards.

Julie is chair of the Accreditation Committee for Veterinary Nurse Education (ACOVENE) and a board member of the Veterinary European Transnational Network for Nursing Education and Training (Vetnnet) and has, over the past ten years, been involved with several Leonardo da Vinci European funded projects developing veterinary nurse training across the European Union.

Jenny Soreskog-Turp
RCVS Lead for Postgraduate Education

Biography

Jenny is the leading the postgraduate team at RCVS with a focus on life-long learning and advancing standards. She is responsible for implementing the outcomes-based continuing professional development (CPD) requirement, including 1CPD (the RCVS's online platform designed to support veterinary professionals to keep track of their CPD) and is leading the new clinical career pathway project.

Kirsty Williams
RCVS Education Quality Improvement Manager

Biography

Kirsty Williams has been the Education Quality Improvement Manager at RCVS since 2020. She has responsibility for the development of the RCVS Education Quality Improvement strategy, ensuring a robust and comprehensive approach across the processes and outcomes, feeding into a cycle of continuous quality improvement. his role works with both the veterinary and the veterinary nurse degree programmes.

She has worked with the RCVS Education Team to drive quality improvement across both postgraduate and undergraduate education through a range of techniques including direct observation and analysis of feedback data.

With over 20 years' experience in the education sector, Kirsty's professional evolution has seen her progress from operational to strategic management positions, with a keen focus on quality and peer review.

Professor Harold Bok PhD, DVM
Utrecht University, Netherlands

Biography

Harold is a professor at the Faculty of Veterinary Medicine, Utrecht University, the Netherlands. He chairs the research group 'Educational Scholarship in Veterinary Medicine'. In his research the focus is on academic research and innovation in the field of veterinary education. His area of expertise lies in assessment, competency-based education, and workplace-based learning. His mission is to bridge the gap between educational theory and daily educational practice within and beyond the Faculty of Veterinary Medicine at Utrecht University.

Since June 2022 Harold has been Vice Dean for Education at the Faculty of Veterinary Medicine. In 2023 he became a Principal Fellow.

Professor John Norcini PhD
Upstate Medical University, New York, USA

The history and evolution of workplace-based assessment (Day 1 – 9.20 to 10.00)

Biography

Professor John Norcini PhD is a Research Professor in the Department of Psychiatry at Upstate Medical University, and a Fellow at Presence, a Centre at Stanford Medical School.

He previously held senior roles at the Foundation for Advancement of International Medical Education and Research (FAIMER) and the American Board of Internal Medicine.

He has authored over 200 publications, has lectured and taught in more than 45 countries, and serves on the editorial boards of several peer-reviewed journals.

An honorary Fellow of both the Royal College of General Practitioners (UK) and the Academy of Medical Educators, John has received numerous accolades, including the Karolinska Prize for Research in Medical Education and the Hubbard Award.

Professor Martin Cake PhD
Murdoch University, Perth, Australia

Summiting Mount Miller – recalibrating outcomes beyond graduation (Day 1 – 10.00 to 10.40)

Biography

Professor Martin Cake PhD is Associate Dean for Learning and Teaching and Associate Professor of Veterinary Anatomy at the School of Veterinary Medicine, Murdoch University, in Perth, Western Australia.

A veterinarian and musculoskeletal researcher, Martin is passionate about veterinary education, including teaching, curriculum development and educational research.

Through a leadership role in Murdoch's Veterinary Professional Life programme, Martin has developed a particular interest in fostering professional skills, employability and resilience in the next generation of veterinarians.

He also led the multinational project **VetSet2Go: Building Veterinary Employability**, which developed a framework outlining key capabilities for success in veterinary practice.

Professor Jane Sykes
University of California-Davis, California, USA

Trends and challenges in veterinary specialty education: A North American Perspective (Day 1 – 13.30 to 14.05)

Biography

Jane Sykes is a Professor at the University of California-Davis School of Veterinary Medicine, with a special interest in small animal infectious diseases. Her research interests are focused on infectious diseases of dogs and cats of public health significance; she has published over 150 peer-reviewed scientific publications and is the editor of several textbooks on canine and feline infectious diseases.

She founded the International Society for Companion Animal Infectious Diseases (ISCAID) and has held several leadership roles in the American College of Veterinary Internal Medicine (ACVIM). This includes President of the Specialty of Small Animal Internal Medicine, President and Board Chair of the ACVIM, ACVIM representative for the AVMA Veterinary Specialty Organizations Committee (VSOC), and most recently Chair of the ACVIM Pathway to Competency Taskforce.

She has trained over 50 residents and several clinical infectious disease fellows, including the first fellow to be officially recognised by the ACVIM. She is also the Director of the UC Davis Center for Continuing Professional Education, speaks internationally on infectious diseases and postgraduate veterinary education, and is the "Ask A Vet" columnist for the Washington Post.

Wendy Preston MSc
Royal College of Nursing, London, UK

Advancing human nursing practice within the UK and wider (Day 1 – 14.05 to 14.40)

Biography

With over 35 years' experience, Wendy specialises in advancing nursing practice across diverse roles.

She holds an MSc in respiratory care and independent nurse prescribing, plus a PG Cert in higher education. She is now pursuing a PhD in nursing research, with an international focus.

After a decade in ward management, Wendy moved to clinical academia, combining advanced nurse practitioner and senior lecturer roles before becoming a consultant nurse.

She advocates for legislative change to empower nurses in delivering safe, effective care

Professor Lambert Schuwirth
NewMed School/Healthcare Innovative Learning Solutions (HILS), Australia

Latest developments in the use of Artificial Intelligence in learning (Day 2 – 09.00 to 09.35)

Biography

Professor Lambert Schuwirth is Professor of Medical Education, NewMed School, and Director of Healthcare Innovative Learning Solutions (HILS), Australia.

Lambert earned his MD from Maastricht University and has held various roles there since 1991, including Chairman of the Inter-university and the Local Progress Test Review Committee, the OSCE Review Committee and the Case-based Testing Committee, and coordinator of the assessment programmes for the Faculty of Health, Medicine and Life Sciences.

While in the Netherlands, he also advised medical colleges in both the Netherlands and the UK.

Since 2007, Lambert has been a full professor for Innovative Assessment at Maastricht University. From 2011 to 2025, he was Strategic Professor for Medical Education at Flinders University in Adelaide, Australia, and chaired the Prideaux Health Professions Education group.

He currently leads research and evaluation at NewMed, an innovative medical school initiative in Australia, and advises multiple Royal Australian Colleges and the Australian Medical Council on assessment.

His interests focus on the ethical and effective use of modern technology, including generative AI, in education and assessment.

Professor Olle ten Cate PhD
University Medical Center Utrecht, Netherlands

Rethinking the nature of veterinary competence to serve the education-practice continuum (Day 2 – 9.35 to 10.10)

Biography

Olle is Emeritus Professor of Medical Education at University Medical Center Utrecht and a 2024-25 Visiting Professor at the University of California, San Francisco.

With a background in medicine and a PhD in social sciences, Olle has spent four decades advancing curriculum innovation, educational research and faculty development at the Universities of Amsterdam and Utrecht.

He founded and led the Center for Research and Development of Education at UMC Utrecht (2005 - 2017), and served as President of the Netherlands Association for Medical Education (2006–2012).

He has authored 500+ publications and 600+ presentations, and supervised more than 25 PhD candidates. His honours include the NBME J.P. Hubbard Award, AMEE Ian R. Hart Award, the Han Moll Medal, and a Dutch Royal Distinction. A Fellow of the American Educational Research Association, AMEE, and an Honorary Fellow of the UK Academy of Medical Educators, he focuses on competency-based education, especially entrustable professional activities and entrustment decision-making.

Professor Suzanne Chamberlain PhD
General Medical Council (GMC), UK

Assessing doctors for UK practice: from medical school to specialty training and revalidation (Day 2 – 13.45 to 14.15)

Biography

Suzanne is Head of Assessment and Liaison for the Medical Licensing Assessment (MLA) at the GMC. In this role, she provides expert assessment advice to support the development of the MLA, including leading on the GMC's oversight of the applied knowledge test for students at UK medical schools and spearheading plans for MLA reporting and evaluation research.

With more than 20 years of experience in educational assessment, Suzanne has worked as a psychometrician for the medical schools of Plymouth and Exeter, a senior researcher at the UK's largest GCSE and A-level awarding body, and Deputy Head at the National School of Healthcare Science, NHS England.

She is also an Honorary Professor at the University of Birmingham's College of Medical and Dental Sciences.

Lindsay Sproule
College of Veterinarians of Ontario, Canada

**Limited Licensure Assessment in Canada
(Day 2 – 14.15 to 14.45)**

Biography

Lindsay Sproule became Director, Regulatory Programs Performance at the College of Veterinarians of Ontario in October 2024, after previously managing the College's licensure programme. She has over a decade of experience in professional regulation in Ontario.

In her current role, Lindsay provides strategic leadership and direction for operational policy and oversees the performance and outcomes of the College's regulatory programmes. Her responsibilities include monitoring programme effectiveness through key performance indicators, preparing organisational performance reports, and overseeing decision writing and case outcomes. She also leads the Practice Advisory Service and manages strategic projects.

Lindsay is deeply committed to transparent, objective, and fair licensing processes for both domestic and internationally educated veterinarians. She advocates for continuous improvement in entry-to-practice pathways, guided by best practices and evidence-based decision-making. Her work supports modernisation efforts in veterinary licensing, including exams and assessments, to ensure a fair and effective system for all candidates.

Amy Farmer
American Association of Veterinary State Boards, USA

**PAVE and Evaluated Clinical Experience
(Day 2 – 14.45 to 15.15)**

Biography
Amy Farmer is the Director of License Mobility for the American Association of Veterinary State Boards (AAVSB) and an active volunteer with the Kansas City Society of Association Executives (KCSAE). She is also a doctoral candidate at the University of Missouri – Columbia researching the motivations of association professionals who choose to sit for the Certified Association Executive (CAE) exam.

Abstracts and submissions

Please find below the abstracts for all research talks taking place over the two days of the symposium. As some of these sessions will run in parallel, we encourage you to read through the abstracts in advance to help you decide which stream to attend - either in the Banqueting Hall or the Court Room.

All abstracts and submissions appear in the format originally submitted by the speakers when applying to take part in the symposium. Therefore, formatting and styles may vary.

DAY ONE – MORNING
Presentations in parallel sessions: Graduate transitions

The Banqueting Hall

Professional identity: So what's new?

Rachel Davis, Senior Lecturer in Veterinary Education, Royal Veterinary College

Liz Armitage-Chan, Professor of Higher Education, Royal Veterinary College

Introduction
Professional identity (PI) represents a significant discourse within health sciences education but has been recently criticised for lacking a diverse voice. While early work on veterinary PI still resonates, this too may lack diversity, and/or be outdated (e.g. failing to reflect post-COVID professional challenges, internationalisation or generation Z graduates). The aims of PI research tend towards informing education for practice readiness, employability and wellbeing. However, if non-inclusive or outdated literature is being used, we risk missing potential for better education enhancement. This narrative review was therefore conceived to systematically

explore contemporary PI literature across the animal and human health professions, to ask what is new that may help us further enhance veterinary education?

Methods

Literature review followed a systematic narrative approach. Publications from January 2024 to July 2025 that include "professional identity" in the abstract, title or key words were collected using a PubMed search, cross-checked against Google Scholar, yielding 1010 manuscripts. During preliminary manuscript review, iterative reflection on the research question refined this to *"how is professional identity and its development understood in contemporary medicine, nursing and veterinary literature?"*, focusing on experiences of professional identity formation (PIF) and the various understandings of PI in these professions, for which 82 English language manuscripts included relevant content. These were analysed using iterative steps of inductive coding, theme generation and narrative interpretative analysis.

Results

Conceptual exploration of PI provided insights into geographical, cultural and generational variation in the usage of the term and the professional values of students, graduates and clinicians across the professions. The frequent European/American interpretation of PI as professional values, needs and priorities sits alongside some Eastern collectivist cultures in which PI represents attachment to or identification with one's profession. Interestingly, both interpretations focus on addressing retention challenges. Extensive breadth and diversity of professional values exist across and within geographical regions and within clinical teams, understanding of which is further enhanced by insights from minority voices (disability, ethnic minority, low socio-economic status). Students and graduates across professions struggle to integrate life balance and personal health values with drivers including patient care, community, clinical competence and infallibility. Extreme emotions are evident as individuals grapple with their complex and multifaceted personal and sociocultural values within the realities of clinical environments.

PIF is understood as a predominantly final-year and postgraduate process of rationalising conflicting PI tensions (identity work), which is dependent on 'bandwidth', intense cognitive and emotional effort, achievement of clinical competence, belonging, a supportive culture and facilitatory social interactions. Comparing successful identity work with those who are unsuccessful (instead resorting to coping mechanisms: 'faking', rejection of a profession or specialty, disidentification) provides some insights for educators and mentors.

Conclusions

Contemporary literature highlights diverse identity tensions relevant to veterinary graduates. Global, cultural and demographic variations provide considerations for educators of diverse students. However, since we cannot 'teach' to each of these, efforts may be more fruitfully focused on supporting resolution of personal and social tensions and (for postgraduates specifically) the cultural and mentorship attributes that enable identity work.

Evaluating the impact of introducing a mandatory, national graduate support programme in the UK: VetGDP

Dr Linda Prescott-Clements, Director of Education, RCVS

Britta Crawford, Senior Education Officer, RCVS

Jenny Soreskog-Turp, Lead for Postgraduate Education, RCVS

Kirsty Williams, Education Quality Improvement Manager, RCVS

Overview

In response to an increasing need to ensure that all new veterinary graduates entering the profession in the UK are supported in their first role, the RCVS Veterinary Graduate Development Programme (VetGDP) was introduced in 2020.

This is a mandatory programme and engagement with this support for veterinary graduates and their employers (via a dedicated 1:1 coach in the workplace) is required through the *RCVS Code of Professional Conduct.*

In order to provide this support, a comprehensive, online training programme was implemented and must be completed by those wishing to become a VetGDP coach (VetGDP Adviser). This programme included modules on the VetGDP programme framework, Entrustable Professional Activities, effective coaching techniques in the workplace, providing effective feedback, supervision and advisory discussion, progress reviews and mentoring.

This presentation revisits some of the original aims of the initiative and a summary of the results of the evaluation will be discussed. The impact of VetGDP on graduate support will be presented, in addition to data supporting the value and effectiveness of the training for VetGDP advisers.

How well are UK graduates being prepared for their first role in the veterinary profession?

Kirsty Williams, Education Quality Improvement Manager, RCVS

Dr Vicki Bolton, Research Manager, RCVS

Jenny Soreskog-Turp, Lead for Postgraduate Education, RCVS

Britta Crawford, Senior Education Officer, RCVS

Dr Linda Prescott-Clements, Director of Education, RCVS

Introduction
The Royal College of Veterinary Surgeons (RCVS) introduced the Veterinary Graduate Development Programme (VetGDP) in 2021 to provide a structured approach to supporting graduates as they entered the workforce for the first time.

Each graduate has a dedicated, RCVS trained adviser who works in their practice to be their coach and supporter as they gain experience in their first role.

Part of the VetGDP registration process is the completion of surveys by both the graduates and advisers. The survey explores how well the graduates felt their veterinary degree programmes prepared them for their first role, at the point of graduation; and the advisers survey complements this by asking the same questions about how well prepared they felt the graduates were by their veterinary programme when they commenced their role with them.

Methods
The survey questions link closely to the RCVS Day One Competences by asking about specific areas of practice that are considered to be common presentations for a new graduate. New graduates are asked about their perceived levels of preparedness across all species domains (companion animal, equine and production animal) as they are expected to be omnicompetent. The advisers are asked to ascertain the levels of their graduate's preparedness within the species domain specific to the role they are working within, only, as this is where they will have observed the new graduate.

The questions are answered on a 5-part Likert scale, with 1 being 'completely unprepared' and 5 being 'completely prepared' by their veterinary course.

By the end of 2025, there will be survey results from 5 consecutive years of graduating vets, recording responses from both graduates and their advisers in the workplace. Each year, the RCVS has provided individual reports of the analysed results for each vet school, as well as sharing the raw (anonymised) data with them, to inform their QA processes.

In this fifth year, data has also been reviewed longitudinally to look for the trends over the 5 years, to show how well-prepared graduates, and their employers feel over time.

The data reports on preparedness in relation to:

• History taking

• Performing an examination

• Determining a diagnosis

• Development of a treatment or management plan

• Performing simple surgeries

• Developing a preventative healthcare plan

• Animal handling

• Consideration of client financial constraints
    when treatment planning

• Professional skills

Results and conclusions

For each area, a series of graphs are produced that show the perceived levels of preparedness over time for each school and for all graduates in the UK completing VetGDP. The data is anonymised so that neither the graduate nor the school can be identified and is separated into species domain.

The graphs show the changes over time across these areas, and in particular the differences and similarities across species domains. For some areas, there is little difference between species domains suggesting that the skills may be more readily transferable; whereas there are larger variations in levels of preparedness in other skills across species domains.

Comparison between the perceived levels of preparedness of graduates and their employers is also of note and enables us to explore both sides of the same coin – does the perception of the graduate match that of their employer?

It is hoped that the results of these longitudinal studies can be used to inform curriculum development to ensure future graduates feel as well prepared as they can be for their first roles.

A comparison of VetGDP advisor and recent graduate reported preparedness for their first role by field of practice

Alexander Corbishley, Professor of Infectious Diseases and Education, University of Edinburgh, UK

Overview

Since 2021, the RCVS has required all new graduates practicing in the UK to complete the Veterinary Graduate Development Programme (VetGDP). During the programme, graduates work alongside a trained VetGDP advisor in the workplace to select and develop Entrustable Professional Activities (EPAs) relevant to their role.

At the start of the VetGDP, new graduates are asked to complete a survey using a five point Likert scale to indicate their perceived level of preparedness against a list of clinical skills and procedures across the domains of small animal, equine and farm/production animal practice. The new graduate's VetGDP advisor is also asked to complete a similar survey after a few weeks, once they have gathered an understanding of the graduate's level of preparedness. This data is provided to the veterinary schools by the RCVS.

This presentation will explore aggregated data across four years of graduates from the Royal (Dick) School of Veterinary Studies. Due to the small number of graduates not entering clinical practice, the analysis focuses on those entering small animal, equine, farm/production and mixed practice. Of 659 R(D)SVS graduates over this four year period, just over half (350) completed the VetGDP, with most of the remainder electing to practice outside the UK. Of these, 193 reported working in small animal practice,105 mixed practice, 30 equine practice and 15 farm/production animal practice. Fewer VetGDP advisors (203) completed the survey than graduates, with the response rate from VetGDP advisors improving significantly over the reporting period.

Graduates entering farm animal/production animal practice reported the highest level of preparedness for their first role, with a good level of concordance between the perception of the graduate and their VetGDP advisor. Graduates entering small animal and equine practice were the next highest, with a stark difference between the perception of the graduate and their VetGDP advisor for graduates entering equine practice, which was not seen for graduates entering small animal practice. Graduates entering mixed practice reported the lowest perception of preparedness, particularly in skills relating to equine and farm/production animal practice, again with good concordance between the graduate and VetGDP advisor.

Whilst limited to data from one school, these data raise questions with respect to transition to the workplace for graduates entering mixed practice and the disparity in the expectations of recent graduates and their VetGDP advisors in equine practice. The data also highlight specific skills and procedures where recent graduates feel less well prepared, which are being used to inform future curriculum development and dialogue with the profession as to what Day 1 Competent means in different contexts.

Qualified but not yet competent? Towards a new continuum of veterinary education and training

Professor Harold Bok, Vice Dean for Education at the Faculty of Veterinary Medicine, Utrecht University, Netherlands

Overview
Professor Bok will provide a summary of his recent inaugural lecture at Utrecht University. In it, he spoke about strengthening the pathway toward becoming a fully licensed veterinarian and made a strong case for introducing a formal postgraduate training program for all young veterinarians in the Netherlands. Links to the full presentation [in Dutch, with English version expected in due course] can be found here: **www.uu.nl/en/news/harold-bok-advocates-for-postgraduate-training-program-for-young-veterinarians**

Preparedness of veterinary students for the transition into clinical practice

Paul Wood, Veterinary Reader, Scotland's Rural College (SRUC) School of Veterinary Medicine and Biosciences, UK

Introduction

The UK veterinary profession is experiencing problems with recruitment and retention. In recent years the number of students studying veterinary medicine in the UK has increased however, these increasing graduate and registration numbers do not appear to be providing the solution to the recruitment and retention problem. The preparedness of new graduates for the veterinary profession is considered a key factor in the successful transition from student to veterinary surgeon and the job satisfaction that is derived thereafter.

Methods

A mixed methods approach was used to investigate feelings of preparedness in veterinary students at the Royal (Dick) School of Veterinary Studies (RDSVS). The Preparedness for Hospital Practice Questionnaire (PHPQ), a validated survey in the context of preparedness for medical careers, was adapted for use with a veterinary cohort at different stages of the BVM&S programme. Surveys contained 41 survey items rated on a 5-point Likert scale. Survey items were mapped to eight subscales, RCVS Day one competences and AAVMC Core competencies. Following the post-transition surveys participants were invited to attend focus groups and interviews to further explore feelings of preparedness and the reasons for these.

Results

Initial trend analysis showed an overall positive response to survey items and subscales consistent with cohort level feelings of being adequately prepared both prior to, and on reflection, after the relevant transition. Statistical analysis revealed a small number of significant differences in subscale responses across some years. In Year 5 there were significantly

higher scores in the 2023 respondents compared to other survey years in subscale 2 (Confidence and coping skills) and subscale 6 (Prevention). Despite positive responses at the cohort level, each survey demonstrated proportions of students who had responded negatively. In the Year 5 group only subscale 1 (Interpersonal skills) consistently showed high proportions of not positive responses in all survey years. Within each subscale a smaller subset of survey items could be identified that was contributing more substantially to the NP responses than others. Following transcription of focus group and interview data, thematic analysis was used to identify clusters. This data gave rich insight into the experiences of the participants over these periods. The key themes identified by the qualitative data were 'graduate support and well-being', and 'difficult conversations'. These relate to subscales in the survey data regarding 'Confidence and coping skills' and 'Interpersonal skills'.

Conclusions

Overall, the results of this research demonstrate a number of areas where some graduates felt they lack preparedness. Although the data reflects heterogeneity within the student population there are components of the curriculum that could be reviewed to better prepare students for the transition into the profession. Support and well-being was identified in graduate cohorts as an area for potential improvements. This included support services within the university, support within practices after graduation, and how students and graduates tried (or failed) to maintain a healthy work/life balance. In the Year 5 and graduate cohorts interpersonal skills were the most consistently reflected area of unpreparedness by both survey participants and focus group and interview attendees.

Developing cultural humility – a first small step

Neerja Muncaster, Senior Lecturer in Veterinary Clinical Practice, University of Surrey Veterinary School, UK
Cait Finnegan, University of Surrey Veterinary School, UK

Overview

A One Health approach with principles of equity, diversity, and inclusion (EDI) continues to gain momentum in the varied health care professions. The development of cultural humility in healthcare professionals is a key component of effective healthcare delivery (Alvarez *et al.*, 2020a). Whilst it has been a long-standing goal in human health professional education, it has only more recently become a goal in veterinary education. The Royal College of Veterinary Surgeons (RCVS) introduced a day one competency with the objective to "demonstrate inclusivity and cultural competence". Social, cultural and gender equity and inclusiveness can be considered part of an updated set of One Health core competencies (Laing *et al* 2023).

In healthcare, an EDI focus aims to ensure that a diverse healthcare professional workforce have the tools they need to provide the most effective, individualized care for patients while appreciating and respecting cultural differences between people. It is recognized that the healthcare force needs to represent the diverse population that makes up its client base (Stanford, 2020). The veterinary profession has an obligation to create an inclusive environment and practice whilst championing animal welfare.

Inspired by colleagues at the University of Liverpool, we developed a whole-cohort faith seminar session in collaboration with the chaplaincy at the University of Surrey. This session was introduced to the fourth-year students in a novel One Health module with the aim of creating space for students to explore faith and cultural considerations in veterinary practice. Some key topics were considered for exploration and communicated to the students pre-session. The session involved a panel type format with students

having the opportunity to submit anonymous additional questions before, during and after the session. Networking social time was provided after the session to facilitate continued discussion.

Following the 2024 session, 87% of students agreed/strongly agreed that this session was relevant to a career as a veterinary professional. 86% were in support of this session being included in the undergraduate veterinary curriculum. The 2025 session showed increased percentages with 96% agreeing relevance and supporting inclusion in the curriculum. In 2026 we plan to also explore opportunities for interprofessional education with our sister schools of Medicine and Health Sciences at the University of Surrey.

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Evolution of a veterinary graduate development programme, utilising the 70:20:10 workplace education model, and its potential impact on graduate attrition

Dr Rob Kelly, Clinical Lecturer and RCVS Advanced Practitioner, Royal Dick School of Veterinary Studies, University of Edinburgh, UK

R. F. Kelly[1*], H. Lucas[2], C. Etherington[2], J. Clarkson[2], H. Spooner[2], J. Forrester[2], M. Moreton[2], N. Stansbie[2], I. Schofield[2]

Introduction

The rapid evolution of the UK veterinary profession has prompted enhancements in graduate training to meet increasing clinical demands and support work-life balance, however there is very little work looking at the perceptions or impact of formally structured veterinary graduate development programmes. This paper examines the evolution of an in-practice Graduate Development Programme (IP-GDP) aligned with the Royal College of Veterinary Surgeon's Veterinary Graduate Development Programme framework (RCVS-VetGDP), which utilizes the 70:20:10 educational model to blend experiential learning with structured education and mentorship for newly qualified veterinarians.

Methods

This study utilized a mixed-methods approach, analysing feedback and attrition data from the IP-GDP before (2019–20) and after its alignment with RCVS-VetGDP enhancements (2021-23). Surveys from graduates and their mentors, alongside human resources records, provided insights into the subjective experiences of graduates and objective retention rates within the programme.

Results

Results indicate that graduates from the post-RCVS-VetGDP cohorts felt well-prepared for clinical practice and reported positive experiences with mentorship and structured learning components. While mentors generally supported the

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programme, they suggested needing more time to effectively support graduates in their development. Although initial improvements in retention were noted, no significant differences in overall attrition rates were observed between the cohorts.

Conclusions

The redesigned IP-GDP highlights the need for structured, supportive training frameworks in veterinary education, effectively integrating clinical experience with professional development. The initial findings are promising; however, continuous evaluation and further longitudinal research are essential to understand the long-term impact of these interventions on retention and satisfaction among new veterinary graduates.

Note: work in this presentation has been recently accepted for publication as a research article in the Journal of Veterinary Medical Education.

Use of generative AI in postgraduate taught programmes at a UK vet school: a moment in time

Dr Victoria Lindsay-McGee, Programme Coordinator and Teaching Fellow, Royal (Dick) School of Veterinary Studies, University of Edinburgh, UK

Louise Connelly, Fiona Borthwick, Susan Rhind

Introduction

The rapid rise in the use of generative artificial intelligence (GenAI) models in society is having a marked impact on universities. Studies have been conducted looking at perceptions of AI of UK students but little research has been conducted in the veterinary space, let alone in postgraduate veterinary curricula. Flexible online postgraduate courses such as PGCerts and MSc programmes are popular with vets as they fit in around their demanding clinical work, but the extent of GenAI use by students in these programmes is not well understood.

Methods

A survey of postgraduate taught students at a UK vet school was conducted between May and late July 2025. Demographic data including programme of study, age, gender, country of residence, and native English language status were collected, and students were asked about their experience of using GenAI, their confidence in various aspects of GenAI knowledge and application, and how useful they would find teaching in this area. Descriptive statistics were collated, Spearman's correlations and Kruskal-Wallis tests performed between variables, and principal components analysis (PCA) performed.

Results

87 students responded to the survey from 13 programmes. Most respondents were from the UK (24, 27.6%) and USA (20, 23.0%) with 25 other countries represented, and the majority of respondents were in the 26-35 (24, 27.6%), 36-45 (22, 25.3%) and 46-55 (25, 28.7%) age ranges. The majority of students (56, 64.4%) were using GenAI in the workplace, and a similar number were using it in their studies (59, 67.8%) with a strong correlation between the frequency of usage in each (Spearman's $\rho=0.672$, $p=1E-12$). The modal score for confidence (of a 1-5 low-high scale) was 4 for fundamental knowledge of AI, ethics, assessing AI accuracy and professionalism in relation to AI, with a score of 3 most common for application to clinical care and 2 in data privacy and security. When asked about usefulness of teaching in these same areas (1-4 low-high scale), the modal score was 4 for all areas aside from fundamental knowledge of AI, where modal score was 3. Kruskal-Wallis tests were conducted for the confidence variables, teaching variables and employment and studies use of GenAI against programme, country, gender, and English language status, and Spearman's correlations calculated against age. No comparisons were significant after Benjamini-Hochberg control, and no correlations were significant. PCA did not illustrate clear grouping of variables to allow identification of user profiles.

Conclusions

The majority of students on postgraduate programmes at the vet school are using GenAI in their studies, and this correlates strongly with their use in the workplace. They feel confident in their knowledge of AI and its application but need to develop confidence around clinical application and data privacy and security, and they strongly value teaching across these areas on their programmes. There is not a clear profile of a typical GenAI user – usage is widespread, and likely to increase as Gen AI becomes more embedded in the workplace. The findings provide an opportunity for reflecting on current student support and the curriculum in order to better equip students to feel confident in today's world.

You think graduates just leave? How support turns the tide

Alison Price, Graduate Development Programme Manager, Linnaeus, UK

Natasha Hetzel, Head of Education and Career Development, Linnaeus, UK

Background

A perception within the veterinary profession is that investment in graduates is wasted because "they just leave." Yet our data shows that lack of support, rather than seeking other opportunities, is a key driver of attrition. Graduate transition is one of the most vulnerable stages in a veterinary career, with risks of burnout, disengagement and leaving practice (Prescott-Clements *et al.* 2024).

In 2018, Linnaeus launched its first Graduate Development Programme (GDP). Later in 2021 we integrated the RCVS VetGDP framework into a structured two-year Graduate Development Programme. The programme represents a significant organisational investment designed to provide mentorship, professional and clinical skills development, wellbeing support, and a clear progression route for new graduates.

Aim

To demonstrate how structured graduate support, embedded in the Linnaeus GDP, counters attrition myths and delivers measurable improvements in retention and professional success.

Intervention

The Linnaeus GDP combines:

- RCVS VetGDP integration, aligning with requirements while adding organisational support.
  - Interactive introductory sessions, support centrally for portfolio as well as at practice level
  - Compliance monitored
- Dedicated mentorship, with every graduate paired with a trained VetGDP Adviser and protected mentoring time.
- Structured CPD - 18 days of learning events across the 2 years, tailored to early career needs.
- Wellbeing training, normalising support and discussion.
- Peer networking, reducing isolation and fostering shared learning.
- Continuous adaptation, refining delivery based on graduate and adviser feedback.

Outcomes

Since 2018, over 250 graduates have joined Linnaeus on our GDP. Retention data demonstrates increased graduate retention from 60% in 2020 to 77% in 2025. In 2022 we experienced a low of 46% - a cohort who were adversely affected by the COVID-19 pandemic where support and working life changed dramatically. Our peak levels of retention were in 2024 when we retained 84% of our graduates within our group.

These results demonstrate that structured investment in graduate support delivers high completion rates and retention, countering the myth that "graduates just leave". Feedback consistently highlights growth in confidence, improved decision-making, and resilience as key outcomes. The GDP

has also strengthened recruitment, with graduates actively seeking out employers that visibly invest in their early career development.

However, our data also reveals a new challenge. Whilst retention at the end of the GDP is excellent, the next big transition point - from new graduate to experienced vet - is where retention drops. Having completed structured university education followed by a structured graduate programme, many early career vets are left asking "what next?" The profession has historically paid little attention to this second transition. For Linnaeus, this has become the next strategic focus: extending structured support beyond the graduate years to ensure career development, fulfilment, and long-term retention within the veterinary profession.

Conclusions

The Linnaeus GDP demonstrates that the belief "graduates just leave" is a myth. Investment in structured support, underpinned by the RCVS VetGDP, delivers high completion rates, strong retention, and long-term professional sustainability. Supporting graduates is not a lost cost: it is an essential strategy for recruitment, workforce stability, and the future of the profession.

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DAY ONE – AFTERNOON
Presentations in parallel sessions: Postgraduate education (I)

The Banqueting Hall

A vision or a necessity? Strengthening the role of veterinary nurses in team-based veterinary healthcare

Jill Macdonald RVN, Veterinary Nursing Progression and Development Lead, RCVS

Julie Dugmore RVN, Director of Veterinary Nursing, RCVS

Background

Veterinary nurses (VNs) play a crucial yet often underutilised role in veterinary practice. While VNs contribute significantly to patient care, client communication, and routine procedures in some settings, their integration into multidisciplinary teams remains inconsistent across the UK. The 2024 VN Vision initiative, led by the Royal College of Veterinary Surgeons (RCVS), identified cultural and structural barriers that limit the full utilisation of VN expertise. However, there is little systematic, stakeholder-led research exploring how to embed VNs more effectively into team-based veterinary healthcare. This project represents the first applied initiative arising from VN Vision, aiming to translate its strategic ambitions into actionable, stakeholder informed priorities that benefit the profession, the public, and animal health.

Aim

The central research question is: How can veterinary nurses be more fully integrated into multidisciplinary teams, and what steps are needed to achieve this change? The project aims to:

• Define long-term goals for VN integration.

• Identify practical, context-sensitive steps to achieve them.

• Establish measurable indicators of success that are meaningful to the profession and the public.

Interventions

The study will adopt a qualitative, participatory design centred on a series of facilitated workshops held across the UK. Up to 14 workshops will involve approximately 200–350 stakeholders, including veterinary nurses, veterinary surgeons, practice managers, patient care assistants, and other members of the veterinary workforce. Workshops will combine structured prompts, small-group discussions, digital polling, and written reflections to gather diverse perspectives and generate consensus.

Data collection will include:

• Written contributions (e.g. sticky notes, posters).

• Digital polling (via Slido or similar).

• Anonymised facilitator notes from group discussions.

Data will be analysed thematically and used to develop a theory of change model, co-created with participants and supported by an external consultant. Findings will be triangulated with baseline data from the VN Vision 2024 initiative and disseminated via reports, presentations, and digital channels.

Outcomes

Expected outcomes include:

• A co-created theory of change mapping pathways to improved VN integration.

• Clear articulation of long-term goals and practical steps, agreed upon by stakeholders.

• Development of sector-wide metrics to evaluate progress.

• Enhanced understanding of barriers and enablers to VN integration.

• Evidence-informed recommendations to inform future policy, professional development, and workforce planning.

From Guidelines to Growth: Using Care Frameworks to Support Continuing Professional Development in First Opinion Practice

Stuart Garde, Head of Clinical Development, IVC Evidensia

Rachel Malkani, David Singleton, Lesley Moore, Laura Playforth

Overview

The time lag in the translation of health research into clinical practice has been estimated at 17 years (Morris, Wooding, & Grant, 2011). This means most veterinary patients will miss out on the benefits of the latest veterinary clinical research. A key stage in the translation process was identified as the creation and implementation of guidelines for clinical practice. Without appropriate guidelines, first opinion clinicians find it challenging to keep up to date with the latest developments published in the literature, as these are not always accessible, directly relevant to first opinion, or widely disseminated.

This highlights the critical role of guidelines in continuing education and professional development for the veterinary profession. The Care Frameworks were created to facilitate this and bring together the latest research, guidance from key opinion leaders and subject matter experts, and direct experience from those in clinical practice. Utilising quality improvement principles, they were designed to be a point-of-care tool to improve patient-side evidence-based decision-making. Key to this aim was to develop a novel format, which combines the strength of more exhaustive clinical guidelines with the utility of care bundles, to highlight the most pertinent information in an accessible format for busy first opinion clinicians.

The first Care Framework evolved from a quality improvement project on canine otitis externa management. Participating practice teams who received educational support went on to demonstrate sustained improvements in key clinical measures. A working group of dermatologists, subject matter experts and front-line clinicians was then formed to adapt

the support package into a resource for widespread use. They identified ten key recommendations grouped into four sections – welfare, diagnostics, treatment and client care. These recommendations were supported by decision algorithms, treatment pathways, evidence summaries, drug charts and instructional videos to form the canine otitis externa Care Framework. After a successful launch, this format was standardised for subsequent Care Frameworks.

The welfare section focuses on the patient experience including pain, fear, and quality-of-life. The diagnostic and treatment sections focus on identifying the best evidence-based approaches for each condition. And the client care section focuses on client-facing educational resources, and clinician-facing guides to contextualised care and caregiver burden conversations.

To support the Care Frameworks, clinical benchmarking reports were also created. Nationally, these reports have demonstrated the considerable clinical behaviour impact of the Care Frameworks following their wide-scale adoption in January 2025. Which include:

- 8% improvement in the use of ear swab microscopy, with a corresponding 12% reduction in the use of topical antibiotic-containing ear solutions.

- 12% increase in the use of local analgesia for dental procedures, and a 13% increase in the use of dental radiography, along with an 8% reduction in perioperative antibiotic use

- 6% improvement in the number of cats with renal disease receiving blood pressure measurements.

These results highlight the important clinical impact of the Care Frameworks, demonstrating how structured, evidence-based tools can drive positive change. By combining the frameworks with clinical benchmarking, veterinary teams can reflect on their own performance, identify areas for professional development, and promote evidence-based decision-making.

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Active learning activities in postgraduate veterinary education: Strengthening clinical reasoning, transfer, and engagement

Gemma Coleman, Content Co-ordinator and Editor, Improve Veterinary Education, UK

Aidan McAlinden, Sonia Campos, Heber Alves, Pablo Gómez

Background

Many online programmes still rely on long, video-centric delivery that promotes passive consumption and low-transfer learning. In contrast, evidence from higher education and health professions shows that structured active learning improves achievement, reduces failure rates, and corrects the illusion of learning created by polished lectures. The ICAP framework predicts a graded benefit in which learning outcomes strengthen as engagement shifts from passive, to active, to constructive, and finally to interactive modes, precisely the spectrum of competencies required for modern veterinary practice.

Aim

To implement a cross-programme framework of Active Learning Activities (ALAs) that systematically moves learners from merely watching toward doing, thinking, debating, and creating; thereby strengthening diagnostic reasoning, decision-making under uncertainty, and real-world transfer while sustaining motivation in online formats.

Intervention

We operationalise a suite of ALAs that make learners generate, test, and defend decisions:

- **Error Management Training (EMT):** Cases intentionally designed with ambiguity where making mistakes is expected, followed by analysis and improvement planning.

- **Reverse Engineering of the Clinical Case (RECC):** Start from the final diagnosis and reconstruct the reasoning, alternatives, and critical decision nodes.

- **Visual Synthesis Challenge (VSC):** Build concept maps or decision trees from a blank canvas, then compare to an expert gold standard.

- **Interactive Clinical Cases:** Branching decisions with consequences, emphasising reassessment loops.

- **Active Checklists:** Procedural checklists used as dynamic practice/assessment tools with targeted feedback.

- **Human vs AI:** Contrast algorithmic outputs with expert judgement; justify divergences and converge on a safe, evidence-based plan.

- **Consensus & Controversies:** Appraise guidelines and competing protocols; articulate defensible positions under uncertainty.

- **Clinical Analysis:** Structured appraisal of multimodal clinical data (imaging, laboratory trends, flow charts, risk scores). Learners move from observation to interpretation to action planning, documenting assumptions and thresholds.

- **Clinical Debate & Strategic Communication:** Moderated debates on management options, referral timing, and client communication strategies; graded on clarity, evidence use, and professional comportment.

- **Virtual Journal Club:** AI-assisted, faculty-moderated appraisal of recent articles from three complementary lenses—experienced clinician (external validity and applicability), academic clinician (design, bias, alignment with the literature), and statistician (methods, effect sizes, assumptions). Tools include structured PICO extraction, brief risk-of-bias checklists, and a closing clinical takeaway for practice.

Design features include concise 10–15-minute content units that feed each ALA, clear rubrics, psychologically safe climates, and brief personalised video-feedback to reinforce progress and expectations. The ALA suite and definitions are documented and standardised for faculty deployment.

Outcomes

We will evaluate learning by tracking performance on applied and clinical tasks, diagnostic accuracy and awareness of cognitive biases, learner self-efficacy and the perceived usefulness of feedback, and programme engagement and retention (e.g., on-time submissions and completion rates). Process evaluation will monitor adherence to rubrics, the depth and quality of learner-generated artefacts—such as decision maps, management plans, and reflective notes—and the uptake of mentoring touchpoints. We anticipate that the ALA framework will yield stronger transfer to practice, clearer reasoning under pressure, more durable knowledge, and greater professional resilience than video-only delivery.

Conclusion

Replacing basic watch-and-recall formats with a structured ALA framework turns online delivery into coached practice: learners must analyse, evaluate, and create—and then receive timely feedback. This approach is scalable, faculty-friendly, and directly aligned with the cognitive and non-technical skills demanded in contemporary veterinary medicine.

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The missing middle: Understanding veterinary surgeons' appetite for an intermediate postgraduate award

Dr Aidan B. McAlinden, Academic Director, Improve Veterinary Education, UK

Katie Hungerford, Heber Alves

Introduction

The veterinary profession is undergoing significant demographic and structural changes that are reshaping postgraduate education. Increasing numbers of veterinarians are entering postgraduate training earlier in their careers, often with less clinical experience, and completing qualifications at a faster pace. This is resetting competency standards for postgraduate qualification levels while national recognition systems are increasingly becoming inconsistently understood across different countries. At the same time, demand for specialist training far exceeds supply. This has created a growing perception of a 'gap' in career pathways leading to renewed discussion around the development of an intermediate tier of postgraduate qualifications and flexible pathways toward specialization.

This research was undertaken to explore the appetite among veterinary surgeons for a new form of postgraduate qualification: a Professional Masters (MProf). Specifically, the study aimed to (1) assess what postgraduate qualifications are most valued by employers and practitioners; (2) understand the motivations driving postgraduate study; (3) evaluate the perceived value and demand for an MProf; (4) identify barriers to uptake; and (5) consider how such a qualification could best meet the profession's needs across different regions.

Methods

A mixed-methods approach was adopted. Quantitative data were collected via surveys of current and past postgraduate students, as well as veterinarians with no previous postgraduate training, across Improve Veterinary Education's three primary markets. Respondents represented a mix of

corporate and independent practices, with diverse levels of experience. In parallel, qualitative focus groups were conducted to probe deeper into the motivations, perceptions, and concerns revealed in the survey data.

Results

Survey results consistently showed that board-certified specialist status (EBVS®/ABVS®/RCVS) is regarded as the most highly valued qualification. However, a substantial proportion of veterinarians indicated strong interest in an intermediate qualification that provides greater depth than a Postgraduate Certificate (PgC), particularly among those unable to secure a residency. Respondents across Europe showed higher interest in a Professional Masters than those in the UK, where the RCVS Advanced Practitioner status remains a recognised benchmark.

The primary motivations for pursuing postgraduate study were growth in knowledge, practical skills, and confidence, rather than acquisition of post-nominals alone. Enhancing patient care was consistently cited as the most important outcome, although salary progression and recognition became more relevant at the Masters level. A substantial cohort of veterinarians expressed interest in pursuing complementary disciplines (clinical breath vs. depth) to remain relevant and versatile in general practice but would like formal recognition for this.

Barriers identified were predominantly practical: the time commitment required, financial cost, and crucially confusion around qualification hierarchies. Approximately half of respondents indicated they would be interested in pursuing an MProf, with a further quarter remaining unsure, highlighting the importance of clearer communication around structure, recognition, and career value.

Conclusions

There is solid evidence of demand for a Professional Masters pathway that bridges the gap between current general

practice awards and specialist training. Interest is strongest among those unable to access residency programmes and those seeking structured career progression beyond the PgC level. For such a qualification to succeed, it must deliver clear academic and clinical value, be flexible to fit the realities of veterinary practice, and be underpinned by robust accreditation and recognition frameworks.

The Court Room

Enhancing wellbeing in veterinary postgraduate training via structured support and programme quality standards

Natasha Hetzel, Head of Education and Career Development, Linnaeus, UK

Background

Poor mental health is a significant concern in the veterinary profession. The average Warwick-Edinburgh Mental Wellbeing Scale score for vets is 47.5/70, below the national average of 51. Recent graduates, often in postgraduate training, score even lower (Rosolin *et al.* 2024). Studies highlight the scale of the issue: 85% of interns and residents reported depressive symptoms in the previous two weeks (AAVMC 2021); 49% of anaesthesia residents were at high risk of depression and burnout (Monticelli *et al.* 2023); and 62% experienced fatigue, sleep disturbance, or anxiety (Tayari *et al.* 2023).

We have approximately 120 interns, 90 residents and 70 graduates in Linnaeus. Whilst training and robust processes to react early to poor mental health are crucial, we believe focusing on the clinical learning environment, the overlapping space between the work environment and the educational context Nordquist *et al* (2019) could also benefit wellbeing.

Aim

To strengthen our postgraduate training programmes via:

- Awareness of mental health, wellbeing, and professional skills among learners

- Supervisor/mentor training to recognise and support poor mental health

- Structured clinical learning environments that enhance wellbeing as well as learning

Interventions

Since 2020, annual intern surveys (extended to residents in 2023) and quarterly graduate check-ins have informed our approach. Interventions include:

- Sessions covering professional skills and wellbeing, including burnout, imposter syndrome, clinical errors, time management, and resilience

- Structured mentoring frameworks

- Regular check-ins with central programme managers, supported by our Mental Health and Wellbeing Manager and HR teams

- Mental Health First Aider training for directors, with condensed training for mentors

- Clear pathways for supervisors and mentors to access support for learners

- Counselling access through an employee assistance programme

- Reasonable adjustments when required

- Standardised guidance on factors such as working hours, rest, mentoring and supervision/training.

These initiatives culminated in the creation of programme quality standards designed to shape the clinical learning environment to provide curriculum requirements (EBVS/American college/RCVS GDP etc.) and improve both wellbeing and learning.

Outcomes

This remains a developing area and will require continual improvement.

Training sessions are well received, typically scoring 3–4/5, though engagement varies. The graduate programme incorporated "practice requirements" from its inception. While internship quality standards have recently been formalised, they have been partially implemented over the last three years. Residency quality standards are being developed. Co-creation with programme directors and hospital leaders has been essential to ensure that guidance can be practically implemented.

Despite external pressures, including the COVID-19 pandemic and broader profession-wide declines in mental health (Rosolin *et al.* 2024), outcomes are encouraging. Interns self-reporting mental health problems declined from 39% in 2020 to 24% in 2024. Graduates requiring support dropped from 11% (2021–23 cohort) to 5% (2023–25 cohort). Residents self-reporting mental health problems decreased from 39% in 2023 to 33% in 2025. We hypothesise that future introduction of quality standards to enhance the clinical learning environment will further support residents.

Conclusion

While challenges remain, reactive support and improving clinical learning environments appear to benefit wellbeing. Formalising these interventions as quality standards is likely to strengthen their impact further.

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Mapping veterinary skills needs to training solutions: a systematic framework approach in European agri-food systems

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Background

Effective workforce development requires systematic identification and mapping of skills gaps followed by targeted training development. The I-RESTART Erasmus+ project created a structured framework to map veterinary skills needs across European agri-food systems and then converted these findings into practical training solutions. This abstract presents the workflow from skills mapping through to micro-credential training module development.

Methods

Phase 1 – Skills Mapping: A three-tier approach assessed sector-specific competencies, One Health interdisciplinary skills, and generic transferable competencies including digitalisation, entrepreneurship, and sustainability. Survey data from 153 veterinary professionals across Europe identified priority competencies through structured questionnaires and stakeholder validation.

Phase 2 – Training Design: Priority skills were translated into occupational profiles using competency-based frameworks. Learning outcomes were developed for each identified need, and delivery methods were selected to align with the workplace-based learning preferences identified in Phase 1.

Phase 3 – Content Development: Modular training content was created using online learning, workshops, and assignment-based formats, with integrated assessment strategies to ensure quality and accountability.

Results

Skills Mapping Outcomes: Three key sector-specific priorities emerged: legislation and policy (49 per cent), interprofessional collaboration (40 per cent), and integration of emerging technologies (38 per cent). One Health priorities included antimicrobial resistance prevention, animal welfare, and responsible medicine use. Generic skills focused on data management, business strategy, and sustainability awareness.

Training Solutions: Findings informed the creation of three specialist occupational profiles:

1. Veterinary Specialist in Data Science (77 hours) – Four modules covering data fundamentals, complex veterinary data sources, big data applications, and real-world implementation.

2. One Health Veterinary Specialist in Medicines and Chemicals (164 hours) – Six modules covering responsible medicine use, antimicrobial resistance, disinfectants, antiparasite resistance, and sustainable disease control approaches.

3. Specialist for Veterinary Business (62 hours) – Three modules on business models, crisis preparedness, and communication skills.

All modules employed blended delivery with assessment processes designed to ensure competency achievement.

Discussion
This framework shows how skills mapping can be converted into a structured training program. The modular approach supports flexible implementation, and the occupational profiles directly address the highest-priority competencies identified.

Conclusions
The I-RESTART model demonstrates a replicable method for translating evidence-based skills needs into targeted professional development. The resulting 303-hour curriculum addresses critical gaps while maintaining adaptability for different practice contexts, providing a sustainable foundation for European veterinary workforce development.

Perceptions of the impact of the RCVS Certificate in Advanced Veterinary Practice on the careers of its graduates

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John Tulloch, Catherine McGowan

Background
This study aimed to investigate the perceived effect of the RCVS Certificate in Advanced Veterinary Practice (CertAVP) on its graduates, with respect to career advancement, professional practice and contentment with work in the veterinary industry.

Methods
A cross-sectional online survey of CertAVP graduates was performed, utilising descriptive analysis of Likert scales, logistic regression of demographic variable associations with key outcomes and free-text analysis.

Results

The majority (89%) of the 103 respondents felt that the CertAVP led to improvements in professional practice, 56% felt it had helped advance their career and 55% stated it had improved their contentment with work in the veterinary industry. The CertAVP was perceived to improve evidence-based practice, clinical governance, intellectual satisfaction and encourage lifelong learning, but was not perceived to improve work–life balance.

Limitation

Due to potential response bias, this study may not represent the wider population.

Conclusion

Despite respondents reporting career advancement, this was only reflected in mentorship and managing more complex cases; respondents neither felt that the CertAVP resulted in promotion, a pay rise or new leadership roles, nor did it afford greater flexibility in their working schedule.

Lessons from a case study: The impact of the COVID-19 pandemic on part-time postgraduate veterinary professionals

Emily Chapman-Waterhouse, Associate Head of Department, Principal Lecturer, Harper Adams University, UK

Introduction

The purposes of this small-scale narrative inquiry were to understand the range of impacts arising from the COVID-19 pandemic on part-time postgraduate students employed within the veterinary sector and undertaking one of two professional development modules delivered by the University. Based on available literature at the time of the study, the impact of the pandemic on students in land-based or UK veterinary education appeared to be under researched.

Methods

A postpositivist approach to this study was adopted. Literature searching was a means to understanding the problem and informed data collection and analysis approaches. The rationale for the study design focussed on theory building via online questionnaire (following the approach of Choi, Jegatheeswaran, Minocha *et al.* (2020)) and semi-structured interviews with students. Fourteen students – working at the time as either general practitioner or middle tier Advanced Practitioner veterinary surgeons in the UK – completed an online questionnaire, responses to which were analysed to inform semi-structured narrative interviews which were undertaken with two students. The interviews followed the approach described in Aughterson, McKinlay, Fancourt *et al.* (2021) collecting personal experiences of COVID-19, indirect experiences and attitudes towards the pandemic, as well as satisfaction with communication and support during studies. Thematic analysis was undertaken of entire interview transcripts.

Results

Overall, four themes arose: social structures, communication, capacity and coping strategies. For the majority of participants, life satisfaction declined and the requirement to be at work did not change whilst they were studying. Work was challenging due to constraints of social distancing; telemedicine played a significant role. There was clear variation amongst these respondents regarding availability of time to study; some respondents reported a substantive increase in workload. In contrast, some reported an increased time to study, highlighting the known mixed landscape of work, life and study time in our part-time postgraduates. Whilst online spaces for the professional development modules suited the pandemic-related restrictions in place at the time, not all students reported feeling 'ready' for that.

Conclusions

Interview responses suggested that veterinary practitioner experience dealing with emotional, stressful and challenging situations in practice provided them with some comparison for the challenges posed by the pandemic. The non-verbal communication lost in veterinary telemedicine is also a challenge in text-based online, asynchronous learning as is a lack of opportunity to sense check with peers in person. The findings offer some steer for programme managers, teaching and support staff in UK institutions delivering postgraduate and/or veterinary education on managing part-time postgraduate professional development, particularly student readiness to engage with an online only experience.

DAY TWO – MORNING
Presentations in parallel sessions: Postgraduate education (II)

The Banqueting Hall

Error management training and reverse engineering of a clinical case: Normalising error and minimising harm in postgraduate veterinary education

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Aidan McAlinden, Sonia Campos, Heber Alves, Pablo Gómez

Background

High-stakes fields have shown that treating error as information—rather than something to be avoided—improves safety culture and performance. In postgraduate veterinary education, many online experiences still privilege passive content and "single-correct-answer" cases, which limits transfer to real practice. Error Management Training (EMT) reframes mistakes as catalysts for reflection, metacognition and resilience. Reverse Engineering of a Clinical Case (RECC) complements this by reconstructing the path from final diagnosis back to key decisions, exposing biases, critical nodes and alternatives. Together, EMT and RECC cultivate non-linear, authentic clinical reasoning while containing risk in a safe learning environment.

Aim

To develop and integrate two scalable, validated learning tools—EMT and RECC—into online postgraduate certificates, strengthening diagnostic reasoning, error literacy, professional resilience and real-world transfer, while maintaining learner engagement in an online format.

Intervention

EMT. Learners work through deliberately ambiguous clinical scenarios where making mistakes is expected. Each cycle includes: rapid decision-making under uncertainty; immediate reflection on what happened and why; consequence analysis; and creation of concrete improvement strategies. Facilitators provide clear, interpretable feedback that is specific, actionable and criterion-referenced. EMT explicitly trains emotional self-regulation, builds tolerance to uncertainty and helps identify personal cognitive biases. It targets higher-order learning by requiring learners to analyse decisions, evaluate trade-offs and design better future approaches.

RECC. Learners receive the final diagnosis of an authentic case and must reconstruct the reasoning that could have produced it. They identify pivotal data, critical decisions, paths not taken, discarded differentials and potential errors. RECC develops strategic vision, retrospective clinical judgement and bias awareness (e.g., anchoring, confirmation, hindsight). By modelling how clinicians actually think—messy, iterative, contingent—it aligns closely with the demands of real practice and sharpens clinical intuition through reflective reconstruction.

Delivery and quality. EMT and RECC are threaded through modules in medicine, soft-tissue surgery and orthopaedics. Activities are supported by concise guidance for facilitators, rubrics for consistent feedback and short reading prompts. Faculty training emphasises psychologically safe climates, positive error framing and brief video feedback to sustain momentum in online cohorts.

Outcomes and future directions

Primary outcomes include engagement (on-time activity completion, quality of submissions), achievement (applied assessments and case-based tasks), self-efficacy and perceived feedback usefulness, plus programme metrics such as completion rates. We expect short-term increases in training-phase errors to be offset by stronger long-term transfer, more robust clinical judgement under pressure, improved resilience and greater transparency around

mistakes. Ongoing data collection will compare EMT/RECC cohorts with traditional approaches and inform iterative optimisation across programmes.

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A programme for newly qualified nurses to transition into referral practice

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Sophie Vennables

Background

In the UK, only one education institution currently ensures all student veterinary nurses rotate through a multidisciplinary referral hospital. Consequently, many newly qualified nurses begin careers in referral practice with no prior exposure, which risks contributing to attrition not only from referral practice but from the profession entirely.

Aim

To address this, we developed the Post Registration Programme (PRP), a preceptorship modelled on those in human healthcare, providing academic and practical support to help newly qualified nurses transition into confident, highly skilled referral nurses.

Intervention

The PRP spans one year, during which nurses undertake core (Theatre, Diagnostics, Inpatient Care) and optional (Dentistry, Ophthalmology, ECC, Neurology, Cardiology, Oncology) rotations. Clinical support is provided by designated Preceptors and Skills Supervisors.

Our preceptors play a broader role than the "competency validator" or "safety administrator" functions described by Boyer (2008). Building on Wilson *et al.* (2013), they also act as "socialisers," offering emotional, mental, and social support, consistent with Hautala *et al.* (2007). To prepare them for this

role, preceptors complete four hours of initial training followed by annual standardisation sessions.

Skills Supervisors, less common in human healthcare, reflect the multidisciplinary nature of the PRP. Preceptors may have progressed in their career and be discipline specific, resulting in reduced support in some areas of the hospital. To combat that, we utilised named individuals within these areas to offer additional clinical support.

As well as the clinical, and practical elements of the PRP, we provide non-clinical training in a variety of areas such as career progression, communication, effective handovers, CPD planning and reflective practice, mental health and wellbeing, participating in a continuous quality improvement cycle and embedding a just culture within ways of working.

Outcomes

By embedding this programme, we have been able to increase the average length of service of this group of nurses from 17months in the control group to 24months in our PRP population. Not only this, but by investing in early careers training for this population, we can see that they become more competent, more quickly than the control group. We have seen 29% of our PRP nurses sitting at Band 3, Tier 3 or above within our internal career structures vs 16% of nurses in the control group.

Since starting the programme in 2020, we have had PRP nurses publish articles, progress to leadership roles, become subject matter experts on our clinical board, support others as preceptors or skill supervisors, begin external study for master's qualifications and present CPD to others.

Conclusion

The PRP demonstrates significant benefits for newly qualified referral nurses. By combining structured clinical rotations with robust preceptor and skills supervisor support, and supplementing this with non-clinical development, the programme improves retention, accelerates competence,

and supports long-term career progression. Beyond individual outcomes, it strengthens the sustainability of the referral nursing workforce, offering a replicable model for bridging the transition from pre-registration training focused in primary care to nursing careers in referral practice.

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Simulation-enhanced echocardiography training to address skills gaps in primary care practice

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Rachel Malkani, Luca Bevilacqua, Ela Mederska, Phil Tricklebank, Daniella Dos Santos

Overview

Due to the high prevalence of heart disease in dogs (O'Neill, *et al.*, 2014), primary care practitioners frequently encounter cardiac cases in practice. Medical intervention based on timely echocardiographic assessment has been shown to improve clinical outcomes in myxomatous mitral valve disease (MMVD) (Boswood, *et al.*, 2016). Despite this, a proficiency mapping survey performed across our network of small animal first opinion practices revealed that 84% of the 1756 respondents reported basic or no echocardiography skills. This represents a

significant clinical skill gap, increasing the risk of missed diagnoses, delayed referrals, and reduced confidence in cardiac case management within primary care practice.

Our objective was to design and deliver a practical and accessible echocardiography course tailored to primary care practitioners. We aimed to address foundational knowledge and skill gaps, using simulation to accelerate learning and build confidence. The course was aligned with our cardiology competency framework to ensure clinical relevance and support long-term integration into daily practice.

The course focused on developing key competencies including patient positioning, probe selection, ultrasound machine settings, and acquisition of the standard right-sided echocardiographic views. These skills were framed around the EPIC criteria to support treatment decisions in MMVD. Additionally, the course included training in focused cardiac examination and thoracic point-of-care ultrasound (POCUS) for use in emergency cases.

To optimise practical skill acquisition, the first half of the course utilised DeepScope ultrasound simulators providing highly realistic normal and pathological scenarios. The simulators allowed delegates to practise transducer handling and image acquisition without the time pressures and ethical considerations associated with scanning of live patients. This allowed them to develop probe handling muscle memory and visual pattern recognition in a controlled, repeatable environment, maximising scanning time and reducing stress for both learners and animals. In the second half of the day, delegates applied these skills to live dogs of varying body types, using both curvilinear and phased array transducers. Under direct observation from cardiologist instructors, delegates performed two-dimensional left atrium to aorta (LA:Ao) measurements and M-mode assessments of normalised left ventricular internal diameter in diastole (LVIDd) to evaluate patients against EPIC criteria. Delegates also practiced focused echocardiography and thoracic POCUS on standing patients to simulate emergency presentations.

All three instructing cardiologists noted accelerated skill acquisition among delegates and highlighted the value of simulated pathology in preparing learners for real-world cases. The simulators also reduced time spent scanning on live patients, improving animal welfare during training. Delegate confidence scores increased from a pre-course average of 2.4/5 to 4.5/5 post-course. Participant feedback highlighted the practical format, clinical relevance, and the use of simulators as key strengths of the course. Annual proficiency mapping will continue to monitor wider impacts across our network, and further work is underway to assess changes in clinical behaviour of delegates back in practice.

This highlights the utility and accessibility of the DeepScope ultrasound simulators for enhancing confidence and clinical skills surrounding echocardiography.

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Teaching non-technical skills in postgraduate veterinary education

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Silver-MacMahon, H.; Greenhalgh, S. N.

Overview

Non-technical skills (NTS) are 'the cognitive, social and personal resource skills that complement technical skills, and contribute to safe and efficient task performance' (Flin, *et al.*, 2008). The importance of NTS is recognised across safety-

critical industries, including human and veterinary healthcare, with proven effects on patient safety and staff wellbeing. However, formal training and education in NTS still lags behind, especially in postgraduate and distance-learning contexts.

This abstract describes the authors' experience of delivering an online course in NTS within a postgraduate programme.

The Veterinary Anaesthesia and Analgesia (VAA) programme at the University of Edinburgh is an online postgraduate programme aimed at veterinary professionals. Students can choose from several elective courses and NTS have been a component of the VAA curriculum for the past eight years. However, in 2025 a new "NonTechnical Skills for Safer Veterinary Care" course was launched. Intended learning outcomes, mapping to level 11 of the Scottish Credit and Qualifications Framework, centre on students demonstrating an extensive knowledge and critical understanding of NTS in different contexts, including the ability to critically review specialist literature to consolidate and extend their knowledge.

Teaching was delivered asynchronously online over a 6-week period. Mixed-media teaching material delivered using the Learn Ultra platform included recorded lectures and curated resources, with online discussions facilitating student engagement and tutor interaction. No veterinary-specific taxonomy for NTS currently exists, so course content was decided based on the organisers' knowledge and evidence from other healthcare systems.

Topics covered included an introduction to NTS and Human Factors; communication and communication tools; situation awareness, problem-solving and decision-making; teamwork, task management and leadership; stress, fatigue and resilience.

Students were assessed via a reflective journal and an essay assignment. The course ran for the first time in May and June 2025. While the students enrolled on the VAA programme have a common interest in veterinary anaesthesia and analgesia, they come from a variety of professional backgrounds. This

highlights the importance of NTS across sectors and types of practice, with the online, asynchronous format allowing participation from a diverse cohort of international students.

Despite the limited veterinary-specific evidence for the importance of NTS, there are a growing number of tools to support their implementation in practice. Our experiences demonstrate how NTS training can be implemented into a postgraduate curriculum. Asynchronous online teaching is a viable delivery method for introductory teaching of these topics. Incorporation of additional digital education techniques, such as interactive scenario-based training and simulation, is likely to benefit future training of veterinary professionals in NTS.

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Mapping the structure, support, and outcomes of rotating veterinary internships across Europe: Findings from a multi-national survey

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Mark Bowen, Director of Education, European Board of Veterinary Specialisation (EBVS)

Background

Rotating veterinary internships are widely viewed as essential preparation for residency training in Europe, yet their structure, support systems, and outcomes remain poorly defined. The European Board of Veterinary Specialisation (EBVS) requires rotating internship completion or equivalent experience before residency enrolment, but the absence of a clear "standard rotating internship" complicates recognition and creates uncertainty for new graduates. This study collates data from

the first Europe-wide survey of rotating veterinary internships to characterise their design, funding, and impact.

Methods

A structured questionnaire was distributed across internship providers and early-career veterinarians. Questions explored demographics, structure, funding, workload, wellbeing, supervision, and perceived value. Data from more than 100 internships across the UK, EU Med countries, Benelux, Nordics, DACH, and Ireland were analysed descriptively and thematically.

Results

Internship landscape: The UK is the largest provider (43 centres), followed by EU Med (30) and Benelux (17). Most internships are in small animal practice (63%), with equine the next most common (26%), and fewer in farm, fish, and laboratory animal disciplines.

Entry requirements: Many companion animal programs require at least one year of prior experience (10% require over two years). Equine internships are more likely to accept new graduates outside the UK.

Funding and pay: Corporate funding dominates companion animal internships in the UK, while universities lead funding elsewhere. Private practices rarely fund companion animal internships but play a larger role in equine programs. Unpaid positions exist only in academic institutions in France, Italy, and Spain.

Workload and wellbeing: Around 20% of internships expect more than 48 hours of clinical work per week, rising to 30% for equine programs. Vacation allowances vary: 36% offer 4 weeks, 30% offer 3 weeks, and a minority provide only 2 weeks. Private practices tend to offer less support and mentorship compared to corporate and university providers.

Perceived value and challenges: Internships are recognised for building confidence, providing exposure to complex cases, and serving as a gateway to residencies. However,

respondents reported long working hours, low pay, financial strain, inconsistent supervision, and limited wellbeing support.

Discussion

This survey establishes the first comprehensive baseline for rotating veterinary internships across Europe. The findings confirm the critical role of internships in skill development and residency preparation, while highlighting variability in structure, pay, and support. Interns value exposure and mentorship but raise concerns over work–life balance and financial sustainability. Most internships in Europe focus on companion animal and equine practice.

Conclusions

Standardising internship expectations could protect trainees and clarify pathways into specialist training. These findings provide a foundation for defining a "standard rotating internship," guiding accreditation discussions, and supporting policies that improve supervision, workload management, and wellbeing provision for early-career veterinarians. Opportunities for developing structured pre-residency training in other disciplines such as farm animal and exotic practice should be evaluated further.

The Court Room

Unifying standards, empowering progress: Veterinary Continuing Education in Europe (VETCEE) and the future of European CPD accreditation

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Background

European veterinary professionals face significant challenges in continuing professional development (CPD) recognition due to disparate national accreditation systems and inconsistent quality standards. Limited harmonisation exists between

jurisdictions, creating barriers to workforce mobility, fragmented quality assurance, and restricted access to high-quality educational opportunities. Veterinary Continuing Education in Europe (VetCEE) was established to address these systemic challenges and create a unified approach to CPD accreditation across Europe.

Aim

The primary objective of VetCEE is to harmonise CPD accreditation standards across Europe, improving educational quality and enabling workforce mobility. Specific aims include: developing a standardised accreditation framework interfacing with national regulatory systems; establishing transparent quality assurance mechanisms; and creating pathways for professional progression from CPD to specialist qualifications. The initiative sought to reduce administrative burden on practitioners while maintaining rigorous educational standards and supporting lifelong learning across diverse European veterinary contexts.

Intervention

VetCEE implemented a comprehensive accreditation system based on ECTS equivalence (1 ECTS = 25–30 hours of learning) with integrated governance giving the possibility of incorporating national regulators, EBVS and EAEVE. A digital platform was developed to facilitate quality assurance and automatic conversion of ECTS credits into national CPD points across participating countries, including the UK. Now VetCEE is transitioning to an outcomes-oriented model incorporating structured learner feedback, standardised course evaluations, and pilot EQF Level 8 digital microcredentials. These microcredentials were designed as portable, stackable components contributing directly to EBVS-recognised postgraduate pathways.

Survey findings

To inform future strategy, a Europe-wide stakeholder questionnaire was distributed. 226 valid responses were received: 172 from individuals and 54 from organisations. Respondents represented a broad cross-section of the

profession, with 83% identifying as veterinary practitioners, academics or specialists, and ten statutory bodies also participating. Among organisational respondents, 87% already deliver CPD, primarily through short courses (36%), conferences or modular programmes (34%) and digital learning (25%). Accreditation practices were mixed: 59% reported offering accredited CPD. Roughly half of CPD providers expressed clear interest in VetCEE accreditation, and the remainder indicated they "might be interested." Awareness of VetCEE was moderate, with 50% of respondents having prior knowledge of the initiative. Support for expansion was strong: 75% of respondents endorsed VetCEE broadening its scope to accredit a wider range of CPD, and a similar proportion believed a pan-European credit system is needed.

Outcomes

Between 2021 and 2025, VetCEE accredited over 100 programmes across multiple European countries, encompassing both day-long intensive courses and extended modular programmes at Master's level. Programme delivery occurred across multiple countries and languages. The program aims to deliver 1) Interoperability with national CPD systems, eliminating administrative barriers for mobile practitioners. 2) Integrated regulatory oversight that enhances quality assurance without compromising educational autonomy. 3) Clear progression pathways from CPD to EBVS-recognised specialist qualifications via digital microcredentials.

Conclusions

VetCEE has established a trusted, transparent and harmonised CPD accreditation system. Survey findings confirm strong stakeholder appetite for further expansion, a unified credit framework, and innovative credentialing. These insights position VetCEE to underpin the next generation of cross-border veterinary education infrastructure, responsive to evolving science, technology, and societal needs.

Empowering veterinary professionals as educators

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Elizabeth Wilcox-Wood, Veterinary Lecturer – Inter-professionalism and Partnerships, University of Lancashire, UK

Background

Veterinary professionals in clinical practice play a pivotal yet often under-recognised role in the education of future veterinary surgeons and veterinary nurses. Beyond the formal university setting, students absorb critical lessons through the 'hidden curriculum' - the implicit values, behaviours, and norms observed in real-world practice. These experiences shape professional identity, influence attitudes toward animal welfare, and impact mental wellbeing. Veterinary professionals, through everyday interactions, act as informal educators, mentors, and role models. However, many report feeling underprepared for this educational role, lacking formal training in teaching, feedback, and coaching. Given the importance of workplace-based learning, equipping veterinary professionals with educational and leadership skills should be of high priority - not only to enhance student outcomes but also to foster a more supportive and sustainable professional environment.

Aim

To formally recognise and support the educator role of veterinary professionals in practice. By educating the educators, we seek to enhance their ability to deliver high-quality teaching and feedback, foster psychologically safe learning environments, and develop coaching and mentoring skills. These competencies have the potential to enhance the quality of student learning, strengthen team dynamics, and address challenges in job satisfaction and retention within the veterinary profession.

Intervention

To address this need, the University of Lancashire – School of Veterinary Medicine, has developed two part-time, online postgraduate programmes tailored for veterinary professionals in clinical practice:

• PGCert in Veterinary Education, Coaching and Leadership
• MSc/PGDip in Veterinary Primary Care and Clinical

Leadership

These courses are designed to fit around busy clinical schedules, offering asynchronous learning in five-week blocks. They provide research-informed pedagogical training, practical strategies for workplace-based education, coaching/mentoring and leadership development. Upon completion, students are eligible for membership of the Academy of Medical Educators (MAcadMEd), affirming their commitment to excellence in clinical education.

Outcomes

Although the programme has only run for one year, we have already had several reports from students of increased confidence and competence in their roles as educators and leaders. They are actively applying their skills to improve workplace learning, deliver interactive CPD sessions, and present at educational conferences. For example, one Head Nurse noted a transformation in her approach to team training, shifting from passive presentations to engaging, assessed workshops with measurable impact. These ripple effects have the potential to extend beyond individual development - enhancing team cohesion, improving patient care, and fostering a culture of continuous learning.

By empowering veterinary professionals to embrace and excel in their educator roles, we hope to elevate the quality of veterinary education, improve workplace wellbeing, and shape a more resilient and inspiring future for the profession.

A breath of fresh AIR: Harnessing AI review to enhance question quality in specialist examinations

Mark Bowen, Director of Education, European Board of Veterinary Specialisation (EBVS)

Hallowell GD, Vrbanac Z

Introduction

Item-writing flaws (IWFs) undermine assessment validity, create legal vulnerabilities, and threaten professional qualification credibility in any setting. They are widely reported across medicine, nursing, dentistry, physiotherapy, and veterinary medicine examinations and their management is a significant burden to examination boards. Automated item generation (AIG) has been proposed as a technological solution to improve efficiency in question production. While AIG can produce technically correct questions, it currently struggles to reproduce the nuance of authentic human-authored clinical scenarios that integrate reasoning across a broad knowledge base. AI Review (AIR) offers an alternative approach. Rather than generating items, AIR applies defined rules and structured logic to review existing questions.

The aim of this study was to test the hypotheses that rules based AIR models could be applied in veterinary specialist assessment contexts. Specifically, to develop a custom veterinary model, and to evaluate its performance alongside a commercial AIR tool with veterinary constructs.

Methods

The custom veterinary model (AL-BERT) was developed as a custom GPT model using ChatGPT-4o and later GPT-5. It was based on an extensive ruleset, covering structural flaws, cognitive understanding and aligned to EQF level 8. SAQUET is an open-access GPT-4o with custom wrapper assessing 19 structural flaws. The commercial platform, itemCrtQ, used a beta version of its veterinary model and an unknown ruleset size. All models were exposed to 30 flawed items from veterinary sports medicine and rehabilitation and the ability of each model to identify flaws was assessed.

Results

SAQUET was able to identify simple structural flaws rapidly, but was not always able to identify fundamental veterinary constructs such as axis drift, or testing point collapse or those relating to plausibility that render the questions unusable. AL-BERT resulted in a conversational model that often took a surface level approach to linguistic flaws, especially in GPT4o and often missed simple IWFs that had been identified in SAQUET. There was a tendency for the model to drift from its initial ruleset, although early experience with GPT-5 was superior. Its remediation plan attempted detailed question rewrites, often introducing surface complexity or further flaws. ItemCrtQ exhibited superior consistency and clinical language expertise, excelling at identifying meaning-based flaws and option plausibility issues, though lacking conversational flexibility for output refinement. Refinements were more instructional rather than complex rewrites.

Discussion

AIR offers a direct pathway to enhancing item review in IWFs in veterinary assessments. While no data were compared between each model, it is important to understand the limitations and strengths of each approach. The veterinary specific models had the ability to identify critical flaws that prevent polish type refinements to a fundamentally flawed item, thus saving workloads. The veterinary specific models can be readily adapted for use, and being atomic, could be re-engineered to other EQF levels. While AIR offers promise it should only be used with expert educational oversight to polish questions not as a replacement of that expertise. Direct comparison of these models is justified to determine their use case and justify their costs.

Training veterinary leaders to advocate for sustainability

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Dr Hannah Davies MRCVS (University of Surrey)

Dr Milorad Radakovic (University of Cambridge)

Ms Barbara Skelly (University of Cambridge)

Professor Alun Williams (University of Cambridge)

Ms Jess Dicks (Harper & Keele Veterinary School)

Ms Samantha Fontaine (University of Glasgow)

Dr Amelia Garcia-Ara MRCVS (University of Nottingham)

Dr Sarah Hewitt (University of Nottingham)

Dr Rita Goncalves (University of Liverpool)

Dr John Graham-Brown (University of Liverpool)

Prof Rob Smith (University of Liverpool)

Dr Nuria Terron-Canedo (University of Liverpool)

Dr Zoë Halfacree MRCVS (Vet Sustain, Davies Veterinary Specialists, Hertfordshire)

Dr Laura Higham (Vet Sustain and University of Edinburgh)

Dr Sarah Lawson MRCVS (University Centre Sparsholt; University of Plymouth)

Ms Fern Brown (University Centre Sparsholt; University of Plymouth)

Dr Nicola Earnshaw MRCVS (University of Edinburgh)

Dr Carolyn Morton MRCVS (University of Edinburgh)

Professor Susan Rhind (University of Edinburgh)

Dr Iain Richards MRCVS (University of Lancashire)

Dr Roz Gehring MRCVS (University of Lancashire)

Dr Imogen Richens (University of Nottingham)

Dr Dona Wilani Dynatra Subasinghe (University of Surrey)

Dr Renagh Kelly (University College Dublin)

Ms Alison Lee (University College Dublin)

Ms Sandra Nicholson (University College Dublin)

Dr Ana Pereira Do Vale (University College Dublin)

Dr Saira Amelia Khurshid Akhtar (Royal Veterinary College)

Mrs Fiona Brown (Royal Veterinary College)

Prof David Connolly (Royal Veterinary College)

Ms Catherine Kendall (Royal Veterinary College)

Assoc Prof Steven van Winden (Royal Veterinary College)

Ms Rachel J Ward (Royal Veterinary College)

Laura Gelder-Robertson (Vet Sustain)

Aim

To provide an overview of resources and CE/CPD training available and under development by Vet Sustain.

To respond to the following questions[1]

- What CE/CPD could have the greatest impact on the professional development of veterinarians?
- How do veterinarians choose to maintain their knowledge and skills?
- What motivates them when choosing CE/CPD?
- How can CE/CPD contribute to the improved well-being and resilience of veterinary professions.

Background

Veterinary professionals are in a prime position to drive sustainability working at the human, animal, environmental interface. Institutions and the professions have a shared a responsibility to help prepare students, staff and our extended alumni and professional networks to face a challenging and uncertain future[2]. This is best achieved by working in collaboration, sharing experiences, resources and support.

Vet Sustain is a community interest group with a vision to enable the veterinary professions to be leading forces for sustainability. The mission is to enable and inspire veterinary professionals to continually improve the health and wellbeing

of animals, people and the environment. This work is coordinated between four working groups, covering the greener veterinary practice, food and farming, equine and veterinary curricula. The Curriculum Working Group has representatives from the majority of UK veterinary schools and the RCVS, and includes a range of discipline experts from cardiology to veterinary public health.

Intervention

Open access CE/CPD resources, CE/CPD training including carbon literacy and biodiversity literacy, Vet Sustain network and support.

Outcomes

The benefit of collaborative action will be discussed, as the work achieved to date has been due to the hard work and commitment of volunteers. Future plans and actions will be outlined, including the challenge to develop accredited formal postgraduate education. Participants will be directed to the Vet Sustain website and mailing list for further information.

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From systems to skills: Modular, active, and personalised postgraduate training in small-animal internal medicine (SAM) and soft tissue surgery (SASTS)

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Background

Traditional postgraduate programmes organised by systems and organs—and dominated by long, passive lectures—struggle to build transferable clinical reasoning and consistent surgical performance. Our internal review identified fragmentation, uneven standards, and limited emphasis on decision-making under uncertainty. We propose a methodology-first model built on three pillars: modular and granular content; Active Learning Activities (ALAs); and personalised feedback and mentoring.

Aim

To implement a common pedagogical backbone across small animal medicine (SAM) and small animal soft tissue surgery (SASTS) that strengthens diagnostic and surgical decision-making, standardises quality at scale, and sustains engagement in online and blended formats.

Intervention

1) Modularity and granularity – Courses are rebuilt into concise 10–15-minute units with consistent structure, short "bridge" overviews for coherence, and transversal tagging to form a Living Atlas of Clinical Medicine. SAM moves from organ-based blocks to clinical-presentation pathways (e.g., vomiting, diarrhoea, PUPD, cough/dyspnoea, acute abdomen), aligning teaching with real case flow. In SASTS, modular design is combined with staged practical blocks and objective structured assessments of technical skill (OSATS) – style rubrics to drive observable skills progression.

2) Active Learning Activities (ALAs) – Programmes embed Error Management Training, Reverse Engineering of the Clinical Case, Visual Synthesis Challenge, Interactive Clinical Cases, Active Checklists, Consensus & Controversies, and Human vs AI debates. These ALAs prioritise analysis, evaluation, and creation over recall, connecting reasoning to clinical action and, in SASTS, to operative execution.

3) Personalised feedback and mentoring – Each delegate receives at least two coordinator–learner video exchanges (start/end; optional mid-course), supported by progress dashboards and brief, specific, criterion-referenced guidance. "Ask-It-Now / Solve-It-Together" webinars aggregate cohort questions and feed individual feedback.

Outcomes

Primary measures: engagement (on-time submissions, ALA quality), achievement (applied assessments, case-based tasks), self-efficacy and perceived feedback usefulness, completion rates, and—within SASTS—performance via OSATS.

Process measures: coherence (use of bridge videos, rubric adherence), use of the Atlas, and mentoring touchpoints. Anticipated results include stronger transfer to practice, clearer diagnostic/surgical planning under pressure, and improved learner confidence, with more consistent standards across faculty.

Conclusion

By moving from a content-first model to a methodology and mentoring first model, SAM and SASTS operationalise modularity, ALAs, and personalised feedback to deliver clinically integrated, scalable, and human-centred postgraduate education.

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DAY TWO – AFTERNOON
Presentations in parallel sessions: Postgraduate education (III) – licensure and revalidation

The Banqueting Hall

From knowledge to creation: Using Webb's Depth of Knowledge to define the veterinary specialist

Mark Bowen, Director of Education, European Board of Veterinary Specialisation (EBVS)

Rosser JM, Nathues H, Guatteo R.

Background

Competency-based veterinary education (CBVE) has reshaped undergraduate training with milestones, entrustable professional activities, and observable competencies. Yet postgraduate education, particularly the step from Advanced Practitioner (EQF 7) to Veterinary Specialist (EQF 8), lacks similar conceptual scaffolding. This gap could lead to inconsistent training outcomes and unclear advancement expectations across residency programmes and specialist boards. We propose Webb's Depth of Knowledge (DoK) as the overarching framework for defining that progression. Unlike Bloom's taxonomy, which focuses on cognitive processes, DoK emphasises the complexity and context of thinking required for real-world tasks. DoK's four cognitive levels, from recall

(DoK 1) through application (DoK 2), multi-step reasoning (DoK 3), and finally synthesis/knowledge creation (DoK 4), offer a developmental spine that reframes specialist training as more than knowledge accumulation: it is about integrating evidence, managing uncertainty, and reshaping understanding.

Methods

The nine CBVE domains and milestone concepts were mapped to Webb's DoK to create a provisional career map. Profiles for four learner stages (Novice, Proficient, Advanced Practitioner, and Specialist) were drafted and refined with input from educators and diplomates. The resulting table summarises the trajectory of knowledge, skills, and reasoning.

Results

The framework preserves clear specifications: Advanced Practitioners are often required to perform across DoK 2-3, characterized by multi-step reasoning and furthering synthesis in their niche but still anchored in structured frameworks. Specialists, by definition, are required to perform at DoK 4, integrating research, translating ambiguity in real time, and reshaping the profession's own knowledge base.

Level	EQF	DoK Alignment	Knowledge / Skills / Reasoning
Novice	6	DoK 1-2	Follows protocols and checklists; performs routine procedures under supervision; struggles when cases deviate from standard presentations.
Proficient GP	6–7	DoK 2, some DoK 3	Adapts protocols to individual cases; manages common conditions independently; seeks guidance for complex multi-system problems.
Advanced Practitioner	7	DoK 2-3	Integrates advanced diagnostics and treatments within specialty area; manages complex cases using established frameworks; recognises limits of current knowledge.
Specialist	8	DoK 2-4	Synthesizes research evidence with clinical experience; develops novel treatment approaches; mentors/leads others and advances the specialty knowledge base.

Discussion

Using Webb's DoK as the organising principle creates a cognitive roadmap from student to specialist. This proposed framework provides a shared language for curriculum design, assessment, and credentialing while clarifying the roles of "advanced clinician" and EBVS specialist by highlighting the added training rigors and responsibilities at DoK 4. The approach can unify expectations across advanced practitioner and residency pathways and support a coherent, competency-based veterinary education continuum. The framework offers clear implementation pathways by providing objective assessment criteria for residency programs and establishing cognitive benchmarks for specialist certification. Rather than relying solely on time-based requirements, programs can evaluate developmental progression through reasoning complexity, enhancing quality assurance while maintaining flexibility across diverse specialties. Successful implementation will require validation across different specialty contexts and stakeholder input from residency directors, credentialing boards, and practicing specialists to refine cognitive boundaries. The framework provides the conceptual foundation for developing specialty-specific assessment tools and progression markers. Beyond veterinary education, this DoK-anchored approach could inform similar frameworks in human medicine and other health professions facing comparable challenges in defining advanced practice levels.

Distributed clinical teaching: how do residencies fit into this undergraduate community-based model?

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Giovanni Capuzzello, Emily Payne, Dr Ginny Sherwin, Dr Nicola Gladden, Professor Kate Cobb

Overview

In undergraduate veterinary education, a distributed curriculum model for delivery of final-year clinical teaching is

gaining popularity worldwide (Fuentealba *et al.*, 2023, 2008), with the University of Nottingham School of Veterinary Medicine and Science (SVMS) first to develop a community-based model for provision of final-year undergraduate clinical teaching in the UK (Cobb *et al.*, 2025). This form of delivery is now well documented to encourage experiential workplace-based learning; this is demonstrated to improve student communication skills and development of clinical and professional skills (Barron *et al.*, 2017; Magnier *et al.*, 2011), alongside enabling undergraduate exposure to an appropriate caseload reflective of the structure of UK veterinary practice. In this model, small groups of final-year undergraduates are taught by both School and practice staff for two weeks within a range of first-opinion and referral clinics, known as Clinical Associate practices. This arrangement is contractualised, often with School investment in practice facilities to support clinical teaching. According to the national student survey and RCVS employer survey of VetGDP advisors, this model has been successful in establishing day-one competent graduates, fit for UK general practice (Cobb *et al.*, 2025).

Since the inception of this model within the SVMS, postgraduate veterinary education has also been delivered successfully alongside the undergraduate course within Clinical Associate practices and School academic facilities, in the form of standard European and American Board residencies across specialities. Typically, traditional veterinary residency programmes have been delivered within the hospital referral setting alone, with supervision by hospital specialists and/or University specialist clinicians. There is however a lack of evidence to support the efficacy of general veterinary residency structure, content or assessment modality, with a need identified for research around evidence-based delivery and assessment methods (Hunt *et al.*, 2022; Kim *et al.*, 2015; Simons *et al.*, 2024).

Residency structure and content has evolved within the SVMS over the last 14 years; this has ensured alignment with changing residency learning outcomes, optimised residency caseload and improved overall resident experience, alongside

supporting resident contributions to both Clinical Associate practices and undergraduate teaching. A series of best practice guidelines have been developed that inform the success of residencies delivered in conjunction with the community-based undergraduate curriculum model; this work aims to explore these in the context of the European Bovine Health Management residency delivered by the School, alongside barriers to success encountered and suggested mitigations. The diverse outcomes of past successful residents from this programme and comparisons made with a similar conventional structure UK residency will also be discussed.

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International School of Veterinary Postgraduate Studies (ISVPS): Innovating global veterinary postgraduate assessment

Dr Charlotte French, ISVPS Academic Manager, ISVPS

Background

The International School of Veterinary Postgraduate Studies (ISVPS) is an awarding body offering globally recognised postgraduate qualifications for veterinary professionals. ISVPS oversees the General Practitioner Certificate (GP Cert) assessments and, in partnership with Harper Adams University (UK), delivers Postgraduate Certificates (Pg Certs), which are accepted for Royal College of Veterinary Surgeons (RCVS) Advanced Practitioner applications.

The ISVPS Case-Based Scenario Examination (CBS) is an authentic assessment designed to evaluate knowledge and skills through realistic cases encountered in general practice (Rackard *et al.*, 2024). It forms one element of the broader assessment pathway towards GP Cert and Pg Cert awards. Historically, the CBS was composed entirely of short answer questions (SAQs), exclusively examiner marked.

Rationale for Change

A revised CBS format was developed in response to:

- Candidate feedback highlighting challenges with a fully written format, particularly for non-native English speakers and those with specific learning differences (e.g., dyslexia).

- Investment in a new exam platform enabling integration of auto-marked, interactive question types.

- Increasing global delivery (in nine languages), requiring greater efficiency for candidates and examiners.

Aims

The new format (entitled 'Next Generation' CBS) aimed to:

- Improve acceptability for candidates and examiners.

- Streamline and standardise examiner marking processes.

Intervention

A pilot CBS examination in Endoscopy and Endosurgery combined examiner-marked SAQs (60%) with computer-marked questions (40%), including multiple-choice, extended matching, and hotspot formats. Test candidates completed the exam and provided feedback.

Outcome

Pilot results indicated the new format was acceptable, and in some cases preferred, compared to the traditional format. In 2025, ISVPS formally introduced the Next Generation CBS exam.

Early findings show:

- Increased candidate acceptability and improved pass rates.
- Comparable reliability (Cronbach's alpha) between old and new formats, though analysis is ongoing.
- Reduced marking subjectivity and improved efficiency.

ISVPS is committed to maintaining reliability, validity, and positive educational impact across all assessments. Like other awarding bodies, ISVPS faces the ongoing challenge of ensuring assessments remain rigorous, fair, and feasible—particularly in the context of rapidly advancing AI technologies.

Task clarification and wellbeing in emergency veterinary care practice. Reframing work through Entrustable Professional Activities with desired supervision levels: an observational survey study

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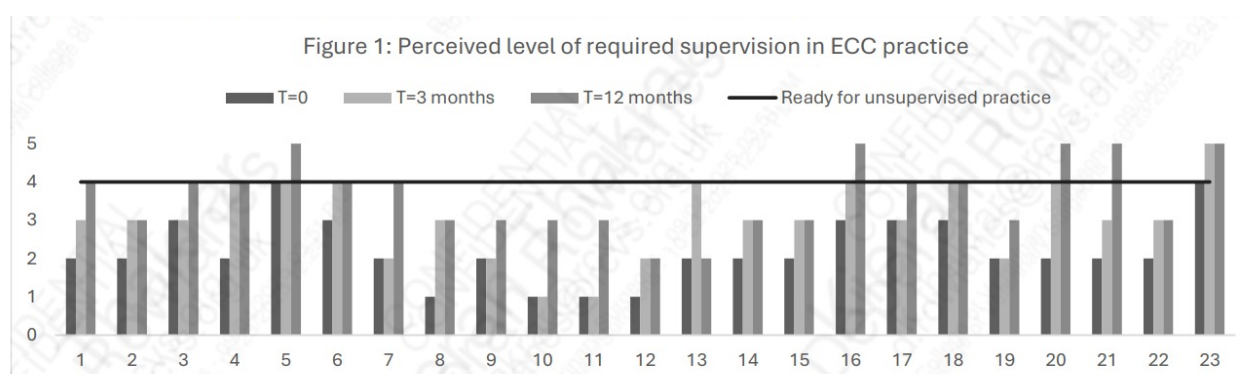
Introduction

Transitioning into a new workplace, particularly one with a high workload and a demanding expertise, can expose early career employees to stressful working conditions. For recently graduated veterinarians, especially those starting in emergency and critical care (ECC), such environment can lead to feelings of uncertainty, incompetence, and reduced job satisfaction. The challenges inherent in ECC underscore the need for structured support, critical during the initial stages of veterinary careers. As veterinary medicine continues to explore the framework of Entrustable Professional Activities (EPAs), we developed an EPA-based tool to enhance task clarity for recently graduated veterinarians. Our aim was to determine whether this EPA-based tool in conjunction with supervision would increase perceived task clarity, thereby reducing competence uncertainty and improving job satisfaction.

Methods

This controlled study enrolled recently graduated veterinarians starting employment in ECC settings. The intervention group (N=24, 0-3 years postgraduation; prospective) received on their first day, a list of 23 prevalent companion animal ECC tasks described as EPAs. Participants were asked to indicate for each EPA the level of supervision (on a 5-level scale) they believed necessary and to discuss this individually with their supervisor. Data collection consisted of surveys administered at the start, 3 months, and 12 months. Surveys collected demographic data, and measured job satisfaction, mental health status, work motivation, perceived task clarity and supervision. The control group (N=20, 4 years postgraduation; retrospective) comprised veterinarians with one year of ECC experience, who had not utilized the EPA-based tools. They were surveyed once, at 12 months, covering the same domains as the intervention group.

Results

The 23-item EPA list has been used by 24 (2 males, 22 females) veterinarians in the intervention group. Support provided through EPAs and supervision was perceived as particularly valuable, with the highest benefit reported during the first months of employment. Figure 1 presents the mode values of required supervision as perceived by the veterinarians in the intervention group at baseline (T=0), after 3 months and after 12 months.

Figure 1: Perceived level of required supervision in ECC practice

(1= ready to observe but not to enact the EPA ; 2= act under direct supervision; 3= act with indirect supervision; 4= act unsupervised (the horizontal line); 5: supervise junior learners) Perceived requirements for supervision varied across time points and among EPAs. At T=0, participants did not feel competent to perform 21 of 23 EPA unsupervised (level 4). After 12 months, participants reported competence to perform 12 of 23 EPA without supervision. Notably, EPAs related to surgery consistently received lower scores. Five EPAs showed a positive correlation between the level of competency achieved and the frequency they were performed.

Conclusions

Implementation of a structured 23-item EPA list, combined with supervision, enhanced clarity regarding tasks and expectations for recently graduated veterinarians entering ECC roles. The most pronounced improvements in role immersion were observed in the first months following employment. This approach also fostered greater perceived support both from colleagues and supervisors. Further research is recommended to elucidate the mechanisms underlying these benefits, particularly regarding the interaction of EPAs and supervision in professional development.

The Court Room

Multifaceted education development to support commercial oral healthcare strategy

Natasha Hetzel, Head of Education and Career Development, Linnaeus, UK

Background

In response to the high prevalence of canine/feline dental disease, Linnaeus developed a strategy to improve preventative and reactive oral healthcare across its primary care practices.

Aim

To identify knowledge and skill gaps and implement a multifaceted education strategy to empower clinical teams to improve the quality of, and access to, oral healthcare. Intervention

An anonymous survey open to all clinical Associates received over 400 responses. Key findings included:

- **Patient Care Assistants (PCAs):** Sought clarity on their role in dentistry and training across all aspects.

- **Nurses:** identified radiography, charting, and nerve blocks as their biggest training needs, with radiography as the main challenge.

- **Vets:** prioritised training in extractions, radiography/radiology, nerve blocks and feline dentistry, favouring practical learning. Time constraints (e.g. procedure duration, scheduling, fatigue) were the main barrier.

- **General:** Only 9% felt dentistry procedures were efficient. While 90% believed charting, scaling, polishing, and radiography should be delegated to nurses, just 3% felt this was consistently achieved. The key barrier was nurse training and availability.

In response, a dentistry certificate holder and an EVDC Diplomate worked as subject matter experts to help the team develop an education strategy including:

- Accessible, bitesize and aligned online training tailored to vets, nurses, and PCAs, promoting appropriate delegation

- Clear role and responsibility guidelines to optimise efficiency and job satisfaction

- Narrated short cadaver videos on extractions, nerve blocks, and radiography, accessible via posters in dentistry rooms

- Practical cadaver training at foundation and intermediate levels for vets and nurses, later expanded to interprofessional sessions and forthcoming feline dentistry training

- Vet and Nurse Dental Champions programme, with intermediate level training enabling them to support their teams. Dental Champions are linked via Microsoft Teams to

certificate holders and Specialists, fostering a community of practice.

- A pilot of Regional Dentistry Leads (a dentistry certificate-holding vet and experienced RVN) to provide in-practice training and support
- Ongoing review and adaptation based on feedback

Outcomes

Within 18 months, over 700 Associates accessed online training, and by the end of 2025, more than 200 will have completed practical training. Evaluation using Kirkpatrick's hierarchy (Lovato and Peterson (2019) demonstrated:

- **Level 1 (Satisfaction):** Practical training scored 9.2/10; online training 8.7/10 (average)
- **Level 2 (Learning):** Associates rated pre-course knowledge at 5.1/9, rising to 7.4/9 post-course (average)
- **Level 3 (Behavioural change):** Radiographs during dental procedures rose from 51% (Jan 2024) to 65% (July 2025); nerve blocks from 56% to 72%. Nurse-led scale and polish procedures fluctuated presumably due to availability.
- **Level 4 (Impact):** Dental procedures for pets identified as needing treatment increased from 1,365 to 1,450 per 4-week period (2024–2025) with increased nerve blocks/radiographs reflecting quality improvement. While multifactorial, education contributed significantly.

The Regional Dentistry Leads pilot was effective but financially unsustainable. Focus has shifted to expanding the Dental Champions programme through clinical educator training and ongoing, enhanced support.

Conclusion

A multifaceted approach to dentistry education underpinning an organisation-wide oral healthcare strategy was a new approach and has delivered measurable improvements at both individual and organisational levels, demonstrating clear benefits in knowledge, behaviour, and patient care.

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Leveraging the Pygmalion Effect with personalised video-feedback in online postgraduate veterinary education

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Background

Much online postgraduate learning still relies on self-paced, auto-graded content with minimal supervision, which weakens formative dialogue and limits motivation and transfer. In contrast, structured, high-quality feedback is a core driver of clinical competence development in veterinary education and is recognised by accrediting frameworks; when effective, it improves clinical reasoning, documentation and decision-making while reinforcing deep learning and self-reflection.

Aim

To embed a scalable, personalised feedback model in our online programmes that operationalises the Pygmalion effect and elevates learner performance, confidence and completion, without sacrificing online flexibility.

Intervention

We will implement **asynchronous mid-course and end-course feedback** recorded by the Course Director. To ensure quality and consistency, faculty will use a lightweight template aligned with evidence-based principles of effective feedback (Specific, Thoughtful, Actionable, Timely, Individualised, Criterion-referenced— "STATIC"). Each faculty member will access a one-page learner dashboard summarising progress (module

completion, performance on Active Learning Activities, participation), plus a short *delegate video* where the learner raises doubts and priorities. This supports truly personalised messages and activates the Pygmalion triad—warm climate, richer instructor input, and targeted feedback. The tone will be deliberately growth-oriented, setting high expectations and outlining clear next steps, with brief criterion-referenced notes and positive reinforcement to build self-efficacy and reduce avoidance.

Outcomes
We will report feasibility and educational impact using: (a) **engagement** (timely activity completion, discussion/video submissions), (b) **achievement** (performance in applied assessments and case-based tasks), (c) **self-efficacy and feedback usefulness** (validated short scales and post-feedback one-minute surveys), and (d) **programme metrics** (course completion, progression). Based on veterinary clinical-teaching literature, we expect structured, timely, individualised feedback to strengthen competencies and metacognition, and to standardise teaching quality across instructors. From the adult-education perspective, we anticipate that explicitly communicated high expectations and positive, criterion-bound reinforcement will improve learners' motivation and perceived control, consistent with evidence that Pygmalion-style climates in adult education correlate with increased self-concept and reduced helplessness.

Conclusion
Personalised asynchronous video-feedback, delivered with STATIC quality and a Pygmalion mindset, offers a pragmatic upgrade to online veterinary postgraduate training: it restores the educator–learner relationship, raises expectations transparently, and provides actionable guidance at scale—thereby improving clinical learning while retaining the flexibility of online delivery.

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The Evidence-Based Veterinary Medicine (EBVM) Academy: Developing a course to meet practitioners' needs in evidence-based veterinary medicine

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Background

The EBVM Academy was developed by VetPartners' Clinical Board Support Team to upskill colleagues in principles and practice of Evidence-based Veterinary Medicine (EBVM). The team developing and delivering this course were previously involved in creating and teaching a similar programme in an undergraduate veterinary curriculum.

Whilst numerous opportunities for specific clinical development pathways exist, EBVM is a core skill, useful throughout primary care and specialist practice. However, no specific postgraduate EBVM qualification exists, and this topic is taught inconsistently at both undergraduate and postgraduate level. Therefore, providing opportunities for colleagues to develop and practice EBVM was an important strategic aim for the Clinical Board Support Team.

Aim

To document the reflections and learnings in the creation of a new EBVM course for practitioners, and compare this to prior experience in creating and delivering an undergraduate EBVM course. This abstract examines the course aims and Learning

Outcomes (LOs), highlighting differences both from undergraduate versions, and those initially envisioned by the team.

Intervention

A course of six sessions was designed. Following feedback, the Learning Outcomes were substantially reworked. After delivery of the first session to three groups of learners, and gathering structured feedback, the LOs, structure and content of the following five sessions were further refined.

The overarching course aims were:

- Help develop a community of Clinical Board/CIG (Clinical Interest Group) members
- Encourage an evidence-based approach and critical thinking across all areas of veterinary work
- Recognise key regulatory and professional aspects of clinical research and ethics – being 'safe' in practice
- Develop the practical skills to use EBVM in clinical work and facilitate clinical research

Outcomes

The teaching was entirely refocused from its initial design to a more practitioner-focussed format. Whilst some of the content, and many of the underlying concepts, are similar to those previously used in the undergraduate curriculum, the LOs and course organisation have been iteratively changed. These are now more outcome-focused and practical, and re-targeted from the wants of the educator to the needs of the learner.

We identified some important differences between undergraduate and postgraduate learners, summarised in the table on page 98.

Aspect	Undergraduate learner	Postgraduate practitioner
Personal role	Learning is their primary "job"	Learning time and energy needs to be compressed around primary job
Professional development stage	Relatively homogeneous in terms of professional experience; all veterinary students	Heterogeneous in quantity and type of professional experience; veterinary surgeons, nurses and non-clinical colleagues included
Starting place in Kolb's Learning Cycle	Abstract Conceptualisation	Reflective Observation
Stage in reference to Piaget's Theory of Cognitive Development	May have little prior understanding of concepts – need to accommodate	Many learners likely to be at least a little familiar with concepts of EBVM and practical use – may be able to assimilate
Attitude	EBVM concepts may seem artificial and not useful so often not well accepted/ lack of enthusiastic engagement	EBVM already perceived as a potentially useful tool (at least by some) so more receptive
Culture	Working with an established community	Creating community/ psychological safety a core aim

Evaluating the utility of a quantitative skills audit, as the basis for self-reflection and future professional development in veterinary surgeons

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Introduction

A small-scale study was undertaken to evaluate one assessment component within Certificate in Advanced Veterinary Practice C modules offered by the University of Nottingham. There is currently no clear agreement in the literature on what constitutes effective CPD (Gates *et al* 2021). Further, recent literature has highlighted the lack of evidence that exists for post-graduate education (Prescott-Clements *et al* 2025). The aim of this study was to evaluate whether a quantitative skills audit, where candidates scored their own competence at both the beginning and end of a distance learning module, was a useful tool as the basis for self-reflection and future professional development.

Methods

A mixed methods approach was used. Written reflection submissions (n=71) were evaluated from twenty-four students across 3 consecutive CertAVP modules. Quantitative analysis of skills numerical scores (n=365) was undertaken using Microsoft Excel®. Thematic analysis (Braun & Clarke 2006) of written reflections was carried out using computer assisted qualitative analysis software (NVivo®). Two focus groups (n=4) were carried out via Microsoft Teams®, data were transcribed using Microsoft Teams® automatic transcription and manually reviewed. Themes for qualitative analysis and focus group questions were adapted from proposed 'levels' of CPD evaluation in teacher education (Guskey & Sparks 2000), which have previously been proposed as applicable to veterinary CPD (Gates *et al* 2021). The study gained ethical approval from the School of Education, University of Nottingham.

Results

The average skill level improved from 2.08/5 at the start of the module to 3.87/5 at the end of the module. Skills which didn't improved were attributed to; overly specific skills, lack of cases, time constraints and lack of motivation. Thematic analysis failed to identify how candidates utilised the scoring system, as few made explicit mention of the numerical scores in their written reflections. Thematic analysis identified that lack of skills development prompted plans for future development. Focus group data identified that the quantitative framework allowed candidates to be more objective regarding their skill development and helped to focus their reflections. Improving scores were linked with positive emotions. Setting a target created focus for skills development. Skills that hadn't improved as planned prompted the most focused reflection. Focus group participants stated they would find a numerical scoring a useful tool to provide structure and objectivity to guide future reflections, however this isn't something they would implement themselves. Barriers listed to implementing this were time, lack of motivation and lack of enforcement.

Conclusions

A quantitative skills audit with reflection is a useful assessment tool within CertAVP modules, allowing skills development in a distance learning environment. A numerical self-scoring system is an effective framework to guide reflections, in particular, where progress has fallen short of planned targets. This framework may be most beneficial for veterinary surgeons who are new to self-reflection. Barriers to skills development were lack of cases, time, being overly self-critical and lack of motivation. Future work may consider the development of reflective frameworks for veterinary surgeons in practice as a form of self-assessment, to guide ongoing personal development.

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