

Draft RCVS Standards and Guidance for the Accreditation of Veterinary Degree Programmes

For consultation
July 2021

Contents

| | |
|---|-----------|
| RCVS Accreditation Standards | 3 |
| Standard 1: Learning Environment | 4 |
| Standard 2: Organisation Culture and Values | 10 |
| Standard 3: Educational Governance and Quality Improvement | 12 |
| Standard 4: Supporting Students | 18 |
| Standard 5: Supporting Educators | 24 |
| Standard 6: Curricula and Assessment | 26 |
| ANNEX 1: Definitions and Glossary | 34 |
| ANNEX 2: Extra-Mural Studies Policy and Guidance | 41 |

RCVS Accreditation Standards

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

1. Learning Environment

2. Organisation Culture and Values

3. Educational Governance and Quality Improvement

4. Supporting Students

5. Supporting Educators

6. Curricula and Assessment

Standard 1:

Learning Environment

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

Additional guidance:

Lecture theatres, teaching laboratories, tutorial rooms, clinical facilities and other teaching spaces must be adequate in number and size, and equipped for the instructional purposes and must be well maintained.

Student welfare needs to be addressed so that there is ready access to adequate study, recreation, locker and food services facilities.

Core teaching sites to have dedicated learning spaces and internet access. Medical records must be comprehensive and maintained in an effective retrieval system.

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

Additional guidance:

Operational policies and procedures should be visible.

The evidence should include details and frequency of audits, and how the school responds to incidents.

“Learning environments” encompass all areas (including off-site) where students are present.

There must be appropriate reporting mechanisms for staff or students to report safety concerns, including when undertaking EMS placements.

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

Additional guidance:

All learning and teaching environments (both on campus and off-site) relate to the infrastructure and the physical resources within it.

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

Additional guidance:

The school must ensure any hospitals and practices involved with core teaching must meet the relevant RCVS Practice Standards (for UK schools). Practices should be accredited under the RCVS Practice Standards Scheme to Core level as a minimum requirement (although practices should aspire to achieving the higher levels), or to the relevant standard for the teaching undertaken at the establishment.

Systems should be in place for students to raise welfare concerns through placement evaluations of other means.

The livestock facilities and animal housing in all learning environments must:

- be sufficient in capacity;
- be of a high standard and well maintained;
- be fit for purpose;
- promote best husbandry, welfare and management practices.

Standard 1 – Learning Environment

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

Additional guidance:

“Principal domestic and exotic species” should reflect those commonly encountered in the UK, in both general and specialist practice. Normal and diseased animals, as well as cadavers for post-mortem purposes, must be provided for hands on clinical instruction. Diseases should reflect those regularly encountered in the UK.

“Provided” by the school can relate to live animals presented as patients or ‘resident’ animals used for teaching, or preserved specimens. However, every attempt should be made for common diseases to be presented in live clinical cases rather than preserved materials.

A judgment will be made against the rationale for how animal numbers are sufficient for students to meet the Day One Competences.

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

Additional guidance:

Equipment should be sufficient in number for the student cohorts and a reflection of the equipment used in general practice, including simulations and models.

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

Additional guidance:

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

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

No further guidance required.

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

Additional guidance:

The size and type of isolation facility should be appropriate to species being treated. Where permanent isolation facility is not present, the *ability to provide such facilities in an emergency must be demonstrated.*

Standard 1 – Learning Environment

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

Additional guidance:

Clinical teaching in its entirety can be a combination of virtual teaching and live exposure, but must include direct exposure to a working, commercially approved red and white meat abattoir.

Review of facilities during an accreditation visit can either be through video or direct observation.

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

Additional guidance:

Systems should be fully accessible for all students within the cohort as required for their learning, and a reflection of those used in general practice.

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

Additional guidance:

Learning resources to include scientific and other relevant literature, and internal study resources. Students must be able to access the internet in order to retrieve the information resources at all sites where clinical education takes place.

There must be a mechanism for students to convey their requests for additional resources relevant to the programme.

Information resources can be provided through print, electronic media or other means.

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

Additional guidance:

Programmes should compliment and strengthen areas across the curriculum and schools are required to demonstrate how this is achieved.

If the post-graduate programmes are not currently running, they should be planned to commence within an appropriate timeframe.

Standard 2:

Organisation Culture and Values

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

Additional guidance:

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

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

Additional guidance:

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

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

No further guidance required.

- 2.4 The school must actively promote and maintain a culture that does not discriminate and enhances diversity, consistent with applicable law. Diversity may include, but is not limited to, race, religion, ethnicity, age, gender, gender identity, sexual orientation, cultural and socioeconomic background, national origin, and disability. There must be reporting mechanisms in place for any individual to raise concerns about discrimination and harassment.**

Additional guidance:

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

- 2.5 The school must demonstrate a no-blame culture that investigates, reflects, and learns from mistakes and adopts effective reporting mechanisms and sharing of best practice. Students and staff should feel safe in raising and reporting concerns, and these should be dealt with effectively.**

Additional guidance:

The culture must be demonstrated for students and all individuals involved in the delivery of clinical teaching and research within the school.

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

Additional guidance:

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

Standard 3: Educational Governance and Quality Improvement

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

Additional guidance:

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

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

Additional guidance:

This standard is to demonstrate a commitment to and engagement with effective QI.

Quality improvement activity should be robust, systematic, and relevant to veterinary professionals' work.

- 3.3 The head of school must have appropriate knowledge and expertise of the veterinary profession, academic affairs and leadership, and have control over the budget for the veterinary programme.**

No further guidance required.

- 3.4 Finances must be reviewed regularly in line with strategic plans, and be sufficient to sustain and enhance all aspects of the veterinary programme(s) for the duration of all current cohorts, including teaching and learning, infrastructure, teaching resources and students / staff support.**

Additional guidance:

Finances for other veterinary-related, non-professional programmes must be reported separately.

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

Additional guidance:

Look for rationale that all areas are being covered effectively, and where significant changes take place, looking for evaluation of impact on programme / students.

Looking for roles/levels/qualifications.

Numbers and roles of staff in each major area of the programme should be provided along with changes to staffing and rationale.

Contractual arrangements with partner practices involved with the delivery of teaching.

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

Additional guidance:

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

- 3.7 The school must have effective and transparent educational governance systems, with formal committee structures, which develop and continually monitor, assure, and enhance the quality of veterinary education and the student experience across all aspects of the programme.**

Additional guidance:

The committee structures need to include student representation; the terms of reference and membership for each committee need to be clear and regularly reviewed.

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

Additional guidance:

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

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

Additional guidance:

Quality data should be at module and programme level.

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

Additional guidance:

The focus and data should be in line with the school's strategic aims on diversity and inclusion.

Both quantitative and qualitative data may be used to demonstrate that this standard has been met, particularly when low numbers are involved.

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

Additional guidance:

On-going reviews to curriculum should take place within the cycle of a single cohort. It is anticipated that curriculum review will take place at different levels at different times, and that a large-scale review will not be necessary every year. However, regular and ongoing review is expected in order to keep the programme current.

Curriculum review should include learning outcomes, syllabus and assessment frameworks.

Ensure that the review committee has a balanced representation from all stakeholders and have a diverse membership, including but not limited to educators, students and employer representation.

Large-scale reviews should be conducted on a cycle that is at least every 6-8 years in frequency so that all aspects (including employer and outcomes assessment) can be considered in that review.

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

Additional guidance:

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

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

Additional guidance:

Contractual arrangements with partner practices must explicitly reference the commitment to student learning and teaching.

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

Additional guidance:

Evidence must be presented that provides RCVS with reasonable assurance that the school's programme outcomes are being achieved. Or, in the case of a school that has yet to produce graduates, how this will be achieved.

Standard 4:

Supporting Students

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

Additional guidance:

Admissions data should include initial applications, screened applications and successful applications data.

Marketing activities should be wide ranging and regularly reviewed for impact.

Where widening participation targets can be set, these should be sufficiently ambitious to address any national challenges around diversity within the profession.

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

Additional guidance:

In this context, “fitness to practise”, relates to meeting the physical, mental and legal demands of the role.

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

- 4.3 Selection and progression criteria must be clearly defined, defensible, consistent and free from discrimination or bias. The criteria should also include relevant factors other than academic performance. The academic requirements for entering the programme should be sufficient for the student to cope with the demands of the programme upon entry.**

Additional guidance:

There must be a clear rationale in place for the criteria set, to demonstrate how they ensure students are sufficiently prepared for the demands of the programme. Criteria for progression must reliably identify students with the capability to continue through the course.

If there are any exceptional admissions, there must be clear justifications documented.

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

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

Additional guidance:

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

Standard 4 – Supporting Students

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

Additional guidance:

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

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

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

Additional guidance:

The 2020 Day One Competences now have increased focus on resilience and professional skills.

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

Additional guidance:

Whilst there may not be a specific feedback policy, we would expect there to be some level of guidance to ensure consistency of approach throughout the programme.

Evidence on how feedback is made meaningful, recognising different approaches made be used in different areas of the programme.

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

Additional guidance:

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

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

Additional guidance:

There should be a variety of methodologies which are inclusive by design, available to the students to convey their needs and wants in order to meet their different support needs.

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

Additional guidance:

The methodologies available to students to communicate feedback needs to be able to meet their individual needs to ensure the mechanism is available to all.

Students must have mechanisms to raise concerns about any aspect of the programme, anonymously if they wish.

Standard 4 – Supporting Students

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

Additional guidance:

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

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

Additional guidance:

There should be a methodology in place to check students can demonstrate they have the relevant skills necessary to progress to a clinical placement.

Health and Safety briefing to be included before any animal handling and before student attendance at a work based environment.

Animal handling experience to include the majority of common UK species across the domains of companion animal, production animal and equine.

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

Additional guidance:

Policies and procedures must be clearly communicated to the student body.

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

Additional guidance:

Student grievances may include interpersonal conflict or harassment.

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

Additional guidance:

Types of data may include successful/ unsuccessful reviews, how many made it through to panel review.

Standard 5: Supporting Educators

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

Additional guidance:

Academic staff must have protected time for completion of teacher training studies, and be provided with feedback.

The programme should include learning and teaching theory/ practice and pedagogy at an appropriate level.

This would only apply to permanent members of staff who were regularly involved with student teaching, rather than “one-off” lectures and / or guest speakers etc.

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

Additional guidance:

To include, but not restricted to, full and part time staff, residents, interns or postgraduate students, adjuncts or off-campus contracted educators.

To include regular evaluation and feedback on performance from students and peers.

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

Additional guidance:

Staff at all levels will be expected to engage with an appraisal process.

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

No further guidance required.

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

Additional guidance:

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

Standard 6:

Curricula and Assessment

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

No further guidance required.

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

Additional guidance:

4-year graduate entry programmes are also applicable.

Entry to a 4-year course (Accelerated Graduate Entry) must include a Bachelors Level degree in a relevant science subject.

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

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

Additional guidance:

It would be good practice for schools to engage with their own pedagogy research as well as drawing upon evidence based upon theory and practice during the design and delivery of their programme.

6.4 The majority of clinical education delivered by the university should focus upon casework in the ‘general practice’ context, reflecting the reality of veterinary practice in society.

Additional guidance:

Anything more than 50% constitutes a ‘majority’.

(See Annex 1 for separate definitions of ‘Clinical Education’, ‘general practice’ and ‘casework’.) Clinical Education delivered by the University includes all clinical teaching and training within the programme delivered by academic staff (and not EMS).

The proportions of clinical education in different contexts (general practice, referral / specialist casework) must also be provided in Annual Monitoring data.

Longitudinal outcomes data on employment and career progression should be collected and included in evidence to support accreditation.

A holistic approach of the implementation of the majority would be expected, with schools being willing and able to adapt and make any changes that could improve the competence and confidence of new graduates, should any data collected suggest that it is needed.

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

Additional guidance:

The syllabus should encompass all of the knowledge, skills and behaviours to enable a graduate to meet the Day One Competences. (Guidelines for an appropriate list of core subjects is currently being drafted and will be included in the final published document.)

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

No further guidance required.

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

Additional guidance:

To include provision of nursing care and instruction in nursing procedures.

The team may include veterinary nurses, practice managers, technicians, farriers, nutritionists, physiotherapists, veterinary specialists, meat hygiene inspectors, animal handlers and others.

- 6.8 Students must be supported to gain experience which consolidates their learning throughout the programme through the completion of Extra Mural Studies (EMS). This must be delivered in line with RCVS EMS Policy (Annex 2).**

Additional guidance:

Students must complete 38 weeks of EMS spread across all years prior to graduation, made up of 12 weeks pre-clinical EMS, and 26 weeks of clinical EMS. Please see the RCVS EMS Policy (Annex 2) for the full policy and related guidance.

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

Additional guidance:

There should be at least one member of academic staff that holds overall responsibility for EMS. This does not necessarily need to be a veterinary surgeon, however a level of understanding of how veterinary practices and other veterinary fields within and related to the profession operate, would be recommended.

- 6.10 The school must have processes in place to ensure students identify relevant learning outcomes on EMS, and record and reflect on their achievement.**

Additional guidance:

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

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

Additional guidance:

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

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

Additional guidance:

Feedback can be on technique and clinical skills, as well as attitude and professional skills.

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

Additional guidance:

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

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

Additional guidance:

Assessment needs to be built into key points within the curriculum, and upon completion of the programme. Assessments methods should reflect the holistic nature of practice within the workplace, and provide assurance that graduates can translate individual competencies into holistic working practices.

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

Additional guidance:

Validity data should include both construct and content validity as a minimum. Levels of reliability should be in line with accepted benchmarks for the nature and purpose of the assessment (e.g. High stakes assessments would normally be expected to have reliability with a coefficient of 0.7 or more).

The assessment content, timings and outcomes should be reviewed regularly to ensure they remain fit for purpose.

Direct assessment of clinical skills and holistic clinical practice must form a significant component of the overall process of assessment in the clinical disciplines.

“High stakes assessments”, refer to those which lead to progression or completion of any component of the programme, or the programme as a whole.

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

Additional guidance:

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

6.17 Assessments must be designed and carried out by individuals with appropriate expertise in the area being assessed, who have

been trained in their role as an assessor and understand what is required to make the process robust, including honesty, fairness, consistency, and judgements free from bias.

Additional guidance:

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

6.18 Assessment load should be sufficient to provide feedback to support students' progress, and to evidence achievement, remaining cognisant of workloads for staff and students.

No further guidance required.

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

Additional guidance:

Moderation processes should include both internal and external verification.

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

Additional guidance:

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

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

Additional guidance:

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

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

Additional guidance:

Students must have the opportunity to participate in research, but not every student needs to be actively engaged in research.

All students must be trained in the principles and practice of evidence-based veterinary medicine, including being able to acquire, appraise and apply appropriate evidence from a range of sources in their professional practise.

Definitions and Glossary

Clinical Education

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

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

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

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

Intra Mural Rotations (IMR)

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

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

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

Extra Mural Studies

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

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

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

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

Glossary of terms

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

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

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

Generalism: “Generalist knowledge is characterised by a perspective on the whole rather than the parts, on relationships and processes rather than components and facts; and on judicious, context-specific decisions on how and at what level (individual, family, system) to consider a problem” (Greenhalgh, 2007). The generalist approach allows “joining up” of all aspects of healthcare that become fragmented in the specialist arena. “Whole person individually tailored clinical decision-making is the expertise of the medical generalist” (Reeve, 2018). Generalism can thus be regarded as “specialisation-in-breadth” (van Weel, Carelli, & Gerada, 2012).

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

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

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

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

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

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FOR CONSULTATION

Extra-Mural Studies Policy and Guidance

Introduction

- 1) Extra Mural Studies (EMS) is a part of students' overall clinical education, and placements are a vital component of the veterinary degree as they provide a unique opportunity for students to gain valuable hands-on experience and practice skills acquired during the veterinary programme, in a further range of 'real workplace learning' contexts. Students are encouraged to identify their own intended learning outcomes for EMS, and undertake EMS placements in areas which complement and enhance their learning and which they feel will benefit them most.
- 2) Unlike Intra Mural Rotations (IMR), during which the core teaching of the veterinary programme is delivered formally, the learning which takes place on EMS placements is experiential, focused on the students understanding and applying knowledge and skills from core teaching into a range of workplace contexts. This experiential learning is highly valuable for students as they are able to augment the training they have already received with real-life, hands-on experience that cannot necessarily be captured as part of the curriculum, to help them develop into capable and confident veterinary surgeons. It is also an opportunity to give students further experience in decision making, team working and communication, as well as offer an insight into how finances work in practices away from an academic setting.
- 3) EMS placements offer an important insight and introduction into the professional career of a veterinary surgeon, and give vital experience to students before they graduate. EMS also represents the beginning of a life-long cycle of continuing their own professional development outside of a traditional teaching context, which continues after graduation and throughout their career.

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

Policy

- 5) A total of **38 weeks** of EMS must be completed over the course of the veterinary degree programme before students are able to graduate.
- 6) Of these, **12 weeks** must be devoted to **pre-clinical/animal husbandry EMS**, to be completed throughout the pre-clinical years of the programme (usually 1st and 2nd years, however this could be up to the 3rd year in extended or intercalated programmes). Where appropriate for the curriculum model, some clinical EMS may be completed before the third year. However, in these cases, all pre-clinical/AHEMS for the species relevant to the placement being undertaken must have been completed to ensure the safety of the student.
- 7) The remaining **26 weeks** must be undertaken as **clinical EMS**, to be completed regularly over the final 3 years of the course (or clinical years) before graduation, with normally a recommended minimum of 6 weeks to be completed per year.

Pre-clinical/Animal handling (AH) EMS – 12 weeks

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

- 8) The minimum amount of pre-clinical/AHEMS required is 12 weeks, and students are permitted to carry out further weeks should they wish and be able to, separate to the 26 weeks of clinical EMS.

- 9) Of the 12 weeks required, RCVS stipulates that at least 1 week of pre-clinical/AHEMS must take place in each of the main three disciplines: equine, production animal, and small animal. The students intended learning outcomes should be agreed between tutor, student and placement provider before the placement commences, and reflected upon afterwards.
- 10) It is important for students to be thoroughly briefed on the health and safety aspects of handling animals; therefore students must only undertake pre-clinical/AHEMS in areas where they have already received sufficient teaching and training.
- 11) The placements can take place in any order, and more than 1 week can take place in a certain area or species domain.
- 12) Universities are able to consider granting exemptions on a very exceptional basis (for example for students who have considerable animal handling experience gained on a previous course at tertiary level, or through extensive and relevant work experience). However, any time saved by allowing exemption in one particular area should be spent on developing skills in other areas, or with other species.
- 13) The remaining weeks of pre-clinical/AHEMS placements can be undertaken in any areas where a student has a particular interest, or where they feel it would be of benefit to them.
- 14) All pre-clinical/AHEMS placements must take place in person with the student attending on-site. This is to ensure that the student will be directly involved with handling animals and observing animal behaviours during the placement.
- 15) All pre-clinical/AHEMS placements must directly involve the student in a way that helps to broaden their experience based on the knowledge and skills they have already acquired during core teaching.
- 16) It is suggested that placements should usually take place within an environment that is outside of the usual teaching environment of the veterinary school.

- 17) Any placements where a student is not directly involved in handling animals and / or observing animal behaviours for a significant majority of the time spent there, would not be considered appropriate pre-clinical/AHEMS.

Clinical EMS – 26 weeks

Clinical EMS placements are where students are able to further develop their clinical, technical and professional skills that they have been taught in IMR, through experiential learning in real workplace contexts. Clinical EMS placements will take place regularly during the clinical years of the veterinary programme, prior to graduation, with a minimum of six weeks completed per year.

- 18) Unlike pre-clinical/AHEMS, there is no stipulation as to how many weeks are required for each species or placement type, and students are encouraged to undertake clinical EMS in the areas they feel would interest them and benefit them most. The students intended learning aims and objectives should be agreed with their tutor and placement provider prior to the placement taking place.
- 19) The minimum amount of clinical EMS required is 26 weeks, and students are free to carry out further weeks should they wish and be able to do so.
- 20) Students should only be gaining further experience on clinical EMS placements in clinical skills that they have already been taught through IMR. It is acknowledged that students may learn new techniques and acquire further knowledge whilst on clinical EMS placements, however the responsibility of formally teaching students must still remain with the veterinary school. Clinical EMS must complement what students have learned on IMR, and not act as an extension of it.
- 21) Clinical EMS must take place in person, with the student attending on-site getting “hands-on”, direct clinical experience with animals. This is to ensure that the student will have the opportunity to further develop the skills they have learned through core teaching, during the EMS placement.

- 22) Normally clinical EMS placements would be expected to last at least two weeks, however it is recognised that some placements of a certain nature may not require more than one week.
- 23) Long term research placements can count towards the clinical EMS requirement at the discretion of the school, if a student has an interest in entering the research field, for example.
- 24) It is suggested that clinical EMS placements should usually take place within an environment that is outside of the usual teaching environment of the veterinary school and its partners.
- 25) All clinical EMS placements must directly involve the student in a way that helps to broaden their experience based on the knowledge and skills they have already acquired during core teaching.

Professional EMS

- 26) As part of clinical EMS, up to 2 weeks of “professional EMS” can be allowed for, which could be work placements that may not necessarily be clinically based or be directly involving animals. For example, the following types of placement can be permitted for “professional EMS”:
 - a) Administrative placements with veterinary bodies and/or government;
 - b) Veterinary business placements;
 - c) Veterinary diagnostic laboratory placements;
 - d) Veterinary Public Health placements;
 - e) Named Veterinary Surgeon placements.

(This list is not exhaustive)

- 27) More than 2 weeks of professional EMS is encouraged at the school’s discretion if a student has a specific and genuine interest in gaining further experience in a non-clinical setting.
- 28) Professional EMS is not a mandatory requirement as part of clinical EMS.

Guidance on RCVS EMS Policy

Sign-off

- 1) The RCVS EMS Policy must be implemented by the veterinary school, and the school will have the final sign off on all EMS placements. Where flexibility is allowed for within the policy, it is up to the veterinary school to make the final decision on what is and is not accepted for EMS placements.

Number of weeks

- 2) As stated in the policy, the requirement for completion of EMS is 38 weeks: 12 weeks pre-clinical, or animal handling (AHEMS), EMS; and 26 weeks clinical EMS. This is the minimum requirement – students can obtain further weeks if they are able to.
- 3) The length of a week should primarily be based on the providers' working week. For example, if a placement provider has asked the student to be present from Monday to Saturday, then that would constitute one week. The vet school will always have the final sign off on what constitutes a "week" of EMS, and it is advised that common sense and discretion is applied.
- 4) It is accepted that some weeks' placements may be longer than others. The minimum amount of time for a working week would be expected to be 5 days. Exceptions can be made for bank holidays.
- 5) Placements may not necessarily have to take place over consecutive days. For example, a student could attend a placement over consecutive weekends which could count towards the requirement. Again, in this instance the school would need to make the final judgement over how many "weeks" the placement would count for based on the amount of days attended.

- 6) Schools are encouraged to make allowances for students' absence if a placement may fall outside the time of a usual university week. For example, if a placement finishes on a Sunday night and a student may be unable to travel back in time for a Monday lecture, they should be excused.

International EMS placements

- 7) The RCVS does not have any stipulations about international EMS. Both pre-clinical/AHEMS and clinical EMS placements can take place overseas at the discretion of the individual schools. Schools should ensure that the correct insurance arrangements are in place before any international placements take place.

Pre-clinical/AHEMS

Species requirement

- 8) The RCVS EMS Policy states that at least 1 week of pre-clinical/AHEMS must take place in each of the three main disciplines: equine; production animal; and small animal. This is to ensure that students gain some further exposure to animals across each of the main areas.
- 9) Within each species area, there is no specific stipulation as to which species the placement should be centred around.
- 10) Students can spend more than 1 week in any of the stipulated disciplines if they wish.
- 11) Schools may implement their own species requirements in addition or further to the RCVS Policy to make up for any of the remaining 9 weeks, but in doing so it should be made clear to the students that this is a specific requirement of the school itself.
- 12) RCVS does not stipulate any specific order of discipline or species that placements need to be completed in. However, schools may implement their own timetables based on the curriculum.

Types of pre-clinical/AHEMS placement

- 13) RCVS does not stipulate which placements would be “accepted” for pre-clinical/AHEMS. As stated above, it is up to the individual veterinary school to give the final sign-off on which placements will be accepted for pre-clinical/AHEMS.
- 14) RCVS would not expect schools to be allowing any e-learning type placement for pre-clinical/AHEMS.
- 15) RCVS would not expect schools to be allowing any type of placement where the student is not directly involved in animal handling.
- 16) RCVS would encourage the majority of pre-clinical/AHEMS placements to take place off-campus and away from university farms or hospitals, or any locations where IMR is delivered, to allow students to gain further experience outside of the veterinary school environment. However, on-campus placements are allowed for within the policy.

Clinical EMS

Species requirement

- 17) There is no stipulation on species requirement from RCVS for clinical EMS. This is to encourage more freedom for the individual student and tutor to be able to identify both areas in which further development may be needed, but also to give individual students the ability to hone down a particular area of interest themselves.
- 18) Vet schools are free to interpret the policy by implementing their own species requirements, however in doing so, it should be made clear to the students that this is a specific requirement of the school itself.

Length of placement

- 19) The policy states that clinical placements would be expected to last at least 2 weeks. This is to allow time for students to get a better feel of the environment and cases seen whilst on placement, as well as being able to give the provider more time to be able to offer more effective mentorship and guidance. However, this is not a strict requirement, and placements of 1 week can be allowed for, and this should be down to the school's discretion.
- 20) There is no maximum limit to a placement length. However, it is recognised that the length of any particular placement would likely be influenced by a combination of any, or all, of the schools' timetables and curricula; availability of the provider; and the student's own time and availability.

Types of placement

- 21) Similarly to pre-clinical/AHEMS, RCVS does not stipulate which placements would be "accepted" for clinical EMS. This again is down to the individual school to sign-off.
- 22) RCVS would not expect schools to be allowing any e-learning type placements for clinical EMS.
- 23) RCVS would encourage the majority of clinical EMS placements to take place off-campus and away from university farms or hospitals, or any locations where IMR is delivered, to allow students to gain further experience outside of the veterinary school environment. However, on-campus placements are allowed for within the policy.
- 24) RCVS would not usually expect schools to be allowing any type of placement where the student is not gaining direct clinical experience with animals. However, as laid out in the policy, longer term research placements can be allowed as part of the clinical EMS requirement. This is not a standard requirement, and allowing such a placement would be at the discretion of the school.

Professional EMS

- 25) The basis for the 2 weeks allowance of “professional EMS”, i.e. non-clinical placements, or those placements that do not directly involve animals, is that the majority of graduates will end up in clinical practice, and therefore RCVS would expect students to gain as much experience in clinical areas as possible before graduation. However, it is recognised that not all graduates will move into clinical practice, or may still be unsure whilst studying. Therefore, more than 2 weeks of professional EMS can be allowed for at the school’s discretion if a student has a genuine interest in a particular area of non-clinical work. Multiple professional EMS placements can also be allowed for in this instance.
- 26) Professional EMS placements that are not necessarily clinically based, but are clinically related can also be allowed for above the standard 2 week allowance. For example leadership, management or veterinary business focussed placements.
- 27) Professional EMS is not mandatory, however schools are free to implement their own policies which may include it. In doing so, it must be a standardised maximum of 2 weeks (with more to be allowed for in genuine cases of student interest as detailed in point 25) and it should be made clear to the students that this is a specific requirement of the school itself.