

Embracing people with disabilities in the Veterinary Profession

Supporting veterinary students with disabilities:
Principles for reasonable adjustments for
veterinary students to meet the competence
requirements for registration

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This general guidance does not purport to be legal advice and is not to be relied upon as legal advice. Students and education providers should take their own advice in the particular circumstances and as required.

Introduction

The aim of this document is to help provide veterinary schools, and their students and staff, guidance regarding making reasonable adjustments for veterinary students (or individuals applying to become students) with disabilities.

The Royal College of Veterinary Surgeons (RCVS) has a statutory responsibility under the Veterinary Surgeons Act (1966), for regulating the professional education of veterinary surgeons (under the Royal Charter, this includes vet nurses). In order to safeguard the interests of the public and animals, the RCVS sets the standards for veterinary education and ensures only those who have completed a recognised (accredited) qualification, or have passed the Statutory Membership Exam, are eligible to practice in the UK.

RCVS accreditation of veterinary degree programmes provides assurance that standards are being met and drives the quality improvement of veterinary education. We regulate all veterinary programmes to the point of graduation and one aspect of that is to ensure that vet schools are meeting the needs of their students.

As the professional regulator, we exist to set, uphold and advance veterinary standards, in order to enhance society through improved animal health and welfare. We believe this can best be achieved when the profession is reflective of our diverse society, and consequently, it should be recognised that veterinary surgeons with a disability are beneficial to the profession, bring important experience and insights, and are to be valued for their contribution to animal health and welfare.

It is the responsibility of vet schools to put in place reasonable adjustments for students with disabilities. The RCVS has produced this guidance to support vet schools through the description of high-level principles to support consistent decision making and clarifying how reasonable adjustments fit in with competence standards. This guidance also provides some examples of different types of reasonable adjustments that could be appropriate in different cases and offered to students. This guidance is not, and does not purport to be, legal advice. Vet schools should take their own legal advice about any specific questions arising from reasonable adjustments as every case will depend on its own particular circumstances.

This guidance is also aimed at students, and potential applicants, to veterinary schools, with the aim of clarifying how, and to what extent, support can be put in place for students with disabilities to meet the competence requirements for registration and a licence to practice in the UK as a Member of the Royal College of Veterinary Surgeons (MRCVS).

This guidance should be considered in accordance with:

- **Guidance on the Equality Act 2010**
- **The RCVS standards for the accreditation of veterinary degree programmes**
- **The RCVS Day One Competences**

Health and disability in the study and practice of Veterinary Medicine

Many of the key messages in relation to veterinary medicine are similar to those in other regulated health professions. Our priority is to support students and practitioners in the study and practice of veterinary medicine, whilst ensuring safe practice for animal health and welfare, and ensuring educational standards. The importance of adhering to safe practice for all, as mentioned above, should be applied to the entirety of this guidance, and schools should risk assess the potential safety impact of all reasonable adjustments to ensure this is met.

Key principles¹

- People with disabilities should be welcomed and respected for the value they add to the profession, animal health and welfare. A diverse population is better served by a diverse workforce that has had similar experiences and understands their needs.
- Vets, like any other professional group, can experience a health condition or disability. This may occur at any point in their studies or professional career, or long before they become interested in veterinary medicine. A health condition or disability may be an acute or time-limited condition, or a chronic/long-term situation.
- No health condition or disability by virtue of its diagnosis automatically prohibits an individual from studying or practising veterinary medicine.
- Having a health condition or disability alone is not a fitness to practise concern. We look at the impact a health condition is having on the person's ability to practise as a veterinary surgeon safely, within the interests of animal health and welfare, which will be unique for each case.
- Veterinary students and vets have acquired a degree of specialised knowledge and skills which should be utilised and retained within the profession to benefit the public and animal welfare.

¹ Adapted from the General Medical Council (GMC) Welcomed and Valued guidance, pg 3.

- Legally, disability is defined as an 'impairment that has a substantial, long-term adverse effect on a person's ability to carry out normal day-to-day activities'. This covers a range of conditions including, physical, mental and those related to neurodivergence, if they meet the criteria of the definition.²
- Veterinary students must demonstrate that they are RCVS 'Day One Competent' by the end of their course in order to graduate and become a Member of the Royal College of Veterinary Surgeons (MRCVS). Under current legislation, they must demonstrate they have the required knowledge and skills across different species and areas of professional practice. This would include common UK species (i.e. small animal, farm/production animal, and equine). Under the Veterinary Surgeons Act (1966) (VSA) there are no 'limited licensure' provisions and there are no species-related exemptions for any students, including students with disabilities.

² Further information can be found on page 39.

The role of the veterinary schools and the RCVS

As the professional regulator, we oversee and uphold the quality of veterinary degree programmes through our accreditation standards. Our accreditation process involves a comprehensive review of evidence regarding the quality of the programme, collected through a variety of methods. We use a risk-based approach, and monitor that standards are being maintained through annual reporting.

Our standards relevant to admissions, and student welfare and support during their time on the course have a prominent role in ensuring vet schools are complying with equalities legislation when accrediting courses, as does the requirement for students to have demonstrated they are day one competent across relevant species to ensure safe practice, animal health and welfare.

These standards include (but are not limited to) the following areas:

- That vet schools must actively promote and maintain a culture that does not discriminate and enhances diversity, consistent with applicable law (across all sites where learning takes place). Standard 2.4.
- The requirement for vet schools to have effective processes in place to support the physical, emotional and welfare needs of students. Standard 4.1.
- That vet schools must have a strategy for widening participation which considers all aspects of diversity. Standard 4.2.
- The requirement for schools to have clear policies and procedures in place 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. Standard 4.6.
- The requirement for schools to demonstrate that only students who are fully Day One Competent are able to graduate. Standard 3.14.

The vet schools are responsible for meeting the RCVS accreditation standards, and for making reasonable adjustments for students with disabilities, in line with equality legislation. This means that schools must consider and make decisions on requests from students, staff and applicants for reasonable adjustments in order to remove the barriers individuals face because of their disability. These may include deciding if/how changes could be made to the way the programme is implemented.

Vet schools must consider all requests for reasonable adjustments, but they only have the legal obligation to make adjustments which are considered reasonable (see further details on page 8). Vet schools should agree individualised reasonable adjustments in *collaboration* with the student and put these in place where appropriate.

The table below further outlines the RCVS remit with regards to veterinary school admissions, studying and graduating, registration, and continuing training.

Admission

The RCVS does not prescribe veterinary programme admissions requirements. We define the competences that need to be met by new veterinary graduates and specify the requirements for veterinary degree programmes to be accredited by the RCVS.

Studying and graduating

- We quality assure all veterinary programmes to make sure they meet our standards.
- To graduate, a student must be able to study and meet all the programme requirements including the Day One Competences across relevant species (with reasonable adjustments if needed).
- Veterinary programme accreditation enables graduates from that programme to be eligible to register with the RCVS, without further examination.

Registration

- Once registered with the RCVS, where there are concerns that a health condition is having an adverse effect on fitness to practise, the RCVS Health Protocol is designed to deal with such situations in a proportionate and supportive way.
- We cannot grant restricted or conditional registration.

Continuing training

- Reasonable adjustments should be made by employers to enable vets to comply with the requirements of the Vet GDP and CPD, as set out in the RCVS Code of Professional Conduct. A vet's fitness to practise is not impaired just because they have a disability.

Reasonable adjustments for students and the Equality Act 2010

Under section 20 of the Equality Act 2010, Higher Education Institutions (HEIs) are required to make reasonable adjustments for students with disabilities, including those waiting for a diagnosis/disability assessment, where they would otherwise experience substantial disadvantage compared to students without disabilities. Students should know who to contact in their disability support services for more information. Reasonable adjustments are the changes made in order to remove or reduce a disadvantage faced by an individual due to a disability. The duty to make reasonable adjustments can require steps to avoid the disadvantage arising from a provision, criterion or practice of the HEI; to avoid the disadvantage arising from a physical feature; or to avoid the disadvantage arising from failure to provide an auxiliary aid. Under the Act, it is permissible to treat a student with a disability more favourably than a student who does not have the disability in order to minimise these barriers by making reasonable adjustments relating to the disability that put them on a more level footing.

The duty to make reasonable adjustments is an anticipatory duty which means HEIs must plan ahead to address the barriers that could potentially impact students with a disability. They should not wait until a disabled person approaches them before they give consideration as to their duty to make reasonable adjustments. HEIs are not expected to anticipate the needs of every individual who may use their service but they are required to think about and address features which may impede persons with particular kinds of disability. Whether failure to anticipate and make provision to address a particular disadvantage resulting from a PCP, physical feature or lack of an auxiliary aid results in a breach of the duty will depend on all the circumstances of the case. That may include what the HEI knew or ought to have known about a particular student or prospective student and their disability. The duty to make reasonable adjustments may arise in relation to a particular student even if there is no formal diagnosis of an impairment or disability assessment, if it is apparent that the student is disabled on the basis of the information that is, or ought to be, available.

The duty to make reasonable adjustments does not apply to the application of a “competence standard”, which is defined as “an academic, medical or other standard applied for the purpose of determining whether or not a person has a particular level of competence or ability”³. That means that a standard which is being applied to measure whether a person has a particular level of competence or ability cannot be required to be adjusted in an individual case, even if the disabled person cannot meet the standard because of their disability. However, methods of assessment of standards of competence are subject to the duty to make reasonable adjustments. We provide some examples of how this works in practice below.

² Equality Act 2010, paragraph 4(2) – (3) of Schedule 13.

Examples of reasonable adjustments and support

A wide range of technology and equipment are now available, relevant to healthcare and clinical practice, as well as other support measures that can be provided.

These include:

- Assistive technology, such as voice recognition and dictation software.
- Adjustable benches and tables.
- Digital stethoscopes.
- Visual equipment or aids, such as BSL interpreters, scribes or specialist computer equipment.
- Audio technology.
- Receiving notes and lecture slides in advance.
- Alternative formats of lectures or course material.
- One-to-one support.
- Accessible rooms and venues, such as having quiet spaces.
- Additional time given for completing tasks/work.

In line with the Equality Act (2010), what could be deemed a reasonable adjustment for one institution may not be reasonable for another. For example, at one institution it may be considered reasonable to provide a student with specially modified equipment such as a stand-up wheelchair, whereas this might be considered untenable for another institution due to the costs involved. This would depend on the institution's circumstances in relation to various factors, including the resources available, cost of the adjustment, practicality of the changes and any potential benefit to other staff, students and visitors. The individual institutions must consider what adjustments would be reasonable to make, having regard to all of the relevant circumstances. It is important to ensure that the reasons why an adjustment is being made, or not being made, are recorded.

Competence standards and assessment

As noted above, reasonable adjustments are not a way to alter a learning objective or competence standard requirement. However, reasonable adjustments may be appropriate in relation to the assessment by which a student can demonstrate that they have met the required competence standard.

A competence standard is an academic, medical or other standard applied for the purpose of determining whether or not a person has a particular level of competence or ability. The key questions for deciding if part of an assessment is a competence standard are:

- a. What skill, competence, level of knowledge or ability is being measured?
- b. What standards are being applied to decide whether a student has met the required level of that competence or ability?
- c. What parts of the assessment are the method by which the student's ability to meet the standards at (b) is tested?

A reasonable adjustment can suggest that a different assessment method could be used to assess an individual's knowledge or skills in a particular area, as long as the learning objective/competence standard is **not** changed.

For example, if a competence standard stated that a student must perform a systematic gross post-mortem examination, the student must perform the action required. The HEI would not be able to alter the assessment so that the student no longer had to perform the action required. For example, it would not be acceptable to allow the student to explain how they would perform the examination or to write an essay about how they would perform it as this would be changing what the competence standard had required e.g. performing the gross postmortem examination. However, it might be a reasonable adjustment to give additional time or resources to enable them to perform the task to demonstrate that they meet the standard

Where it is deemed acceptable for a student to be given a different assessment method, (for example, allowing a student to give a verbal report as part of an assessment instead of a written report, or allowing a student to give a presentation in front of only their tutors, instead of in front of a whole class), HEIs must ensure the changed assessment remains a valid and reliable method of assessment. Providing evidence to support this is a requirement within the accreditation standards for veterinary programmes.

The EHRC Guidance

Following the decision of the High Court in *Bristol University v Abrahart* [2024] EWHC 299, the Equality and Human Rights Commission (EHRC) published guidance for HEIs⁴.

Key messages from the EHRC guidance

The duty to make reasonable adjustments is an anticipatory duty, meaning education providers should have thought about what adjustments they ought to make to matters affecting all students, prior to becoming aware of a specific student's disability.

Where the evidence of a disability is apparent from the student themselves, for example through their behaviour or language, the education provider has knowledge of the student's disability. The education provider can therefore be found to have discriminated against the student on the grounds of their disability.

The duty to make reasonable adjustments is made up of three requirements that apply where a disabled person is placed at a substantial disadvantage when compared to a non-disabled person. The three requirements relate to changing how things are done, changing the built environment to avoid such a substantial disadvantage and providing auxiliary aids and services. Only "reasonable" adjustments have to be made. For example, if an adjustment is highly impractical, prohibitively expensive or an adjustment to a competence standard, it does not have to be made. The duty to make reasonable adjustments is anticipatory.

Methods of assessment, by which we mean the manner or mode in which a student's level of knowledge or understanding or ability to complete a task is tested, will rarely, if ever, amount to a competence standard. They will therefore rarely, if ever, be outside the duty to make reasonable adjustments. A competence standard is an academic, medical or other standard applied for the purpose of determining whether or not a person has a particular level of competence or ability. The key questions for deciding if part of an assessment is a competence standard are:

- a. What skill, competence, level of knowledge or ability is being measured?
- b. What standards are being applied to decide whether a student has met the required level of that competence or ability?
- c. What parts of the assessment are the method by which the student's ability to meet the standards at (b) is tested?

⁴ Further information can be found on Pg 39.

There will be no discrimination on the grounds of disability under s15 Equality Act 2010 if the education provider did not know and could not reasonably be expected to know that the student was disabled. This is because there is no anticipatory element to discrimination on the grounds of disability.
Ensure that a list of common reasonable adjustments is available to academic staff as well as Disability Services. This can include common reasonable adjustments by impairment type. It should focus on individual reasonable adjustments for individual students as well as anticipatory adjustments for groups of students.
Review course criteria to check that competence standards are clearly defined, explained and justified, and that methods of assessment are not wrongly described as competence standards.
Where competence standards are set by Professional and Statutory Regulatory Bodies (PSRBs, for example the Nursing and Midwifery Council) universities should clarify with the PSRBs that the standard of attainment is being examined, not the method of assessment, or that the method of assessment is a key part of the competence standard.
Where competence standards are appropriate, review them to ensure that they are not indirectly discriminatory. For example, a requirement for all car mechanic students to change a tyre in 10 minutes may be a competence standard, but it may be indirectly discriminatory towards students with a physical disability related to manual dexterity. The education provider would need to be able to demonstrate that the time limit is a proportionate means of achieving a legitimate aim for the standard not to be indirectly discriminatory.

Reasonable adjustments and the RCVS Day One Competences

The RCVS competence standards, i.e. the “Day One Competences”, describe the knowledge and skills required of veterinary students upon graduation to register and become a Member of the RCVS (MRCVS) with a licence to practice. These are set to ensure the welfare of animals, and to make sure the new graduate is prepared for their first role in the profession and are safe to practise independently.

All veterinary students, regardless of whether they have a long-term health condition or a disability, need to have demonstrated that they meet the RCVS competence standards. The Equality Act does not require schools to make reasonable adjustments to competence standards. However, the Act states that schools (providers) must consider if a reasonable adjustment could be made to the way the competence standard is implemented or assessed. Vet schools are responsible for arranging individualised reasonable adjustments for vet students.

Whilst offering a different (valid and reliable) assessment tool or offering conditions for the assessment such as more time to complete an assessment or a different environment, could be deemed possible reasonable adjustments in some academic situations, schools cannot change the competency standard itself.

Although the RCVS competence standards are not time restricted (so additional time could be offered to a student as a reasonable adjustment, subject to the context of the competence in question), the tasks within them are mandatory for all students to successfully complete. In addition, students must currently demonstrate these competences across all relevant UK species/areas of practice (i.e. companion animal, farm/production animal, and equine).

To clarify, when considering potential reasonable adjustments to the assessment of a competence standard that states a student ‘must *perform*’ a skill or competency, e.g. a simple surgical procedure, the adjustment cannot involve a different method of assessment that can only assess *knowledge or understanding* of the procedure instead. This would not be a valid assessment and would constitute a change to the competence standard itself. However, reasonable adjustments could be made to the environment, accessibility or time (for example) associated with the assessment of the student’s performance.

Consequently, it may be that, in some cases, a student has a disability that has such a profound and significant impact on them that they are unable to meet the RCVS competence standards, despite reasonable adjustments. However, as highlighted later within this document, when examples are presented, as assistive technology advances rapidly, and equipment and mechanisms for support become more readily available, the focus for decision-making may become more on how 'reasonable' the adjustment or support required is in terms of resources, rather than whether it can be made *per se*.

Examples of how reasonable adjustments could be made to the assessment of competence standards may include:

- A student with a hearing impairment using an electronic stethoscope to perform part of a physical exam. The student still meets the outcome of performing a full physical exam, but with supportive equipment that involves a slightly different approach/method.
- A student with severe anxiety could take regular breaks after performing an examination, and could have a quiet space available beforehand/afterwards. The examination task would remain the same, however, the reasonable adjustments would be put in place to help minimise the impact of their anxiety.
- A student with a neurodevelopmental condition could be given additional time in-between tasks to consider and process information. The task would remain the same, however, the reasonable adjustment would enable the space and time needed to process the information so they could then make the required diagnosis/decisions.
- A student with mobility difficulties could be provided with adjustable tables and chairs in the examining room to help them access the animal at the correct level for them. The task would remain the same, however, the environment/equipment would be adjusted to enable the barrier of reaching the animal to be removed.

In addition to the above, reasonable adjustments may also be possible for students through the additional support available to them by other individuals.

There may be aspects of performance which do not need to be 'hands on', for example, with support from an aide, a student may be able to perform aspects of a physical examination semi-remotely (e.g. from outside a pen or stable) through directing an assistant to use technology e.g. a Go Pro camera, a pulse probe, a digital stethoscope.

Where other individuals are used as part of the reasonable adjustment/support for a student with a disability, in relation to the assessment of a competence standard, this must be a lay person (see definition of a lay person section on page 14). When a lay person is being instructed by the student during the assessment of a competence standard, the same principle applies that *such support cannot change* the competence standard itself, i.e. they cannot carry out part of the task to the point that the student is no longer demonstrating their ability. Acceptable

support may include a lay person restraining an animal for the student so that they can perform an examination or picking up a hoof to give the student better access to perform an examination or carry out a treatment/intervention.

Although it is accepted that within the HEI setting the 'lay person' may, in reality, be a member of academic staff with clinical knowledge and skills themselves. Under such circumstances, it is essential that the HEI can provide evidence that the individual providing support did so in a lay capacity, and did not use their clinical knowledge or skills during the process and compromise the extent to which the student demonstrated their own capability relating to the competence standard.

In other cases, the method may be part of the competence standard itself that needs to be demonstrated, and therefore this cannot be changed, e.g. intravenous cannulation. The student must perform the specific method to demonstrate the competence, but reasonable adjustments could be made to other aspects. For example, an adapted chair if the student needs to sit down while carrying out the procedure.

Annex A contains the RCVS competence standards (Day One Competences) that require a student to *perform or demonstrate* a hands-on task.

Principles for the basis of reasonable adjustment decisions

In order to provide the appropriate support for students with disabilities, so they can demonstrate their competence, reasonable adjustments should be made through the provision of additional time, resources, facilities and technology to assist students. If providing these still won't enable the student to meet the RCVS Day One Competence/EPA across all species (i.e. small animal, farm/production animal and equine) then a lay person could be directed to assist with a task as fully instructed by the student, to enable the student to perform the competence standard independently.

When developing the high-level principles for reasonable adjustments the RCVS Day One Competences (see Annex A) were considered in their current format, but also in relation to the existing RCVS Entrustable Professional Activities (EPAs). (The RCVS is currently reviewing and developing its existing EPAs as a mechanism to better describe how individual competences are applied into holistic performance as required in practice).

Definition of a lay person

The definition of a lay person for these purposes is someone who has no veterinary knowledge or training and would only be permitted to **carry out an activity that any non-veterinary person would legally be permitted to do** such as restraining an animal or picking up a hoof. Activities must only be carried out if it is deemed safe for the animal, student, and lay person involved.

As noted on page 13, in an HEI setting the 'lay person' may need to be a member of academic staff who is likely to have veterinary clinical knowledge and skills. Under these circumstances, the HEI must be able to provide documentary evidence that the specific individual providing support as a reasonable adjustment did so in a lay person capacity, and did not use their clinical knowledge or skills during the process whatsoever. This will enable the HEI to be able to evidence that the student demonstrated their own capability relating to the competence standard.

Tasks a lay person can carry out under instruction

The lay person cannot be directed to carry out any part of the competency standard, the student **must** demonstrate that on their own. The lay person can carry out assistive tasks under direct instruction i.e. tasks that would enable the student to then perform the competency standard independently (e.g. picking up a hoof so the student could check for heat/pulse). In educational settings, including placements, a veterinary team member can act as a lay person, however, it is imperative that they do **not** use any veterinary knowledge or skills, and can only carry out activities a lay person can legally do, and only under the guidance of the vet student as necessary to complete the competence assessment.

The tables below aim to give some high-level examples of potential reasonable adjustments that could be made for students with disabilities.

- **Table 1** focuses on Entrustable Professional Activities (EPAs), along with the elements/tasks contained within them, and gives examples of potential adjustments that could be made and may be reasonable to help a student with physical disabilities/impairments to meet the EPAs.
- **Table 2** takes some examples of different disabilities/impairments along with various reasonable adjustments that could potentially be made, as well as areas where there may still be some difficulties.

The examples provided are designed to be high level and are not prescriptive or exhaustive. No two individuals are the same, and adjustments need to be tailored to the needs of individual students and considered in the context of the particular HEI. It is for the HEI to consider what reasonable adjustments are appropriate in all the circumstances and seek legal advice where appropriate.

There will be instances when, for various reasons, a reasonable adjustment cannot be made, including where the adjustment itself is not reasonable. For example, if the specialist technology needed to assist a student is not yet advanced enough. It is important not to rule out these instances indefinitely as technology is developing continuously, and if a certain technology is not currently workable it may become so in the future.

Table 1:

Examples of EPAs, with potential reasonable adjustments that could be made to help a student

EPA	Description	Elements (tasks) from CBVE EPAs	Examples of how reasonable adjustments could help someone with the physical disabilities/impairments perform the task.	Possible reasonable adjustments for someone with a non-physical disability/impairment
1. Gather a history, perform an examination, and create a prioritised differential diagnosis list	Perform a history and examination on an individual animal or herd/flock and assimilate the information collected to derive a prioritised differential diagnosis.	Obtain a complete and accurate history in an organised fashion.		Additional time, the use of a scribe/note taker or other assistive technologies.
		Demonstrate client-centred interview skills (establish rapport, attentive to verbal and nonverbal cues, client culture, socioeconomic factors, demonstrate active listening skills).		Additional time, ability to take a break before and after the interview. Scribe/assistive technology for any note taking.
		Identify the client complaint. Identify pertinent history elements associated with common conditions. Demonstrate cultural competence in interactions with clients, recognising the potential for bias.		Assistive technology for any reading or note taking necessary. Enabling the student to take breaks before and after each activity. Enable additional time to consider and process information.

		<p>Perform exam (individual animal or herd).</p>	<p>The student must be able to perform the exam themselves and interpret what they can see and feel.</p> <p>A lay person or member of the vet team (only permitted to perform the task a lay person can legally carry out) can be instructed to restrain the animal so it can be safely checked. If reaching the animal is still an issue (e.g. to check heat or pulse in horse's hoof) a lay person can be directed to assist with this, however, the student would need to be able to feel if there was heat/a pulse under the hoof. If a lay person took the pulse/felt for heat and communicated the findings to the student, the student would not be performing the competence standard. A student could use technology such as a standing wheelchair to reach the animal and be able to feel the pulse/heat, if safe to do so.</p> <p>A lay person could reposition an animal to make it more accessible for the student.</p>	
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		Communicate findings.		<p>If there are verbal communication difficulties a vet team member would be able to relay instructions/advice/diagnosis to clients, as fully instructed by the student.</p> <p>Text-to-speech (TTS) technology could be used for communication if verbal communication was an issue.</p>
		Attend to patient welfare and client safety and comfort.	<p>A lay person can be directed to move, reposition or restrain an animal (e.g. placing animal back into a kennel).</p> <p>The student can use specialised equipment to be able to reach and attend to the animal, if safe to do so.</p> <p>The student must be able to identify potential issues with patient welfare, safety and comfort. The lay person cannot be relied upon to identify or describe potential issues.</p>	
		<p>Create a problem list.</p> <p>Justify prioritised differential diagnosis(es).</p>		<p>Assistive technology for any reading or note taking necessary.</p> <p>Enabling them to take breaks before and after each activity.</p> <p>Enable additional time to consider and process information.</p>
		Document findings in the medical record.		As above. Use of assistive equipment where necessary.

2. Develop a diagnostic plan and interpret results	<p>Integrate individual animal or herd data to create a prioritised differential diagnostic list and determine a diagnostic plan, obtain consent for diagnostic testing and interpret results.</p>	<p>Use clinical reasoning skills to create a prioritised differential diagnosis list.</p> <p>Select initial diagnostic tests/procedures.</p> <p>Explain working diagnosis and rationale for further testing.</p> <p>Develop a financial estimate and obtain and document informed consent.</p> <p>Interpret test results. Update working diagnosis, diagnostic plan and client consent as new information is obtained.</p> <p>Document diagnostic plan in medical record.</p>	<p>The student could use technology to communicate the results to them e.g. audio technology could speak test results. The student must be able to interpret the results.</p>	<p>Assistive technology for any reading or note taking necessary. Enabling them to take breaks before and after each activity. Enable additional time to consider and process information.</p> <p>Text-to-speech (TTS) technology for communication issues.</p> <p>Additional time to calculate financial estimates, finance computer programmes could be used to help with calculations. Use of ergonomic equipment where necessary.</p>
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3. Develop and implement a management/treatment plan	Utilise working diagnosis and client considerations to formulate a management/treatment plan for an individual animal or herd (including referral or euthanasia when warranted), implement the plan and adjust based on response.	Use clinical reasoning skills to integrate medical, ethical, legal and economic factors, and client desires, to create a management/treatment plan. Act in the face of ambiguity resulting from gaps in available information. Explain treatment options to the client and respond to questions.		Assistive technology for any reading or note taking necessary. Enabling them to take breaks before and after each activity. Enable additional time to consider and process information. If there are communication issues the student could fully instruct a vet team member to explain the treatment options to the client. Written communication could be possible. Additional time to answer questions. Text-to-speech technology could be used for communication and to answer questions if verbal communication was an issue.
		Perform therapeutic interventions, including euthanasia when warranted.	The student could instruct the lay person to restrain the animal. They could use assisted technology such as standing wheelchair/height adjusting table to reach the animal. The student would need to be able to carry out all the therapeutic interventions, including euthanasia.	

		<p>Educate the client or team to provide ongoing care for the patient and recognise changes or concerns that trigger additional action.</p> <p>Integrate new information as it is available to update management/ treatment plan.</p> <p>Recognise limitations of personal veterinary skills, team or facilities and arrange for referral based upon client circumstances.</p> <p>Follow-up with clients or team to determine change in patient status, compliance with recommendations, and/or capability to implement treatment plan.</p>		<p>Assistive technology for any reading or note taking necessary.</p> <p>Enabling them to take breaks before and after each activity.</p> <p>Enable additional time to consider and process information.</p> <p>Communication technology/ text-to-speech programmes.</p>
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4. Recognise a patient requiring urgent or emergent care and initiate evaluation and management	Recognise a patient/situation that requires urgent or emergent care and triage based on severity. Initial emergency management should include procedures that support vital functions.	Quickly assess a situation to identify patient(s) that might require urgent or emergent treatment. In the case of multiple patients, effectively triage patient care according to severity of condition. Evaluate patient status to determine and triage urgent problems.		Assistive technology for any reading or note taking necessary. Enabling the student to take breaks before and after each activity. Enable additional time to consider and process information. Text-to-speech technology for communication issues.
		Update the client on the urgency of the patient's status and immediate management plans.		As above
		As necessary, initiate emergency management to support vital functions such as: - Provide oxygen. - Secure an airway and effective ventilation. - Establish effective circulation. - Provide effective pain relief and sedation for safe patient handling. - Correct life-threatening alterations (e.g. hypoglycemia, hypothermia). - Control hemorrhage. - Stabilise fractures.	The student could instruct a lay person to restrain and position the animal. They could use technology (e.g. stand-up wheelchair, height adjusting tables) to help the student reach the correct height to reach the animal safely.	

		<p>Identify potential underlying etiologies for the urgent or emergent patient status and determine initial management plan.</p> <p>Discuss patient status and initial management plan (including euthanasia when warranted) with the client and identify client expectations.</p> <p>Optimise patient care by engaging with team members, determining when to function as a leader or team member and working within personal limitations.</p> <p>Document initial patient assessment, necessary interventions, possible diagnoses and management plan, and client communication in the medical record.</p>		<p>Assistive technology for any reading or note taking necessary.</p> <p>Enabling the student to take breaks before and after each activity.</p> <p>Enable additional time to consider and process information.</p> <p>Text-to-speech technology for communication issues.</p>
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5. Formulate relevant questions and retrieve evidence to advance care	Identify questions and information resources. Critique the quality of the evidence and assess the applicability to the clinical situation.	Formulate focused pertinent questions based on situation evaluation. Appraise sources of information to evaluate the quality of the content. Assess applicability and generalisability of published studies to specific clinical situations. Identify resources and use information technology to assess accurate and reliable online medical information and retrieve animal/herd information.		Assistive technology for any reading or note taking necessary. Enabling the student to take breaks before and after each activity. Enable additional time to consider and process information. Text-to-speech technology for communication issues.
		Evaluate animal/herd response to interventions and use available evidence to adjust care plan.		As above.

6. Perform a common surgical procedure on a stable patient, including pre-operative and post-operative management	Perform a surgical procedure, including pre- operative preparation of the patient and the surgeon and post-operative care.	Formulate surgical plan. Direct the veterinary team to assist in procedure.		As above.
		Prepare self and surgical site to perform procedure. Perform surgical procedure. Apply principles of tissue handling, haemostasis, asepsis and surgical skills.	<p>The student could instruct a lay person to restrain and position the patient.</p> <p>Students could have any surgical tables and equipment set to their required height. Can use specialised equipment or technology to assist (e.g. standing wheelchair, robotic technology).</p> <p>They could instruct the vet team / lay person to assist them to scrub up where needed, and ensure any assistive technologies where they cannot reach are aseptic. The student issuing full instructions as to how this should be done.</p> <p>Vet team/lay person can prepare the area for surgery if it is a large area (e.g. across horses back) as directed by the student.</p> <p>Lay person/veterinary team could restrain the animal (e.g. in a crush or stocks for larger animals, placing a smaller animal on a surgical table).</p> <p>The student could instruct a lay person to restrain and position the patient.</p>	

			<p>Students could have any surgical tables and equipment set to their required height. Can use specialised equipment or technology to assist (e.g. standing wheelchair, robotic technology).</p> <p>They could instruct the vet team / lay person to assist them to scrub up where needed, and ensure any assistive technologies where they cannot reach are aseptic. The student issuing full instructions as to how this should be done.</p> <p>Vet team/lay person can prepare the area for surgery if it is a large area (e.g. across horses back) as directed by the student.</p> <p>Lay person/veterinary team could restrain the animal (e.g. in a crush or stocks for larger animals, placing a smaller animal on a surgical table).</p> <p>If safe to do so, the student should be able to access the animal to perform minor surgery e.g. lumpectomy, spay.</p> <p>If the student had access to robotic technology then this, in principle, could be possible, however, it would possibly mean anaesthetising a large animal unnecessarily in order to use the</p>	
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			<p>specialist equipment in a surgical setting. This could pose a welfare issues and it would need to be decided if this would be in the animals' best interests.</p> <p>For some disabilities (e.g. blindness), using robotic or haptic technology to assist with surgery would require the integration of multiple advanced technologies including haptic technology and robotics. 3D audio mapping and AI based object recognition are other tools that could assist; however, it is not known if a combination of these tools would enable the sensitivity or accuracy needed for a student to carry out the task.</p>	
		Recognise own limitations and ask for assistance when required.		
		Respond to changes in patient status.		<p>Assistive technology for any reading or note taking necessary. Enable additional time to consider and process information.</p> <p>Text-to-speech technology for communication issues.</p>
		Formulate analgesic and post-operative care plan.		As above. Use of assistive equipment/technology where necessary.

7. Perform general anaesthesia and recovery of a stable patient including monitoring and support	<p>Induce, maintain and recover a stable anaesthetic patient (ASA 1 or 2), including monitoring vital functions and providing supportive care. Evaluate patient status, and determine a suitable anaesthetic and analgesic protocol.</p>	<p>Evaluate patient based on history, physical examination, results of diagnostic tests and procedure for suitability for anesthesia (ASA status 1 or 2 – a normal, healthy patient or a patient with mild systemic disease that does not result in functional limitations).</p> <p>Formulate a general anesthetic and analgesic protocol including premedication, induction, maintenance and recovery. Select drugs and equipment.</p> <p>Share plan with team members and answer questions.</p>		<p>Assistive technology for any reading or note taking necessary.</p> <p>Enabling them student to take breaks before and after each activity.</p> <p>Enable additional time to consider and process information.</p> <p>Text-to-speech technology for communication issues.</p>
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		<p>Execute anesthesia and recovery safely.</p> <p>This includes:</p> <ul style="list-style-type: none"> • Select and prepare anesthetic support and monitoring equipment. • Prepare patient for anesthesia. • Administer premedication to patient. • Induce anesthesia and establish airway. • Maintain anesthesia. • Monitor vital signs including blood pressure and respond to common complications associated either with anesthesia or the procedure. • Recover patient from anesthesia, including assessment of pain and administration of analgesic drugs if necessary. 	<p>If a student has the ability to reach the animal, a lay person or vet team can be directed to restrain the animal. Height adjusting table and wheelchair could enable the student to execute anaesthesia and recovery.</p> <p>Using an example of a student with no sight, the student could possibly perform the hands-on aspects of the task if they had haptic technology to guide them, however, this would need to be very advanced and used in conjunction with other technologies such as a haptic telepresence surgery system. 3D audio mapping and A.I. based object recognition are other tools that could assist; however, it is not known if a combination of these tools would enable the sensitivity and accuracy needed for a student to carry out the task without any sight.</p>	
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		<p>Collaborate with others to update plan as needed.</p> <p>Follow legal requirements for use of controlled substances.</p> <p>Maintain an anaesthetic record including drugs, doses, route and time of administration, vital signs, important anaesthetic and procedure events and complications.</p>		<p>Additional time to collaborate with others.</p> <p>Assistive technology for any reading or note taking necessary.</p> <p>Enabling them student to take breaks before and after each activity.</p> <p>Enable additional time to consider and process information.</p> <p>Text-to-speech technology for communication issues.</p>
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8. Formulate recommendations for preventive healthcare	Create a preventive healthcare plan, considering the animal/herd needs, the client's capabilities, and the care setting, to optimise health and welfare, and to prevent spread of disease.	Evaluate individual animal or herd needs, considering age, health status, exposure risk. Make recommendations regarding disease screening. Educate clients and stakeholders on disease prevention measures.		As above.
		Perform preventive healthcare measures.	A lay person can be directed to restrain the animal. Technology such as a standing wheelchair or surgical wheelchair can enable student to reach larger animals to carry out preventative health care measures such as worming or vaccinations. The student would need to be able to administer the injection/ worming treatment.	
		Document recommendations and procedures in the record.		Assistive technology for any reading or note taking necessary. Use of ergonomic equipment where necessary. Enabling them student to take breaks before and after each activity.

Table 2:

Examples of possible reasonable adjustments for various disabilities

Disability/Impairment	Examples of possible reasonable adjustments	Examples of potential difficulties
Student temporarily using crutches	<p>Lay person can be instructed to hold/restrain an animal. Providing seating for the student when needed and additional rest breaks.</p> <p>Delaying assessments/teaching where crutches would be a hinderance/safety risk until after they are no longer needed.</p> <p>Access to facilities e.g. provide transport if necessary to placements or between sites, ramps, access to lifts.</p>	<p>If the student misses a barrier assessment or key placement this could affect progression.</p>

<p>Student with limited mobility (cannot stand for long) or chronic physical condition</p>	<p>Lay person can be instructed to hold/restrain an animal or assist where appropriate.</p> <p>Benches and tables can be adjusted to fit the requirements of the individual, e.g. for consults, surgeries, practical classes etc. Access to a chair at all times. Access to an adapted car if wheelchair required for ambulatory/placements (this could be the student's own car).</p> <p>Diagnostic equipment which can be lowered/heightened to fit the requirements of the individual. If student can move for short periods they could move to a suitable height chair. Standing wheelchair to help support the student to stand for longer periods.</p> <p>Increased rest breaks.</p> <p>Use of ergonomic equipment to mitigate discomfort.</p>	
<p>Student with no mobility in their legs (unable to walk or stand, uses a wheelchair exclusively)</p>	<p>Lay person/team member can be instructed to hold/restrain an animal or assist where needed to support a student through a reasonable adjustment.</p> <p>Benches and tables can be adjusted to fit the height of the person using a wheelchair.</p> <p>Diagnostic equipment can be lowered/heightened to fit the wheelchair. Ramps, hydraulic doors.</p> <p>All terrain wheelchair, far reaching wheelchair, standing wheelchair.</p> <p>Voice controlled systems (e.g. lighting and temperature control in environment).</p> <p>Alternative biosecurity arrangements for wheelchair.</p> <p>Additional time to complete tasks.</p>	<p>If the student was not able to reach or lean forward this could create further difficulties.</p>

Student with no mobility in their arms (unable to use arms or hands)	<p>A lay person member could be directed to assist with the restraint of an animal or assist where appropriate.</p> <p>Technology -brain-computer interfaces, voice controlled surgical systems, fully automated surgical robots, eye tracking systems, foot-controlled systems, tactile wearables, sensory substitution technology.</p> <p>Additional time to complete tasks.</p>	<p>Currently there are limited reasonable adjustments available for anyone with no use in either arm/hand and some competences may not be able to be adjusted for.</p> <p>Technology is advancing but may not yet be evolved enough. This may also mean simple surgeries on large animals would need to take place in surgical environments where the technology is housed. This may not be feasible from a welfare point of view. <i>Further research needed by schools into this area.</i></p>
Student with severe allergy to one species	<p>Anti-allergy suit/facemask/gloves. Wash down procedures put in place for moving into normal clothes at the end of a shift. Use of models and haptics where the competence standard does not relate to live animals. Student may already be familiar with anti-allergy medication. Full body covering with filtered air system. Air filtered system in the buildings.</p>	
Student who is blind/has low vision	<p>Provision of printed materials, transcripts and reading materials in a format that best suits the student, such as braille, audio recordings, large print, pre-recorded lectures and transcription of visual resources. Provision of a Practical Assistant within laboratories or workshops. Guide dog.</p> <p>Assistive technologies such as tactile diagnostic tools. A lay person can assist with animal restraint and positioning. Additional time to complete tasks.</p>	<p>Potential issues using guide dog alongside other animals. Would need to consider how the student would be able to assess if an animal was fit to go into the food chain. Haptic technologies are evolving, however, may not be advanced enough yet. The student would need to use technology; however this would require the integration of multiple advanced technologies including haptic technology and robotics. 3D audio mapping and A.I. based object recognition are other tools that could assist; however, it is not known if a combination of these tools would enable the sensitivity needed for a student to carry out hands on tasks (e.g. minor surgery, anaesthetising animals) without any sight. <i>Further research by schools needed. Some competences may not be able to be adjusted for.</i></p>

Student who is deaf/has hearing loss	Hearing aids, use of clear facemasks to facilitate lip-reading, hearing loops in teaching spaces, digital stethoscopes, haptic/sight stethoscope. Use of a signer. Voice-to-text technology to aid communication from others. Teaching notes available in advance of the session. Anaesthetic monitoring and other alarms as flashing lights, vibrating buzzers. Additional time to complete tasks.	
Student with communication issues (no speech)	Text-to-speech technology, possible use of sign language with a signer. Allowing student to write instead of oral assessments. Additional time allowed to complete tasks and communicate. A lay person or vet team members to help read notes and communicate these to a client.	
Student with learning difficulty (dyslexia)	Text-to-speech and voice recognition assistive technologies, overlays, tinted glasses, lay person or vet team members to help read handwritten notes. Additional time to complete written/reading tasks. Use of a laptop in all settings.	Reading handwritten notes may cause a problem especially in the field. If the student can take a photo of handwriting there are some programmes that will translate this into speech, however, it is unclear how well these can read veterinary terminology or prescription/drug names.
Student with neurodivergence (autism)	Noise-cancelling headphones, provision of a screen filter for a laptop, provision of a quiet space, provision of time management software/apps, text-to-speech aps for anyone who is non-verbal (see also examples provided above for communication issues). Ergonomic equipment (e.g. keyboards, mice, trackpads etc). Flexible hours. Support plans to help communication with clients.	

Student with unseen disability (for example, Crohn's disease)	Allowing time off for medical appointments or treatment without it affecting any attendance requirements, flexible arrangements for placements and EMS (e.g. shorter or flexible hours), unlimited toilet breaks and easy access to toilet facilities, ability to watch some lectures outside of lecture hall setting. Additional time if required for assessments.	
Student with a mental health issue (anxiety)	More frequent breaks, offering quiet space, time off for medical appointments without it affecting any attendance requirements, flexible hours for placements and EMS, offering alternative forms of assessment (e.g. written tasks instead of verbal presentations, or small group presentations instead of whole class presentations). Additional time to complete tasks/assessments. Provision of a mental health support worker.	

Annex A

Day One Competences involving the need for a student to **perform** a task:

- 27) Handle and restrain animal patients safely and humanely, and instruct others in helping the veterinary surgeon perform these techniques.
- 28) Perform simple, elective surgeries in an aseptic fashion.
- 29) Perform a complete clinical examination relevant to presentation and context.
- 30) Attend all species in an emergency and perform first aid.
- 32) Use diagnostic techniques and use basic imaging equipment and carry out an examination effectively as appropriate to the case.
- 33) Safely perform sedation, and general and regional anaesthesia; implement chemical methods of restraint.
- 34) Assess and manage pain.
- 35) Recognise when euthanasia is appropriate and perform it humanely.
- 36) Perform a systematic gross post-mortem examination, record observations.
- 42) Perform ante-mortem inspection of animals destined for the food-chain, including paying attention to welfare aspects; correctly identify conditions affecting the quality and safety of products of animal origin, to exclude those animals whose condition means their products are unsuitable for the food-chain.

Annex B

Resources and links

- Adjustments for disabled students and apprentices – www.disabilityrightsuk.org/resources/adjustments-disabled-students-and-apprentices
- Advice note for the higher education sector from the legal case of University of Bristol vs Abrahart - www.equalityhumanrights.com/guidance/advice-note-higher-education-sector-legal-case-university-bristol-vs-abrahart
- American Association of Veterinary Medical Colleges (AAVMC) /Competency Based Veterinary Education (CBVE) Entrustable Professional Activities (EPAs) – www.aavmc.org/resources/competency-based-veterinary-education-entrustable-professional-activities/
- RCVS Day One Competences – [RCVS Day One Competences – Professionals](#)
- RCVS Mind Matters – <https://vetmindmatters.org/resources/>
<https://vetmindmatters.org/help-links/>
- RCVS standards and methodology – www.rcvs.org.uk/setting-standards/accrediting-primary-qualifications/accrediting-veterinary-degrees/accreditation-standards/
- RCVS. Treatment of animals by unqualified persons – www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/treatment-of-animals-by-unqualified-persons/?&&type=rfst&set=true#cookie-widget
- Scope – www.scope.org.uk/advice-and-support/reasonable-adjustments-college-university
- The University of Bristol v Abrahart [2024] EWHC 299 (KB) (14 February 2024) – www.bailii.org/ew/cases/EWHC/KB/2024/299.html

