

# Embracing Reasonable Adjustments for Student Veterinary Nurses

Supporting veterinary nursing students with disabilities: Principles for reasonable adjustments for veterinary nursing students to meet the 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 provide veterinary nurse education and training providers (hereafter referred to as 'providers'), and their students and staff, guidance to assist their consideration of how best to support veterinary nursing 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 nurses and veterinary surgeons. In order to safeguard the interests of the public and animals, the RCVS sets the standards for veterinary nurse education and training. Ensuring only those who have completed a recognised (accredited) qualification or have passed the RCVS VN Pre-registration Examination are eligible to apply to have their name entered onto the RCVS Register of Veterinary Nurses, allowing them to practise as veterinary nurses in the UK.

RCVS accreditation of veterinary nursing programmes provides assurance that standards are being met and drives the quality improvement of veterinary nursing education and training. We regulate all veterinary nursing programmes to the point of completion (certification). One aspect of this is to ensure that providers 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 veterinary professions are reflective of our diverse society, and consequently, it should be recognised that veterinary nurses with a disability are beneficial to the professions, bring important experience and insights, and are to be valued for their contribution to animal health and welfare.

It is the responsibility of providers to put in place reasonable adjustments for students with disabilities. The RCVS has produced this guidance to support providers 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.

Providers 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 or individuals applying to become students, 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 practise in the UK as an associate Member of the Royal College of Veterinary Surgeons (RCVS).

This guidance should be considered in accordance with:

- **Guidance on the Equality Act 2010**
- **Disability Discrimination Act for Northern Ireland 1995**
- **Special Education Needs and Disability (NI) order 2005**
- **The Standards Framework for Veterinary Nurse Education and Training**
- **The RCVS Day One Competences for Veterinary Nurses**
- **The RCVS Day One Skills for Veterinary Nurses – Small animal**
- **The RCVS Day One Skills for Veterinary Nurses – Equine**
- **The RCVS Professional Behaviours and Attributes for Veterinary Nurses**

# Health and disability in veterinary nurse education and training

Many of the key messages in relation to the application of reasonable adjustment for veterinary nursing students are similar to those in other regulated health professions. Our priority is to support students and practitioners in the study and practice of veterinary nursing, 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, providers should risk assess the potential safety impact of all reasonable adjustments to ensure this is met.

## Key principles<sup>1</sup>

- People with disabilities should be welcomed and respected for the value they add to the veterinary professions, animal health and welfare. A diverse population is better served by a diverse workforce that has had similar experiences and understands their needs.
- Veterinary nurses, like any other professional group, can experience ill health or disability. This may occur at any point in their studies or professional career, or long before they become interested in veterinary nursing. Ill health 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 nursing.
- 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 nurse safely, within the interests of animal health and welfare, which will be unique for each individual.
- Veterinary nursing students and RVNs have acquired knowledge and skills which should be utilised and retained within the profession to benefit the public and animal welfare.

<sup>1</sup> 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 disabilities, mental health conditions, learning difficulties and neurodevelopmental conditions, if they meet the criteria of the definition. The Equality Act 2010 and Disability Discrimination Act of Northern Ireland 1995 (hereafter referred to as 'UK Disability Discrimination Laws') provides that an illness or disability is long term if:
  - a. It has lasted for at least 12 months,
  - b. It is likely to last for at least 12 months, or
  - c. It is likely to last for the rest of the life of the person affected.

There is normally no duty to apply reasonable adjustment just because somebody has a short term illness.

- Veterinary nursing students must demonstrate that they are competent in the Day One Competences (DOC), Day One Skills (DOS) and Professional Behaviours (PBs) by the end of their course in order to be awarded the veterinary nursing qualification and apply to have their name entered onto the RCVS Register of Veterinary Nurses, allowing them to practise as veterinary nurses in the UK.

Under the current VSA there is no 'limited licensure' measures which means that students with disabilities cannot be exempt from meeting any part of the DOC, DOS or PBs.

# Reasonable adjustments for students and the UK disability discrimination legislation

Under the UK disability discrimination legislation, providers of further and higher education 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. 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 provider; 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 providers 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. Providers 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 Provision Criterion or Practice (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 provider 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”<sup>2,3</sup>. 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.

<sup>2</sup> Equality Act 2010, paragraph 4(2) – (3) of Schedule 13

<sup>3</sup> The Special Educational Needs and Disability (NI) Order 2005, paragraph 29 (11)



# Examples of reasonable adjustments and support

A wide range of technology and equipment, relevant to healthcare and clinical practice is available. These can be used along with other support measures.

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.
- Access to readers of scribes
- Adapted equipment.

In line with the UK disability discrimination legislation, 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 provider'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 provider must consider what adjustments it would be reasonable to make having regard to all of the relevant circumstances. This may need to be undertaken in conjunction with everyone involved in the delivery of the qualification including the Training Practice (TP). 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.

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 restrain a patient, the student must perform the action required. The provider 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 restrain the patient or to write an essay about how they would restrain it as this would be changing what the competence standard required. 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), providers must ensure the changed assessment remains valid and reliable. Providing evidence to support this is a requirement within the **Standards Framework for Veterinary Nurse Education and Training**.

# The EHRC Guidance

Following the decision of the High Court in *Bristol University v Abrahart*<sup>4</sup> [2024] EWHC 299, the Equality and Human Rights Commission (EHRC) published guidance for Higher Education Institutions (HEIs).

## 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?

<sup>4</sup> <https://www.judiciary.uk/judgments/the-university-of-bristol-v-dr-robert-abrahart/>

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 mechanics 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.

# Educational Assessment of Veterinary Nurses

The RCVS competence standards i.e. DOC, DOS and PBs describe the knowledge and skills required of veterinary nursing students upon completion of their qualification (certification). These are set to ensure the welfare of animals, and to make sure the newly registered veterinary nurse is prepared for their first role in the profession and are safe to practise independently.

The RCVS requires that veterinary nursing qualifications are designed to include a range of assessments which align to the learning/assessment outcomes of the accredited programme.

Students requesting reasonable adjustment are likely to have one or more of the following physical disabilities, mental health conditions, learning difficulties or neurodevelopmental conditions:

- Learning difficulty or specific learning difficulty such as dyslexia or dyscalculia
- Autistic Spectrum Disorder (ASD)
- Speech, Language and Communication Needs (SLCN)
- Deaf and/or hard of hearing
- Vision impairment
- Multisensory impairment
- Physical disability
- Attention Deficit Hyperactivity Disorder (ADHD)
- Mental Health Conditions.

These conditions may require the student to have one or more of the following needs:

- Cognition and learning needs
- Communication and interaction needs
- Sensory and physical needs
- Social, emotional and mental health needs.

## **Assessment of the Day One Competences**

The DOC describes the knowledge required by veterinary nurses at the point of registration. The type of assessments used to assess the DOC is not defined by the RCVS. Providers can therefore choose the most appropriate assessment types.

It should be noted that all modules or units of the qualification that address the DOC must include an unseen (closed book) examination as an element of the assessment strategy. This does not necessarily need to be a written examination.

Examples of how reasonable adjustment could be made to the assessment of knowledge may include;

- Supervised rest breaks
- Extra time
- Private space to read the question paper out loud
- Coloured overlays
- Alternative room arrangements
- Use of reader
- Use of scribe
- Use of assistive technologies

Where appropriate to the learning or assessment outcome the use of Universal Assessment Design (UAD) is encouraged. UAD refers to the practice of creating assessments that are accessible and fair for all students, regardless of their abilities, disabilities, or backgrounds. The goal is to eliminate unnecessary barriers while maintaining the validity and rigor of the examination. UAD draws on principles from Universal Design for Learning (UDL) and ensures assessments measure the intended learning or assessment outcomes without being influenced by unrelated factors. The goal is to ensure that assessments accurately measure students' knowledge and skills without being hindered by barriers relating to the assessment format or delivery.

## **Assessment of the Day One Skills**

The assessment of the DOS takes place in both the clinical practice setting and the learning environment. Clinical Supervisors (CSs) working within the clinical practice setting are responsible for confirming that students are competent in all of the DOS. Once competency has been confirmed, the student will be eligible to sit the summative practical assessment designed to sample competence of the DOS. This assessment is normally in the form of an Objective Structured Clinical Examination (OSCE) or similar practical examination. The purpose of this examination is to sample the assessment decisions made by the CS and it normally takes place in a simulated environment.

Although the DOS 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.

It should be noted 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 assistive technology advances, 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 the DOS may include:

- A student with a hearing impairment using an electronic stethoscope to perform part of a clinical assessment of a patient. The student still meets the outcome of performing a full assessment, but with supportive equipment that involves a slightly different approach/method.
- A student with severe anxiety could take regular breaks after performing a clinical assessment and could have a quiet space available beforehand/afterwards. The 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 decisions on patient care.
- A student with mobility difficulties could be provided with adjustable tables and chairs in the treatment 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.

There may be aspects of the skill which do not need to be 'hands on', for example, another member of staff may assist by completing aspects of the patient treatment which is not being assessed. The competence standard cannot be met if the student describes the process to the person supporting them without actually demonstrating it. For example, if the student is required to approach and handle patients but requests that someone else does this for them and describes how it should be done, they cannot be deemed competent as they have not performed the skill. However, if they demonstrate how to approach and handle the patient, but due to their disability, they are unable to restrain the patient for the entire length of the procedure, this could be considered acceptable as they are actually performing the skill.

While readers and scribes may be permitted in written examinations and assessments, their use must be carefully considered when evaluating competence of the DOS and PBs. Many of these competences require students to demonstrate their ability to communicate effectively and efficiently, both verbally and in writing.

Assistive technology can be used where appropriate, but the reliance on human readers and scribes is generally not suitable in such assessments. It is crucial for students to independently demonstrate their communication skills as required by their profession.

Where students are using a reader, scribe or assistive technology extensively and there is limited evidence that they are able to read or write handwritten records as may be required for a number of DOS, an additional sampling of the CSs decision making could be undertaken. This is especially important if the OSCE (practical examination) can be passed without students achieving marks awarded for reading and writing skills (e.g., record keeping and reading information).

### **Assessment of Professional Behaviours**

The assessment of PBs is a crucial component of veterinary nurse education and training, ensuring that students develop the professionalism expected of a Registered Veterinary Nurse (RVN). The RCVS requires students to achieve level 4 in each of the PBs before they can attain their qualification. At this level, students are expected to demonstrate independence and competence across all areas of practice. Specifically, they should be able to work with limited guidance or support, while being aware of their own limitations and seeking assistance when needed. This enables them to work autonomously, confidently, and competently.

The key behaviours assessed include:

- Reliable and adaptable application of knowledge and skills
- Working within legal and ethical boundaries
- Demonstrating initiative and the ability to self-reflect
- Managing their own time and workload
- Strong communication skills
- A positive attitude toward feedback and guidance
- Professional accountability
- Commitment to ongoing professional development
- Maintaining a professional and clinical appearance
- Awareness of their own wellbeing
- Effective collaboration within the veterinary team



Throughout their education and training, students will develop the skills needed to meet these PBs. The PBs serve as competence standards, outlining the behaviours students should demonstrate as they work through the DOC and DOS. Unlike the DOS, which has specific requirements on how certain tasks should be performed, the PBs focus on the broader competences and behaviours expected at a professional level.

For instance, a student performing a subcutaneous injection will be taught how to complete the task competently, following established protocols. The focus is on their technical ability, with little variation in the approach. However, when it comes to the PBs, students will develop individual strategies to demonstrate their competency.

For example, students are expected to manage their own time and workload, but some students, particularly those with learning difficulties or neurodevelopmental conditions, may find this challenging. While the competency itself cannot be adjusted, the strategies or tools used to demonstrate the competency can be adapted to suit individual needs with some students benefiting from using tools such as electronic scheduling reminders or other visual aids.

# Roles of key stakeholders in the application of reasonable adjustments

There are a number of organisations and people involved with the education and training of veterinary nurses. Each of these has a responsibility to ensure that reasonable adjustment requests are considered, in line with UK disability and discrimination legislation. This means that they 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 delivered and assessed.

## **Higher Educational Institutions (HEIs) and Awarding Organisations (AOs)**

HEIs and AOs are responsible for developing and awarding (issuing the certificate) qualifications. In the case of HEIs they may also deliver the education and training, or they may approve another organisation to do this. AOs do not normally provide the education and training element, but they do approve others to do this. HEIs and AOs are required to meet the RCVS accreditation standards through the **Standards Framework for Veterinary Nurse Education and Training**.

They are required to have a reasonable adjustment policy in place to guide those working in learning environments on the process to follow when considering applications for reasonable adjustment.

This may include defining who can act as a reader or scribe to ensure that bias is minimised in an assessment.

Where they also deliver the assessment, they have a responsibility for making reasonable adjustments for students with disabilities, in line with the UK disability discrimination legislation.

They are also responsible for monitoring that its reasonable adjustments are being applied correctly across all learning environments.

## **Delivery sites**

Delivery sites are universities, colleges or training providers approved by an HEI or AO to deliver the qualification. They must also meet the RCVS accreditation standards. They should encourage students (or individuals applying to become students) to disclose disabilities and support them to identify appropriate

reasonable adjustments, in line with the UK disability discrimination legislation. Delivery sites need to follow the processes that the HEIs and AOs have in place for applying for reasonable adjustment and where required put adjustments in place.

With the permission from the student, staff at delivery sites should facilitate the discussion between the student and the TP about any reasonable adjustments that have been agreed.

The delivery site is also responsible for monitoring that the agreed reasonable adjustments are being applied, reviewed and adjusted as appropriate.

### **Training practices**

Employers and placement providers have a responsibility to support students where a reasonable adjustment has been agreed. They must also meet the RCVS accreditation standards. It is important to note that reasonable adjustments are often agreed prior to the student commencing their clinical placement and it may be necessary to review the adjustments at regular intervals as the student develops their skills and adapts to the working environment.

### **Students and individuals applying to become students**

Providers and TPs have a legal duty to make reasonable adjustments to ensure accessibility for all disabled students, even if they have not disclosed their condition or received a formal diagnosis.

For adjustments tailored to a student's specific needs, students are encouraged to apply or discuss their requirements so that the most appropriate support can be put in place. Engaging with the provider and actively participating in identifying practical solutions can help ensure they receive the necessary support to complete their assessments successfully.

While some students may feel hesitant to disclose their needs due to stigma or fear of discrimination, it is important to remember that disclosure allows providers to implement effective measures, creating a more inclusive learning environment.

### **Royal College of Veterinary Surgeons**

As the professional regulator, we oversee and uphold the quality of veterinary nursing education and training through the **Standards Framework for Veterinary Nurse Education and Training**. 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 regular quality monitoring activity.

Our standards relevant to admissions, and student welfare and support during their time on the course have a prominent role in ensuring providers are complying with equalities legislation.

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

- Accredited Education Institutions (AEIs) must develop a learning culture that is fair, impartial, transparent, fosters good relations between individuals and diverse groups, and is compliant with equalities and human rights legislation (1.10).
- Recruitment, selection, and retention of students must be open, fair, and transparent, and includes measures to understand and address underrepresentation (2.6).
- Entry criteria for the programme must include evidence that students have a capability in numeracy, literacy, and science, written and spoken English and mathematics to meet the programme outcomes (2.7).
- Students are provided with accurate and accessible information to students enabling them to understand and comply with relevant governance processes and policies (2.9).
- Students have access to the resources they need to achieve the RCVS Day One Competences, Skills and Professional Behaviours for Veterinary Nurses, and programme outcomes required for their professional role (3.2).
- Students are provided with information relevant to the programme in an accessible way for their diverse needs (3.3).
- Students are supervised and supported according to their individual learning needs, proficiency, and confidence (3.6).
- Students have their diverse needs respected and considered across all learning environments, with support and adjustments provided in accordance with equalities and human rights legislation and good practice (3.10).
- Adjustments are provided in accordance with relevant equalities and human rights legislation for assessments in theory and practice (5.12).

The RCVS undertake regular quality monitoring activities including checking the application of reasonable adjustments. Where a provider is faced with a complex request for reasonable adjustment and are unsure if a proposed adjustment will allow the student to demonstrate competence the RCVS can provide support during the decision-making process. The final decision will be taken by the provider in conjunction with their own legal advice where necessary.

The RCVS will also consider reasonable adjustment requests for students sitting the RCVS VN Pre-registration examination.

# Principles for the basis of reasonable adjustment decisions

In order to achieve a balance between providing 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.

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.

The tables below aim to give some high-level examples of potential reasonable adjustments that could be made for students with physical disabilities, mental health conditions, learning difficulties or neurodevelopmental conditions.

- **Table 1** focuses on the DOS and gives examples of potential adjustments that could be made which may be reasonable to help students with physical disabilities, mental health conditions, learning difficulties or neurodevelopment conditions.
- **Table 2** identifies some examples of reasonable adjustments for students with common types of physical disabilities mental health conditions, learning difficulties or neurodevelopment conditions. This table also highlights the issues that may occur if reasonable adjustment is provided. This includes concerns for patient welfare or the inability to be able to demonstrate competence in the DOC, DOS or PBs.

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 provider. It is for the provider to consider what reasonable adjustments are appropriate and when in doubt should seek legal advice.

# Table 1:

Examples of Day One Skills, with examples of reasonable adjustments that could be considered to assist a student with a physical disability or learning difficulties.

Day One Skill section	Description	Examples of how reasonable adjustments could help someone with the physical disabilities/ impairments perform the task.	Examples of how reasonable adjustments could help someone with a learning difficulty, mental health condition or neurodevelopmental condition perform the task.
<b>1. Legislation affecting practice</b>	<p>Students need to demonstrate that they are able to comply with Health and Safety requirements, follow Standard Operating Procedures (SOPs) and manufacturer guidelines for using equipment and materials.</p> <p>Students need to take appropriate action to report injury involving themselves or others as well as critically evaluating a risk assessment.</p>	Information provided in different formats.	<p>Use of assistive technology for reading and writing.</p> <p>Providing information in different formats.</p> <p>Training and induction materials in different formats to suit the individual student.</p>

<b>2. Communication</b>	<p>Effective communication in veterinary practice involves interacting with clients, colleagues, other veterinary professionals, and the public, considering their diverse needs. This includes accurate and legible written documentation, proper record management, and obtaining informed consent.</p> <p>Nursing consultations should cover history taking. Additionally, providing discharge information, completing referral documentation, and discussing evidence-based nursing practices are crucial.</p> <p>Quality improvement measures and health and wellbeing protocols should be reviewed regularly. Lastly, expressing empathy and sympathy, especially during euthanasia, is essential for supporting clients.</p>	<p>Adjustable height tables and chairs in the examination room to assist with accessing the animal at the correct level.</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 client can be instructed to place the patient on the table or encourage dogs to walk onto adjustable height tables.</p> <p>Loop systems installed where necessary.</p> <p>The use of hearing aids.</p> <p>The use of clear facemasks to facilitate lip-reading.</p> <p>Amplified or digital stethoscopes with sound enhancement or visual output.</p> <p>Sign language interpreters.</p> <p>The use of alert systems such as flashing lights and vibrating buzzers.</p> <p>Ergonomic supports – wrist rests, knee pads or supportive footwear.</p>	<p>Use of assistive technology for reading and writing.</p> <p>Providing information in different formats.</p> <p>Ability to take a break before or after a consultation.</p> <p>Additional time or a quiet space to consider and process information and write up notes from the consultation.</p> <p>Use of Dictaphones (with client permission when taking patient histories).</p> <p>Quality improvement meetings to be scheduled at suitable times and locations and be structured to encourage everyone's input. It may be necessary to supply details of the cases to the student ahead of time along with time for them to prepare.</p> <p>Type to speech (transcribing) technology could be used for communication if there are verbal communication difficulties.</p> <p>Additional time to calculate financial estimates and the use of finance computer programmes could be used to help with calculations.</p> <p>Electronic patient records with messaging functions instead of verbal instructions.</p> <p>Templates and structured documentation systems can reduce cognitive load when writing notes.</p>
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<b>3. Handling and restraint</b>	<p>Students are required to demonstrate that they are able to safely approach and handle animals using appropriate personal protective equipment. This will include moving and lifting animals as well as restraining animals for a variety of procedures.</p>	<p>Where it is not part of the assessment of competence another member of staff can be instructed to hold/restrain an animal or assist where appropriate.</p> <p>Desks, benches and tables can be adjusted to fit the requirements of the individual, e.g. for consults, surgeries and practical classes.</p> <p>Access to a chair or stool at all times. Use of specially designed ergonomic chairs or stools designed for prolonged sitting or standing assistance.</p> <p>Standing aids such as anti-fatigue mats, or leaning stools for those who struggle with standing for long periods.</p> <p>Patient lifting devices such as hoists and adjustable-height tables to reduce manual lifting strain.</p>	<p>Using clear signage about the temperament of animals.</p> <p>Use of assistive technology for reading and writing.</p>
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<b>4. Nursing Care</b>	<p>Students are required to demonstrate that they can competently Interpret and use individualised care plans to deliver the nursing care for a range of disorders and diseases and also evaluate a care bundle. They will need to carry out a nursing assessment and perform a clinical examination accurately recording their findings.</p>	<p>Adjustable height tables and chairs in the treatment room to assist with accessing the animal at the correct level.</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>Another member of staff can be instructed to place the patient on the table or encourage dogs to walk onto adjustable height tables.</p> <p>Loop systems installed where necessary.</p> <p>The use of hearing aids where necessary.</p> <p>The use of clear facemasks to facilitate lip-reading.</p> <p>Amplified or digital stethoscopes with sound enhancement or visual output.</p> <p>Sign language interpreters.</p> <p>Alert systems such as flashing lights and vibrating buzzers.</p> <p>Ergonomic supports – wrist rests, knee pads or supportive footwear.</p> <p>Use of ergonomic equipment where necessary.</p>	<p>Use of assistive technology for reading and writing.</p> <p>Providing information in different formats.</p> <p>Ability to take a break before or after a patient interaction.</p> <p>Enable additional time to consider and process information along with a quiet space to write up notes.</p> <p>Use of Dictaphones for hand over notes.</p> <p>Templates and structured documentation systems can reduce cognitive load when writing notes.</p> <p>The use of electronic patient records with messaging functions instead of verbal instructions.</p>
<b>5. Laboratory techniques</b>	<p>Students are required to discuss the sampling strategy with the veterinary surgeon before preparing and taking samples and carrying out the analyses and reporting the result to the veterinary surgeon. They will also need to send some samples to an external laboratory.</p>	<p>Lightweight or adapted equipment- consider custom grips where dexterity or grip is an issue.</p> <p>Where it is not part of the assessment of competence another member of staff can be instructed to hold/restrain an animal or assist where appropriate.</p> <p>Access to a chair or stool at all times. Use of specially designed ergonomic chairs or stools designed for prolonged sitting or standing assistance</p>	<p>Use of assistive technology for reading and writing.</p> <p>Providing information in different formats.</p> <p>Additional time or a quiet space to write up notes.</p> <p>Templates and structured documentation systems can reduce cognitive load when writing notes.</p>

<b>6. Diagnostic imaging</b>	<p>Students are required to prepare and use radiography equipment and position patients to obtain a diagnostic image. Accurate records need to be kept in relation to the exposure and result of the image.</p> <p>Support is also required to be given during ultrasound investigation.</p>	<p>Use of ergonomic equipment where necessary.</p> <p>Lightweight or adapted equipment- consider custom grips where dexterity or grip is an issue.</p> <p>Adjustable height tables and chairs to assist with accessing the animal at the correct level.</p>	<p>Colour coded charts and diagrams</p> <p>Use of assistive technology for reading and writing.</p> <p>Providing information in different formats.</p> <p>Additional time or a quiet space to write up notes.</p> <p>Templates and structured documentation systems can reduce cognitive load when writing notes.</p>
<b>7. Dispensing</b>	<p>Students are required to safely handle and manage pharmaceuticals in accordance with legislation and manufacturer guidelines. They need to interpret prescriptions and prepare medicines for dispensing. Appropriate records must also be maintained.</p>	<p>Adjustable height tables and chairs.</p> <p>Adapted equipment such as the addition of grips to aid opening packages.</p> <p>Use of automatic dispensing machines.</p>	<p>Use of assistive technology for reading and writing.</p> <p>Providing information in different formats.</p>
<b>8. Infection control</b>	<p>Students are required to recognise signs of common zoonotic diseases and undertake strategies to prevent spread of infection. This includes disposing of waste into the correct receptacles and following hygiene protocols in place for handling animals and effective barrier nursing.</p>	<p>Accessible waste bins with adapted opening/closing systems.</p> <p>Adapted clothing to enable ease of use to assist those with limited dexterity</p>	<p>Colour coded bins.</p> <p>Use of assistive technology for reading and writing.</p> <p>Providing information in different formats.</p>

<b>9. Theatre practice</b>	Students are required to prepare the theatre, equipment and patients for surgical procedures. In addition, students need to be able to assist as a circulating nurse, wearing surgical clothing and assisting with sterile procedures and keeping accurate records.	<p>Adapt methods for putting on surgical clothing.</p> <p>Adapted surgical clothing to enable ease of use to assist those with limited dexterity</p> <p>Instruments and tools with ergonomic handles to reduce strain and make tasks easier to perform.</p>	<p>Colour coded charts and diagrams</p> <p>Use of assistive technology for reading and writing.</p> <p>Providing information in different formats.</p>
<b>10. Anaesthesia</b>	Students are required to be competent in all aspect of patient care during anaesthesia. This includes preparing and using equipment and materials correctly as well as assessing and monitoring the patient before, during and after the anaesthetic. In addition, anaesthetic monitoring records must be completed accurately.	<p>Adjustable height tables and chairs in the examination room to assist with accessing the animal at the correct level.</p> <p>Instruments and tools with ergonomic handles to reduce strain and make tasks easier to perform.</p> <p>Access to a chair or stool at all times. Use of specially designed ergonomic chairs or stools designed for prolonged sitting or standing assistance.</p> <p>Standing aids such as anti-fatigue mats, or leaning stools for those who struggle with standing for long periods.</p> <p>Patient lifting devices such as hoists and adjustable-height tables to reduce manual lifting strain.</p> <p>Amplified or digital stethoscopes with sound enhancement or visual output.</p> <p>Alert systems such as flashing lights and vibrating buzzers.</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>Type to speech technology for communication issues.</p> <p>Templates and structured documentation systems can reduce cognitive load when writing notes.</p>

## Table 2:

Examples of possible reasonable adjustments for various disabilities

Disability/Impairment	Examples of possible reasonable adjustments	Examples of how reasonable adjustments could help someone with the physical disabilities/impairments perform the task.
<b>Student with limited mobility (cannot stand for long) or chronic physical condition</b>	<p>Where it is not part of the assessment of competence another member of staff can be instructed to hold/restrain an animal or assist where appropriate.</p> <p>Desks, benches and tables can be adjusted to fit the requirements of the individual, e.g. for consultations, surgeries or practical classes.</p> <p>Access to a chair or stool at all times. Use of specially designed ergonomic chairs or stools designed for prolonged sitting or standing assistance.</p> <p>Standing aids such as anti-fatigue mats, or leaning stools for those who struggle with standing for long periods.</p> <p>Patient lifting devices such as hoists and adjustable-height tables to reduce manual lifting strain.</p> <p>Modified surgical instruments or diagnostic tools for those with limited limb function.</p> <p>Voice-controlled or foot-controlled equipment.</p> <p>Increased rest breaks and scheduling the length of work to suit the individual.</p> <p>Patient accommodation at a suitable height with grab rails where required.</p> <p>Adapted clothing to enable ease of use to assist those with limited dexterity</p> <p>Additional time to complete tasks.</p> <p>Energy-conserving work schedules for those with fatigue or chronic pain conditions</p> <p>Pacing strategies and workload adjustment – balancing high and low energy tasks.</p>	<p>Consideration must be given to the welfare and wellbeing of animals and others involved with patient care.</p> <p>If a student is unable to attend to patients housed close to the floor, nursing the patient in raised accommodation may be beneficial. However, this may not always be suitable due to patient anxiety, the patient's size and weight, or the needs of others involved in their care.</p> <p>Veterinary practice is unpredictable, and routine procedures may take longer than expected. This may make scheduling of work and rest breaks difficult to implement.</p>

<p><b>Student with no mobility in their legs (unable to walk or stand, uses a wheelchair exclusively)</b></p>	<p>Wheelchair-accessible facilities</p> <p>Where it is not part of the assessment of competence another member of staff can be instructed to hold/restrain an animal or assist where appropriate.</p> <p>Desks, benches and tables can be adjusted to fit the height of the person using a wheelchair. Alternative biosecurity arrangements for wheelchair users.</p> <p>Diagnostic equipment can be lowered/heightened to fit a wheelchair. The use of ramps and hydraulic doors can assist with access.</p> <p>Standing wheelchair or exoskeleton where appropriate.</p> <p>Voice controlled systems (e.g. lighting and temperature control in environment).</p> <p>Additional time to complete tasks.</p> <p>Patient lifting devices such as hoists and adjustable-height tables to reduce manual lifting strain.</p> <p>Increased rest breaks and scheduling the length of work to suit the individual.</p> <p>Patient placed in accommodation at a suitable height.</p> <p>Adapted clothing to enable ease of use to assist those with limited movement.</p> <p>Energy-conserving work schedules for those with fatigue or chronic pain conditions</p> <p>Pacing strategies and workload adjustment – balancing high and low energy tasks.</p>	<p>Consideration must be given to the welfare and wellbeing of animals and others involved with patient care.</p> <p>If the student was not able to reach or lean forward this could create further difficulties.</p> <p>If a student is unable to attend to patients housed close to the floor, nursing the patient in raised accommodation may be beneficial. However, this may not always be suitable due to patient anxiety, the patient's size and weight, or the needs of others involved in their care.</p> <p>Veterinary practice is unpredictable, and routine procedures may take longer than expected. This may make scheduling of work and rest breaks difficult to implement.</p>
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<b>Student with no mobility in one or both arms or hands.</b>	<p>Where it is not part of the assessment of competence another member of staff can be instructed to hold/restrain an animal or assist where appropriate.</p> <p>Desks, benches and tables can be adjusted to fit the requirements of the individual, e.g. for consultations, surgeries, practical classes.</p> <p>Hand free communication devices i.e. headsets and speech activated controls can be provided.</p> <p>Customised grips and handles on equipment.</p> <p>Patient lifting devices such as hoists and adjustable-height tables to reduce manual lifting strain.</p> <p>Modified surgical instruments or diagnostic tools for those with limited limb function.</p> <p>Voice-controlled or foot-controlled equipment.</p> <p>Adapted clothing to enable ease of use to assist those with limited movement.</p> <p>Energy-conserving work schedules for those with fatigue or chronic pain conditions</p> <p>Pacing strategies and workload adjustment – balancing high and low energy tasks.</p>	<p>Consideration must be given to the welfare and wellbeing of animals and others involved with patient care.</p> <p>Currently there are limited reasonable adjustments available for anyone with no use in both arms or hands and some competences may not be able to be adjusted for.</p> <p>Technology is advancing but may not yet be evolved enough.</p>
<b>Student with severe allergy to one species</b>	<p>Veterinary nurses are not required to be competent in handling all species. Where permitted by the provider, they may demonstrate competence with patients that do not trigger their allergy.</p> <p>Anti-allergy suit/facemask/gloves could be used.</p> <p>Implement wash down procedures for moving into normal clothes at the end of a shift.</p> <p>Use of models where the competence standard does not relate to live animals.</p> <p>Students may already be familiar with anti-allergy medication.</p> <p>Full body covering with filtered air system. Air filtered system in the buildings.</p>	<p>If a student is allergic to a specific species, such as rabbits, it may be challenging to avoid exposure in an emergency situation where multiple staff members are needed to treat the patient.</p>

<b>Student who is blind/ has low vision</b>	<p>Where it is not part of the assessment of competence another member of staff can be instructed to hold/restrain an animal or assist where appropriate.</p> <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.</p> <p>Provision of a Practical Assistant within laboratories or workshops.</p> <p>Use of a guide dog.</p> <p>Use of assistive technologies such as tactile diagnostic tools.</p>	<p>Consideration must be given to the welfare and wellbeing of animals and others involved with patient care.</p> <p>There is potential issue using guide dog alongside other animals.</p> <p>It will be difficult for students with severe visual impairments to undertake the competences within the DOS.</p>
<b>Student who is deaf/ has hearing loss</b>	<p>Use of hearing aids</p> <p>Use of clear facemasks to facilitate lip-reading.</p> <p>The use of hearing loops.</p> <p>Amplified or digital stethoscopes with sound enhancement or visual output.</p> <p>Sign language interpreters.</p> <p>Voice to text technology to aid communication from others.</p> <p>Alert systems such as flashing lights and vibrating buzzers.</p> <p>Additional time to complete tasks and scheduled rest breaks.</p> <p>Teaching notes available in advance of the session.</p> <p>Energy-conserving work schedules for those with fatigue or chronic pain conditions</p> <p>Pacing strategies and workload adjustment – balancing high and low energy tasks.</p>	<p>Consideration must be given to the welfare and wellbeing of animals and others involved with patient care.</p> <p>Veterinary practice is unpredictable, and routine procedures may take longer than expected. This may make scheduling of work and rest breaks difficult to implement.</p> <p>The active signing of a sign language interpreter may cause anxiety for the patient. The student may not be able to sign if they are undertaking work that requires use of their hands such as retraining a patient.</p> <p>It may also be difficult to watch the sign language interpreter during some procedures.</p> <p>Students may have difficulty recognising vocal cues from patients, such as those indicating pain or distress.</p>

<b>Student with communication issues (no speech)</b>	<p>Text to speech technology</p> <p>Possible use of sign language with a signer.</p> <p>Allowing student to write instead of oral assessments where verbal communication is not being assessed.</p> <p>Additional time allowed to complete tasks and communicate with others.</p> <p>Energy-conserving work schedules for those with fatigue or chronic pain conditions</p> <p>Pacing strategies and workload adjustment – balancing high and low energy tasks.</p>	<p>It may be difficult for the student to demonstrate competence in the DOS and PBs.</p> <p>Consideration must be given to the welfare and wellbeing animals and others involved with patient care.</p> <p>Veterinary practice is unpredictable, and routine procedures may take longer than expected. This may make scheduling of work and rest breaks difficult to implement.</p> <p>The active signing of a sign language interpreter may cause anxiety for the patient. The student may not be able to sign if they are undertaking work that requires use of their hands such as retraining a patient.</p> <p>It may also be difficult to watch the sign language interpreter during some procedures.</p> <p>Students may struggle to communicate information rapidly in an emergency situation.</p>
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<b>Student with cognitive and learning needs (dyslexia and dyscalculia)</b>	<p>Text to speech and voice recognition assistive technologies.</p> <p>Use of coloured overlays or tinted glasses.</p> <p>Provision of readers and scribes where reading and writing is not part of the assessment.</p> <p>Additional time to complete written/reading tasks. Use of a laptop in all settings.</p> <p>Use of accounting software to calculate quotes</p> <p>Colour coded or pictorial systems for medication charts and patient records.</p> <p>Teaching materials in different formats such as videos, step by step guides or audio summaries.</p> <p>Templates and structured documentation systems can reduce cognitive load when writing notes.</p> <p>Increased rest breaks and scheduling the length of work to suit the individual.</p> <p>Additional time to complete tasks and examinations.</p>	<p>Consideration must be given to the welfare and wellbeing of animals and others involved with patient care.</p> <p>Reading handwritten notes may cause a problem. If the student can take a photo of handwriting there are some programmes that will translate this into speech, however, they may not be accurate with less common words such as drug names and dosages.</p> <p>Veterinary practice is unpredictable, and routine procedures may take longer than expected. This may make scheduling of work and rest breaks difficult to implement</p>
<b>Student with neurodivergence</b> <b>• Communication and interaction need</b> <b>• Social, emotional needs</b>	<p>Noise-cancelling headphones to reduce distractions in busy environments.</p> <p>Provision of a screen filter for a laptop, provision of a quiet space.</p> <p>Provision of time management software/apps</p> <p>Flexible hours. Support plans to help communication with clients.</p> <p>Colour coded or pictorial systems for medication charts and patient records.</p> <p>Teaching materials in different formats such as videos, step by step guides or audio summaries.</p> <p>Electronic scheduling systems to provide visual or audio cues for time management.</p> <p>Templates and structured documentation systems can reduce cognitive load when writing notes.</p> <p>Increased rest breaks and scheduling the length of work to suit the individual.</p> <p>Accessible quiet rest areas.</p> <p>Flexible hours for placements</p> <p>Pacing strategies and workload adjustment – balancing high and low energy tasks.</p>	<p>Consideration must be given to the welfare and wellbeing of animals and others involved with patient care.</p> <p>Students should also be aware that they must meet the time requirements for placement (1,800 hours).</p> <p>Veterinary practice is unpredictable, and routine procedures may take longer than expected. This may make scheduling of work and rest breaks difficult to implement.</p>

<b>Student with unseen disability (for example Crohn's disease, endometriosis)</b>	<p>Allowing time off for medical appointments or treatment.</p> <p>Flexible arrangements for placements.</p> <p>Unlimited toilet breaks and easy access to toilet facilities.</p> <p>Ability to watch some lectures outside of lecture hall setting.</p> <p>Additional time if required for assessments.</p> <p>Increased rest breaks and scheduling the length of work to suit the individual.</p> <p>Energy-conserving work schedules for those with fatigue or chronic pain conditions</p> <p>Pacing strategies and workload adjustment – balancing high and low energy tasks.</p> <p>Please also consider the examples for chronic conditions.</p>	<p>Consideration must be given to the welfare and wellbeing of animals and others involved with patient care.</p> <p>Students should also be aware that they must meet the time requirements for placement (1,800 hours).</p> <p>Veterinary practice is unpredictable, and routine procedures may take longer than expected. This may make scheduling of work and rest breaks difficult to implement.</p>
<b>Student with a mental health condition</b>	<p>Increased rest breaks and scheduling the length of work to suit the individual.</p> <p>Accessible quiet rest areas.</p> <p>Time off for medical appointments.</p> <p>Provision of a mental health support worker.</p> <p>Tailored support for the student when they witness certain upsetting procedures such as euthanasia, unexplained death of a patient, complaint or animal neglect.</p> <p>Energy-conserving work schedules for those with fatigue.</p> <p>Pacing strategies and workload adjustment – balancing high and low energy tasks.</p>	<p>Consideration must be given to the welfare and wellbeing of animals and others involved with patient care.</p> <p>Students should also be aware that they must meet the time requirements for placement (1,800 hours).</p> <p>Veterinary practice is unpredictable, and routine procedures may take longer than expected. This may make scheduling of work and rest breaks difficult to implement.</p>

