

CERTIFICATE IN ADVANCED VETERINARY PRACTICE SYNOPTIC EXAMINATIONS

GUIDANCE NOTES FOR CANDIDATES

EDITION FOR EXAMINATIONS IN 2026

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Guidance notes for RCVS CertAVP Synoptic Candidates

Introduction

Candidates enrolled on the RCVS Certificate in Advanced Veterinary Practice (CertAVP) programme, who successfully achieve the required six modules as set out in the criteria¹, will be awarded the qualification. In addition to the standard CertAVP certificate, the RCVS has approved 'designated' or named awards in a number of subject matter areas. To be awarded a designated CertAVP, candidates are required to successfully achieve specified combinations of modules in that designated area and also pass the RCVS synoptic examination².

Aim of the CertAVP Synoptic Examination

1. The synoptic exam is not a final examination for the modules completed during the CertAVP; it is an assessment for which a candidate presents themselves to demonstrate their ability to apply their advanced knowledge in their particular subject/species area in practice. Success in the synoptic exam is a prerequisite to be able to apply to be an Advanced Practitioner (AP) (additional criteria are also required).
2. The synoptic examination requires candidates to assimilate, integrate and apply knowledge and understanding obtained from the different parts of the CertAVP program they completed to demonstrate their advanced capability in practice across the whole subject or species area in which they are being examined.
3. The aim of the CertAVP synoptic exam is to ensure that candidates eligible to apply to be an RCVS Advanced Practitioner have successfully demonstrated their ability to integrate and apply their advanced clinical and professional knowledge and understanding in a coherent manner, across a range of cases or scenarios in their designated area. To achieve this aim, candidates will be required to demonstrate competence in the following areas (constructs):

Knowledge and understanding of relevant subject matter

Candidates will be required to demonstrate knowledge and understanding of all relevant subject matter. Their knowledge base must be current and accurate across all relevant areas (appropriate for AP level), including any relevant theories, principles and concepts.

Analysis and interpretation of case/scenario information

Candidates will need to demonstrate the ability to analyse and interpret the case/ scenario information clearly and accurately, acknowledging any wider contextual factors and being able to clearly present the clinical problem.

¹ [Certificate in Advanced Veterinary Practice \(CertAVP\) - Professionals \(rcvs.org.uk\)](https://rcvs.org.uk/certificates/certificate-in-advanced-veterinary-practice-certavp-professionals)

² [Designated certificates - Professionals \(rcvs.org.uk\)](https://rcvs.org.uk/certificates/designated-certificates-professionals)

Candidates will be required to integrate new findings, where appropriate, to refine case/scenario planning and be able to eliminate details of history and physical examination that are irrelevant to the analysis of complaint.

Clinical reasoning and decision making: Diagnosis

Candidates will need to demonstrate appropriate clinical reasoning and decision-making and select appropriate diagnostics directly relevant to the case/scenario and its treatment.

Candidates will need to interpret the diagnostic findings accurately, logically, and efficiently, and be able to adjust diagnostic planning appropriately based on the results.

Treatment and management planning

Candidates will be required to use all the relevant information and findings to formulate an appropriate, current and likely to be effective treatment and management plan, having considered all the relevant contextual and / or professional factors.

Professional practice

Candidates will be required to demonstrate appropriate knowledge and application of professional skills relevant to the case / scenario, including appropriate communication, professionalism, and ethics.

They will also need to demonstrate appropriate knowledge and application of biosecurity considerations, animal welfare, health and safety and regulatory considerations relevant to the case / scenario.

Structure of the synoptic examination

4. The RCVS synoptic examination is a structured oral examination that may be held either in person or virtually via Teams/Zoom.
5. Three clinical case descriptions will provide scenarios around which the candidate will be questioned and expected to demonstrate competence in all the areas described in the aims of the examination.
6. The clinical case scenarios will be reviewed by the RCVS before they are finalised.
7. Before their examination commences, candidates will be asked if they have received, read and understood the instructions for the examination and to raise any questions relating to how the examination is conducted at the earliest opportunity.
8. At the start of the examination, candidates will be provided with any relevant details (such as history, physical presentation and baseline diagnostic findings) for each case. Candidates will be allowed **thirty minutes** to examine this material. The examiners will not be present during this stage, and candidates will be sitting in a separate room under exam conditions.
9. Two examiners will then ask the candidate questions based around the three clinical case descriptions which were made available to the candidate. At relevant points during the exam, examiners may also present the candidate with additional clinical details, including laboratory findings, pathological specimens, diagnostic or therapeutic equipment, radiographs,

photographs or other relevant material if appropriate. A maximum of sixty minutes will be allowed for this examination, with a maximum of twenty minutes allowed for each case.

10. The examination will focus mainly on the candidate's ability to demonstrate and apply their knowledge, with the emphasis on clinical reasoning and their ability to provide a clear rationale for their diagnostic and case management decisions. Candidates will also be expected to explain their clinical approaches in the wider context of advanced veterinary practice. For example, candidates may be asked to explain the ethical considerations relating to each case. Candidates may also be asked questions about the advanced practice of the subject area concerned using the case scenarios as discussion topics. Some examples of these types of questions can be found at Annexes A and B.

Organisation and conduct of synoptic examinations

11. Synoptic examinations may be organised and conducted directly by the RCVS or by other host institutions accredited to do so but in all cases, they will remain under the direct control and supervision of the RCVS.
12. Each host institution will arrange dates for synoptic examinations they hold. These will be shared with the RCVS.
13. Candidates will be required to apply for a synoptic examination by a fixed deadline set by the host institution.
14. Two examiners will be appointed, who between them have an appropriate level of knowledge, expertise and experience in the subject area concerned. An external observer from the RCVS may also be present during the examination, either in person or virtually via Teams/Zoom. The role of the RCVS observer is to ensure that the examination is conducted according to the standards set by the RCVS.

Observers

15. The RCVS will appoint an observer for each examination. Their role is to quality assure the process and report back to the RCVS sub-committee on the integrity of the examination. The host institution may also appoint their own observer / external examiner. The observers report will be shared with the host institution.
16. An observer has no part in marking or the preparation of questions and does not take any part in the assessment or questioning of candidates. The observer's role should also be explained to the candidate in that they are observing the examination process and not the candidate.
17. Observers attending virtually (via teams/Zoom) will be muted and off camera through each candidate's exam. They should be able to see and hear the examiners, and (if possible) also the candidate, throughout the examination process. This will include the examiner discussions prior to the candidates starting, and after candidates have left the room.

18. Observers will not participate in conversation with the examiner or candidates or otherwise get actively involved while the examination is in progress.
19. In the event of any appeal being referred to a hearing, the observer may be invited to provide information and comment in relation to the appeal.
20. Occasionally, an observer may be present in a training role before being appointed to serve as an examiner at a future examination.

Appeals

21. The appeals process for the host institution will be followed. (Please see Annex E and refer to the separate RCVS document '**Appeals Policy**' for RCVS held examinations.)
22. Audio and/or video recordings of examinations will be made and may be used in the event of an appeal. Recordings will be held in confidence by the RCVS/host institution for up to one month following completion of the exam, after which they will be destroyed.

Retaking the examination

23. Candidates who fail the synoptic exam will be given one opportunity to re-sit. After two attempts candidates may be asked to undertake further formal training and/or advised to retake modules at the examiner's discretion. A third attempt at the synoptic exam may be allowed at the discretion of the RCVS CertAVP sub-committee.

Information to candidates

24. Following the exam, all candidates will be provided with their results and a written feedback report detailing their strengths and suggestions for further development across each of the cases or scenarios within their exam. This report will be produced by the examiners and provided via the RCVS within 15 working days following the assessment.
25. The final certificate awarded to candidates by the RCVS will name the designation.

Candidate Behaviour

26. Any candidate who harasses an examiner, either directly or indirectly, during or after the examination about their examination performance will be reported to the RCVS.
27. If a candidate engages in unacceptable or improper behaviour before, during or after the examination to attain success then their results will be annulled, and they may be barred from entry to future examinations.
28. Misconduct includes, but is not limited to:
 - Failure to comply with reasonable instruction from an examination official.
 - Verbal or physical abuse of any person such that any member of the examination team is made to feel intimidated or unsafe.
 - Disruptive behaviour before, during or immediately following the examination.

- Disclosing content from an examination to a third party, either in person, via email or social media.
- Removing examination materials from the examination that they have not previously been authorised to remove. This includes removing materials by using recording devices and taking photographs.
- Impersonation of a candidate or allowing themselves to be impersonated.
- Bribery, or attempted bribery of any personnel involved in the design, development, delivery of the examination.
- Being part of in-person or virtual groups, who share information that may breach exams and not reporting this.

29. Allegations of misconduct will be referred to the RCVS CertAVP subcommittee and the Registrar, who will review all reports of the alleged misconduct and consider if there is sufficient evidence for the allegation to be pursued. Candidates accused of misconduct will have the opportunity to provide a defence. The RCVS may withhold candidate results while we investigate an allegation of misconduct.

Further designations

30. Candidates may take a further synoptic examination in a different subject area (in order to achieve an additional designated certificate) if they have completed the correct CertAVP modular combination to do so ([Designated certificates – Professionals \(rcvs.org.uk\)](https://rcvs.org.uk)). Where there is an overlap in the types of CertAVP modules required, they do not have to be repeated unless they fall outside a period of ten years, counted from the pass date of the first module to the pass date of the last module, needed to qualify for the designation being assessed. The synoptic exam does not need to fall within the 10-year period.
31. If the modules were completed prior to May 2021, regardless of the previous modules attained, candidates must complete **one extra** module before they may undertake their additional CertAVP synoptic exam for any additional designation. If the modules were completed after May 2021, candidates must complete **three extra modules** before they may take an additional synoptic examination for an additional designation.
32. Candidates may not take more than one synoptic examination within any one-year period. This does not apply to re-sits.

Marking

33. The assessment level for the examination is in line with the Quality Assurance Agency 'Masters' level 7 in the Further and Higher Educations Qualifications (FHEQ) framework. See Annex C for the level descriptor for the CertAVP.
34. To be successful in the examination, candidates must achieve a 'pass' as described in the marking scheme (Annex D). For each case in the examination, each construct will be given a mark out of five and an average mark taken across the constructs. Candidates must achieve a mark of 3 or higher to pass a case (i.e. compensation across constructs within a case is allowed).

35. Candidates must achieve a 'pass' in all three clinical cases of the synoptic exam to pass the exam. Compensation across cases is not allowed.

Annex A

Example clinical examination questions

These questions (with model answers) are from an Emergency and Critical Care (ECC) case:

1. What is your problem list for this patient?

- Dehydration – based upon mild hyperproteinaemia, mild azotaemia, mild haemoconcentration and concentrated urine specific gravity.
- Mild azotaemia (pre-renal)
- Vomiting
- Infection or inflammation – pyrexia, neutrophilic leukocytosis with a left shift
- Mild tachycardia
- Abdominal pain
- Non-specific increases in liver enzymes with no indication of cholestasis

2. What are your differential diagnoses?

Vomiting:

- acute gastroenteritis
 - viral
 - dietary indiscretion
- pancreatitis
- gastrointestinal foreign body
- metabolic causes of vomiting such as hypoadrenocorticism

Pyrexia:

- inflammation, infection

Tachycardia:

- abdominal pain
- dehydration
- arrhythmia

Abdominal pain:

- GI disease
- Pancreatitis
- Wide range of ddx

3. What methodology do you use to arrive at a differential diagnosis list?

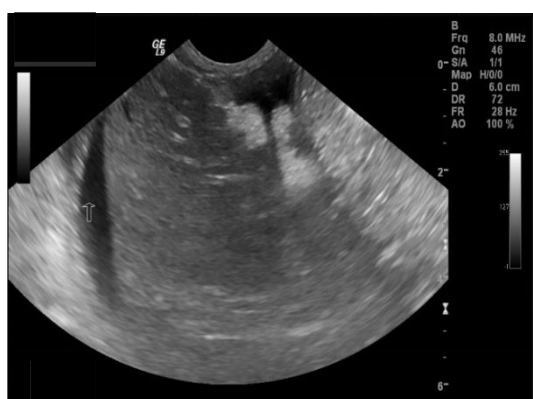
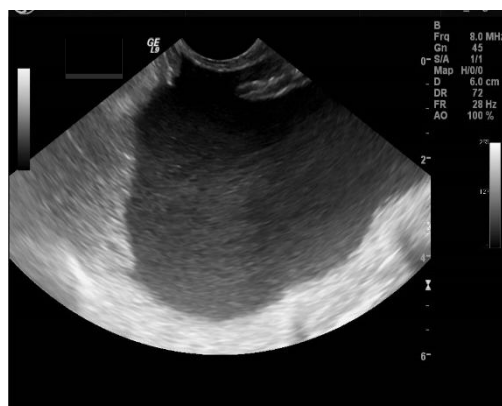
4. What further tests would you like to perform? Discuss the expected cost vs benefit for one of them.

- Pancreatic lipase
- Abdominal ultrasound
 - Abdominal fluid analysis
 - Abdominal fluid cytology
- Abdominal radiology
- Blood gases
- Electrolytes
- Lactate
- ECG

- Blood pressure

Further test results:

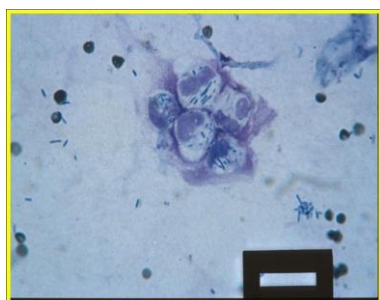
- An in-house Snap cPLI was performed and was negative.
- Abdominal radiographs are NOT AVAILABLE for this patient. The x-ray developer is broken at the moment.
- Abdominal ultrasound showed the following images: (show images on screen)



- Abdominal fluid analysis:

Fluid total solids	46 g/L
Fluid PCV	1 %
Colour	Yellow, slightly turbid

- Cytology of abdominal fluid (show image on screen)



- Blood gas and electrolyte results are as follows (GIVE THESE TO CANDIDATE IF THEY HAVE NOT REQUESTED THEM YET)

pH	7.524	7.351 - 7.463
PCO ₂	25	30.8 – 42.8 mm Hg
HCO ₃	31	18.8 – 25.6 mEq/L
SBE	7.2	-0.2 – 3.4 mEq/L
Na ⁺	142	145 – 154 mEq/L
Cl ⁻	98	105 – 116 mEq/L
K ⁺	4.9	4.1 – 5.3 mEq/L
Lactate	3.4	1.4 – 2.2 mmol/L
Anion Gap	18	12-25 mEq/L

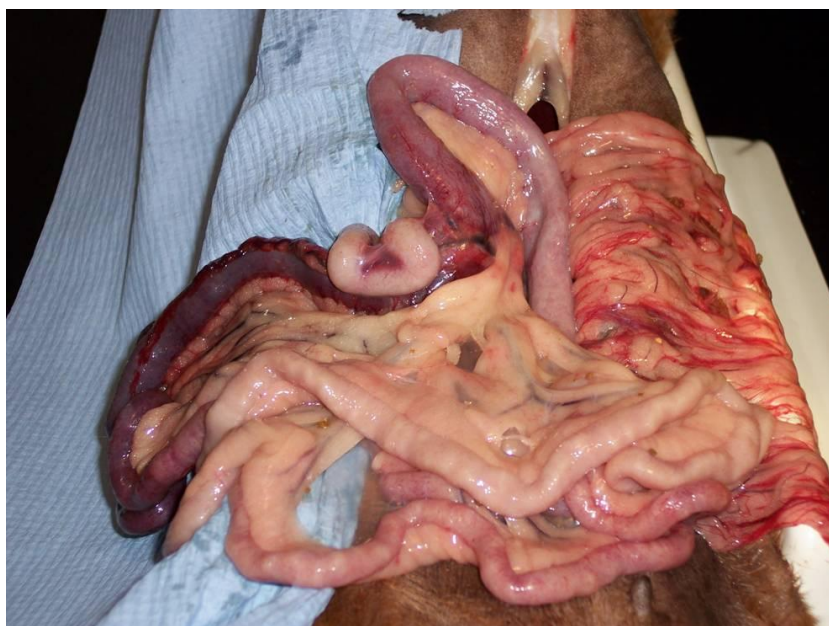
5. Interpret the abdominal fluid analysis and cytology

- Indicates septic peritonitis.
- Free bacteria, phagocytized bacteria and toxic neutrophils are present.

6. Interpret the blood gas and electrolyte results

- There is a metabolic alkalosis with appropriate respiratory compensation.
- Anion gap is normal, indicating that this is a hypochloraemic metabolic alkalosis.
- There is mild hyponatraemia and moderate hypochloraemia.
- Lactate is mildly increased.
- The electrolyte changes are consistent with fluid loss (vomiting) from the upper gastrointestinal tract. Elevation in lactate could be due to dehydration and/or mild hypovolaemia

At surgery, you find that the distal jejunum is occluded by the remains of a stuffed toy. A 15cm segment of the distal jejunum is necrotic and requires resection. The entire serosal surface of the small intestine is severely inflamed.



7. What are your next steps?

- Resect the necrotic portion of the small intestine and perform an end-to-end anastomosis
- Place a peritoneal drain
- Lavage the abdomen with large volumes of saline

You successfully achieve a satisfactory anastomosis and immediate post-operative recovery from surgery. The owners are delighted with your quick diagnosis and surgical skills.

8. What are the obstacles in communicating the seriousness of this patient's condition to the owner and how will you overcome them?**9. Discuss the pathophysiology of sepsis**

- release of pro-inflammatory cytokines
- activation of coagulation system
- endothelial damage → leaky capillaries → interstitial oedema, hypoproteinaemia
- vasodilation, hypotension → impact upon cardiac output

Annex B

Example examination questions for professional practice

Imagine that the surgeon at your practice is away on holiday and neither you, nor your colleagues feel comfortable performing the surgery in their absence. You offer referral, which the owners decline (based on distance they would have to travel to reach the referral centre). They then phone you back to say that they have spoken to a neighbouring practice, who are apparently happy to undertake the surgery. The dog is still at your practice. What steps would you take to manage this situation in terms of communication?

The owner's brother is a medical professional (GP) and is very keen to research the treatment options for his cat in more detail. What recommendations (in terms of sources of information) would you make to allow him to obtain the information that he wants?

What would your professional responsibilities be if this was a second opinion?

How would you engage your practice team colleagues in managing aspects of the case they didn't feel comfortable with: When would they consider the option of referral and/or seeking specialist advice?

What steps would you take to ensure that a radiograph was taken safely with minimal risk of exposure?

How has your practice changed as a result of doing the CertAVP?

How has your approach to CPD changed as a result of doing the CertAVP?

Annex C

Level descriptor for the CertAVP

Please also see: [Qualifications Frameworks \(qaa.ac.uk\)](http://qaa.ac.uk)

This is the definition for the level of the CertAVP upon which all synoptic examinations are based. It has been adapted from the Quality Assurance Agency's level descriptor for university 'Masters' qualifications, level 7 of the Further and Higher Education Qualifications (FHEQ) Framework.

Candidates must demonstrate:

- a systematic understanding of knowledge, and a critical awareness of current problems and / or new insights, much of which is at, or informed by, the forefront of their designated area of professional practice.
- a comprehensive understanding of techniques applicable to their own designated area of practice.
- originality in the application of knowledge, together with a practical understanding of how established techniques of research and clinical enquiry are used to create and interpret knowledge in their designated area of practice.
- conceptual understanding that enables them to:
 - evaluate critically current literature and research in their designated area of practice.
 - evaluate clinical and / or professional methodologies and techniques, and develop critiques of them and, where appropriate to propose new hypotheses.

Typically, holders of the qualification will be able to:

- deal with complex issues – both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to veterinary colleagues and to non-veterinary audiences, including clients.
- demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks in their professional area of work.
- continue to advance their knowledge and understanding, and to develop new skills to a high level.

and will have the qualities and transferable skill necessary for professional veterinary work requiring:

- the exercise of initiative and personal responsibility.
- decision-making in complex and unpredictable situations; and,
- the independent learning ability required for continuing professional development.

Annex D

Examination marking scheme and rubric

Each construct is assessed against a 5-point global rating scale, where '1' = 'very poor', '2' = 'poor', '3' = 'satisfactory', '4' = 'good' and '5' = 'very good' performance. Using this, the cut-score (pass mark) is 3.0. A detailed rubric is provided to inform examiner decisions and enhance reliability.

Constructs to be assessed:

1. Knowledge and understanding of relevant subject matter
2. Analysis and interpretation of case/scenario information
3. Clinical reasoning and decision making: Diagnosis
4. Treatment and management planning
5. Professional practice

Construct					
	<i>1 (Very Poor)</i>	<i>2 (Poor)</i>	<i>3 (Satisfactory)</i>	<i>4 (Good)</i>	<i>5 (Very Good)</i>
Knowledge and understanding of relevant subject matter: Breadth, depth, accuracy and currency of knowledge and understanding.	The candidate demonstrated fundamental flaws in knowledge and understanding across a number of areas relevant to the subject matter. Flaws in knowledge or understanding may be reflected through very poor breadth or depth of relevant knowledge, inaccurate and / or out-of-date knowledge or understanding (lacking currency). The candidate may have demonstrated incorrect understanding of essential theories, principles and concepts related to the subject matter. Significant prompting may have been required.	The candidate demonstrated poor knowledge or understanding of relevant subject matter in one or more areas. Poor knowledge / understanding may have been demonstrated through limited or inconsistent understanding of essential theories, principles and concepts of the relevant subject matter, or inconsistencies in their breadth, depth, accuracy or currency of knowledge. A degree of prompting may have been required.	The candidate demonstrated satisfactory knowledge of relevant subject matter. Although the candidate may have lacked the full breadth, depth or currency of knowledge / understanding across all aspects of the relevant subject matter, these omissions were minor and likely to have a limited impact on the outcomes of the case / scenario. No prompting required.	The candidate demonstrated good knowledge and understanding of the relevant subject matter, which was mostly accurate and up to date. The candidate demonstrated good breadth and depth of knowledge and understanding across most of the relevant subject matter, including any relevant theories, principles and concepts. No prompting required.	The candidate demonstrated a very good level of knowledge and understanding of all relevant subject matter. Their knowledge was consistently accurate and current across all relevant areas (appropriate for AP level), including any relevant theories, principles and concepts. No prompting required.
Analysis and interpretation of	The candidate demonstrated very poor analysis and interpretation	The candidate demonstrated poor (inadequate) analysis	The candidate demonstrated a satisfactory level and accuracy of	The candidate demonstrated good analysis and	The candidate demonstrated very good analysis and interpretation

case/scenario information	of case/scenario information, with many or all aspects of the key information being missed or lacking appropriate prioritisation. The candidate was unable to integrate new findings, where appropriate, and refine the case/scenario planning.	and interpretation of the information presented in the case/scenario, with some of the key information or facts being missed and /or lacking appropriate prioritisation. The candidate was unable to integrate new findings, where appropriate, and refine the case/scenario planning.	analysis and interpretation of the case/scenario information. The candidate's analysis and interpretation may have lacked certainty or confidence at times, but this was not detrimental to the outcomes of the case/scenario. The candidate may have been less able to integrate new findings, where appropriate, and refine case or scenario planning.	interpretation of the information presented in the case/scenario. Their analysis and interpretation of the information was mostly accurate and efficient. They were able to integrate new findings, where appropriate, to refine case/scenario planning.	of the case/ scenario information, that was consistently clear and accurate, acknowledging overall owner concerns as well a presenting clinical problem. They were able to integrate new findings, where appropriate, to refine case/scenario planning. Able to quickly eliminate details of history and physical examination that are irrelevant to analysis of current complaint.
Clinical reasoning and decision making: Diagnosis	The candidate demonstrated very poor clinical reasoning and decision-making. They selected inappropriate diagnostics, and their interpretation of the findings was very poor overall. The candidate was unable to adjust	The candidate demonstrated inconsistent or poor clinical reasoning and decision-making. They may have selected some appropriate diagnostics relevant to the case/scenario, but others may not have been appropriate.	The candidate demonstrated satisfactory clinical reasoning and decision-making and selected appropriate diagnostics relevant to the case/scenario. Interpretation of the diagnostic findings was satisfactory, and the candidate was able to adjust diagnostic planning	The candidate demonstrated good clinical reasoning and decision-making and selected appropriate diagnostics relevant to the case/scenario. The candidate interpreted the diagnostic findings accurately and logically and was able to adjust diagnostic planning	The candidate demonstrated very good clinical reasoning and decision-making and selected appropriate diagnostics directly relevant to the case/scenario and its treatment. The candidate interpreted the diagnostic findings accurately, logically, and efficiently. They were able

	diagnostic planning appropriately based on the results. The candidate was unable to reach an appropriate diagnosis, demonstrated major omissions or errors and lacked a logical approach throughout. Significant prompting may have been required.	Interpretation of the diagnostic findings was poor or inconsistent, and / or the candidate was unable to adjust diagnostic planning appropriately based on the results. The candidate was unable to reach an appropriate diagnosis or demonstrated major omissions / errors and lacked a logical approach. The candidate may have required a degree of prompting	appropriately based on the results. Candidate reached an appropriate diagnosis. There may have been minor omissions or a less logical approach. No prompting required.	appropriately based on the results. The candidate reached an appropriate diagnosis. There may have been minor omissions or a less logical approach in a few places, which were corrected. No prompting required.	to adjust diagnostic planning appropriately based on the results. The candidate reached an appropriate diagnosis. There were no omissions. No prompting required.
Treatment and management planning	The candidate uses relatively few of the relevant information and findings, or uses the information incorrectly / inconsistently, to formulate a treatment and management plan. The plan is mostly inappropriate e.g. lacking currency, or less likely to	The candidate uses some, but not all, of the relevant information and findings to formulate a treatment and management plan. The plan may be appropriate in some aspects, but inappropriate on other aspects, e.g. lacking currency, or less likely to	The candidate uses relevant information and findings to formulate a satisfactory and appropriate treatment and management plan. The planned approach was current, and likely to be effective.	The candidate uses relevant information and findings to formulate a good and appropriate treatment and management plan. The planned approach was current, and likely to be effective.	The candidate uses all relevant information and findings to formulate a very good, appropriate, current and likely to be effective treatment and management plan.

	be effective than an alternative approach. Few relevant contextual factors (e.g. client, regulatory, facilities, animal factors) were considered when formulating the treatment and / or management plan. The treatment and / or management plan was not developed in a consistently logical manner and had some major omissions. Where appropriate, the treatment and/or management options lacked consideration of the application of spectrum of care. Significant prompting may have been required.	be effective than an alternative approach. Few relevant contextual factors (e.g. client, regulatory, facilities, animal factors) were considered when formulating the treatment and / or management plan. The treatment and / or management plan was not developed in a consistently logical manner and had some omissions. Where appropriate, the treatment and/or management options lacked sufficient consideration of the application of spectrum of care. A degree of prompting may have been required.	Some relevant contextual factors (e.g. client, regulatory, facilities, animal factors) were considered appropriately. The treatment and / or management plan was developed in a mostly logical manner, with only minor omissions. Where appropriate, the treatment and/or management options described demonstrated a degree of consideration of the relevant contextual factors, including client, facilities and professional skills available. No prompting required.	Most of the relevant contextual factors (e.g. client, regulatory, facilities, animal factors) were considered appropriately. The treatment and / or management plan was developed in a mostly logical manner, with no major omissions. Where appropriate, the treatment and/or management options described demonstrated good of consideration of the relevant contextual factors, including client, facilities and professional skills available. No prompting required.	All of the relevant contextual factors (e.g. client, regulatory, facilities, animal factors) were considered appropriately. The treatment and / or management plan was developed in a logical manner, with no omissions. Where appropriate, the treatment and/or management options described demonstrated very good consideration of the all the relevant contextual factors, including client, facilities and professional skills available. No prompting required.
Knowledge and application of	The candidate demonstrated very poor, insufficient and / or	The candidate demonstrated poor, insufficient and / or	The candidate demonstrated satisfactory knowledge and application	The candidate demonstrated good knowledge and	The candidate demonstrated very good knowledge and

professional skills: professional practice	inconsistent knowledge and application of professional skills relevant to the case / scenario, which included aspects of poor or inappropriate communication, professionalism, and ethics. Owner questions and concerns were not addressed, and / or the candidates approach lacked empathy or professionalism in areas. The candidate demonstrated very poor, inconsistent or inappropriate knowledge and application of biosecurity considerations, animal welfare, health and safety and regulatory considerations relevant to the case / scenario. There were multiple significant omissions, which are likely to have been detrimental to	inconsistent knowledge and application of professional skills relevant to the case / scenario, which may have included aspects of poor or inappropriate communication, professionalism, and ethics. Owner questions and concerns may not have been addressed fully, and / or the candidates approach lacked empathy or professionalism in areas. The candidate demonstrated poor, inconsistent or inappropriate knowledge and application of biosecurity considerations, animal welfare, health and safety and regulatory considerations relevant to the case / scenario. There were some significant omissions, which may have been detrimental to	of professional skills relevant to the case / scenario, including appropriate communication, professionalism, and ethics. Owner questions and concerns were addressed satisfactorily in an empathetic and professional manner. The candidate demonstrated satisfactory and appropriate knowledge and application of biosecurity considerations, animal welfare, health and safety and regulatory considerations relevant to the case / scenario. If there were any omissions, these were few and were minor, and not detrimental to professional practice in any way. No prompting required.	application of professional skills relevant to the case / scenario, including appropriate communication, professionalism, and ethics. Owner questions and concerns were addressed in an empathetic and professional manner. The candidate demonstrated a good level of knowledge and appropriate application of biosecurity considerations, animal welfare, health and safety and regulatory considerations relevant to the case / scenario. There were no omissions or errors made that would have been detrimental to professional practice in any way. No prompting required.	application of professional skills relevant to the case / scenario, including appropriate communication, professionalism, and ethics. Owner questions and concerns were addressed fully in an empathetic and professional manner. The candidate demonstrated a very good level of knowledge and appropriate application of biosecurity considerations, animal welfare, health and safety and regulatory considerations relevant to the case / scenario. There were no omissions or errors. No prompting required.
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	professional practice or the case / scenario. Significant prompting may have been required.	professional practice or the case / scenario. A degree of prompting may have been required.			
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Annex E

RCVS appeals

1. If it is agreed that there are grounds for an appeal, then all those involved in the examiner team (including observers, and the exam co-ordinator if appropriate) may be asked to submit their comments on the issues raised. The appellant is permitted to attend the appeal hearing, with a professional or legal representative if they require.
2. An appeal may be made only against the conduct of the examination. This covers issues such as ambiguities in the questions/ case scenarios, unreasonable behaviour on the part of the examiners or the administration staff, inappropriate examination administration, and / or other failure by examiners and staff to implement the exam in accordance with the relevant policy and guidance. Appeals against the academic judgement of the examiners are not accepted.

Annex F

Synoptic Examination Appeals Rules 2026

Interpretation

1. In these rules:
 - "Act" means the Veterinary Surgeons Act 1966;
 - "appeals fee" means the amount of £200 payable not later than 7 days after an appellant is notified that their appeal has been referred to an appeals panel;
 - "appeals panel" means a panel of the Committee constituted to hear an appeal;
 - "appellant" means a candidate in the synoptic examination lodging an appeal under these rules;
 - "candidate" means a person who has applied for and sat the synoptic examination
 - "College" means the Royal College of Veterinary Surgeons;
 - "Committee" means the examination appeals committee;
 - "Council" means the Council of the College;
 - "examiners" means the examiners appointed by the RCVS to conduct the synoptic examination;
 - "lay person" means a person who is not a veterinary surgeon or a registered veterinary nurse and has never been entitled to be registered as such;
 - "reconsideration fee" means the amount of £200 payable not later than 7 days after an appellant is notified that their appeal has been dismissed after initial consideration;
 - "registrar" means the Registrar of the College or the Assistant Registrar acting on their behalf;
 - "synoptic examination" means the examination to be held as a prerequisite to be able to apply to be an Advanced Practitioner (additional criteria are also required)

Scope of Appeals

2. Appeals will only be entertained if they relate to one or more of the following grounds:

- procedural defects or irregularities in the arrangements made for the synoptic examination or conduct of the synoptic examination that are within the College's control (i.e. administrative error) which could have adversely affected a candidate's performance or the outcome of the synoptic examination;
- the conduct of any examiner or any other person connected with the synoptic examination or the making of arrangements for it;
- failure to make reasonable adjustments as requested by a candidate in accordance with the synoptic examination guidance

3. No appeal will be entertained on the following grounds:

- in respect of any candidate's lack of understanding or awareness of the synoptic examination guidance.
- in respect of any marks awarded, or other academic or professional judgement made, by the examiners in the synoptic examination in question.
- in relation to any medical or compassionate factor affecting the candidate during the holding of the synoptic examination which should have been drawn to the attention of the examiners at the time.

Lodging of an appeal

4. An appeal must be made in writing and be received by the registrar not later than 28 days after the date the appellant is notified of the result of the synoptic examination and must set out the grounds of the appeal and enclose detailed supporting information.
5. The registrar will acknowledge receipt of the appeal. Any appeals received more than 28 days from the date the appellant is notified of the result of the synoptic examination will not be considered.

Initial consideration of appeals

6. On receipt of an appeal the Chair or Vice-Chair of the Committee will consider it, together with:

- the marks awarded,
- any contemporaneous comments of the examiners (or others involved in the implementation of the examination),
- any guidance notes which were made available to candidates or examiners, and
- any recordings that were made of the examination where applicable.

They will either dismiss the appeal or refer it to an appeals panel for determination. Before deciding whether to dismiss the appeal or refer it to an appeals panel the Chair or Vice-Chair may consult with no more than two other members of the Committee.

7. An appeal will be dismissed after initial consideration if one or more of the following grounds apply:

- it gives insufficient information to enable any judgement to be made;
- it relates to the marks awarded or the academic or professional judgment made by the examiners;
- it is frivolous, vexatious or relates to a minor irregularity in the conduct of the examination;
- it relates to a medical or compassionate factor which could and should have been drawn to the attention of the examiners or College staff responsible for implementing the exam at the time of the examination, by means of completing reasonable adjustment or mitigating circumstances forms in accordance with the synoptic examination guidance;
- it is not necessary for the Committee to determine the appeal because deficiencies in the conduct of the examination have been acknowledged, and remedial action taken

8. If an appeal is dismissed for want of sufficient information to enable any judgment to be made, the appellant may renew the appeal by sending to the registrar further information as directed by the Chair or Vice-Chair not later than 7 days after the date the appellant is notified of the dismissal. The renewed appeal will then be treated as a new appeal and given initial consideration, even if the 28-day period for lodging an appeal has passed; but if the new appeal is again dismissed for want of sufficient information or because further information was not supplied within 7 days, the dismissal will be final.

9. If an appeal is dismissed on any of the remaining grounds mentioned, the appellant may nevertheless elect to have the appeal determined by an appeals panel. An appellant who so elects must pay a reconsideration fee of £200 not later than 7 days after the date the appellant is notified of the dismissal, but this will be refunded if any ground of appeal is upheld. If payment is not received by the College within 7 days after the date the appellant is notified of the dismissal, the dismissal will be final. Upon receipt by the College of the reconsideration fee within 7 days after the date the appellant is notified of the dismissal, the appeal will be referred for consideration by an appeals panel.
10. If, after initial consideration, the Chair or Vice-Chair of the Committee refers an appeal for consideration by an appeals panel; or after an appellant has elected to have their appeal determined by an appeals panel having been dismissed after initial consideration and payment of the reconsideration fee, the candidate must pay an appeal fee of £200 not later than 7 days after the date the appellant is notified of the referral, but this will be refunded if any ground of appeal is upheld. If payment is not received by the College within 7 days after the date the appellant is notified of the referral, the appeal will be dismissed, and the dismissal will be final. For the avoidance of doubt, an appellant seeking reconsideration of their appeal following dismissal after initial consideration will be required to pay both the reconsideration and appeal fees, but these will be refunded if any ground of appeal is upheld.

Composition of the Committee

11. The Committee will be appointed from time to time by or on behalf of the Council. It will include veterinary surgeons, registered veterinary nurses and lay persons. Two members of the Committee will be designated by or on behalf of the Council as its chair and vice-chair. The registrar will be secretary to the Committee.

Composition of appeals panels

12. The Committee will act through panels when dealing with appeals after initial consideration. An appeals panel will consist of between three and five members of the Committee chosen by the registrar and will include one person who is not a member of the Council or the Veterinary Nurses' Council and at least one person who is a veterinary surgeon. Each appeals panel will include and be chaired by either the chair or vice-chair of the Committee, whichever did not carry out the initial consideration of the appeal.
13. The registrar will attend each appeal panel as Secretary and to provide legal advice and members of College staff unconnected with the synoptic examination may also attend to take notes.

14. An appeals panel will not include a person who has been involved in the initial assessment of the appeal, had any involvement in the synoptic examination to which the appeal relates or has any personal connection with the appellant which might bring that person's independence or impartiality into question.

Procedure for the consideration of appeals by an appeals panel

15. The appellant will be provided with copies of any examiner's reports, recordings where applicable and of any other information, apart from legal advice and information which may undermine the integrity of the synoptic examination in relation to other candidates, which is made available to the appeals panel and will be given a reasonable opportunity to comment and make any further representations before the panel considers the appeal.
16. At its discretion, an appeals panel may have preliminary discussions before any appeal is considered.
17. At the start of a meeting by an appeals panel, all present will introduce themselves. Appeals panel members will identify themselves and they will confirm:
 - they have not been involved in the initial consideration of the appeal;
 - they have not had any involvement in the synoptic examination to which the appeal relates;
 - they do not have any personal connection with the appellant which might bring that person's independence or impartiality into question.
18. The chair of the appeals panel shall then present and summarise the documentary evidence provided by the appellant in support of their case. Any further documentary evidence supplied by the College or any third parties involved will then also be considered.
19. The appeals panel may then allow an appellant to make oral representations. An appellant who does so may be accompanied by a legal adviser, representative or other friend or adviser, who may address the panel if the appellant wishes.
20. The appeals panel will then consider the matter in the absence of the appellant and reach a decision.
21. The proceedings of an appeals panel will take place in private and will remain confidential after the conclusion of the appeal.

22. The appeals panel will reach a decision by majority vote and give the appellant reasons for its decision on each of the grounds raised. In the event of a tied vote, the chair will have the casting vote.

Outcomes of appeals following consideration by appeals panel

23. An appeals panel may:

- allow the appeal on one or more grounds and direct that the appellant shall be allowed to re-sit the synoptic examination at the next available attempt, and that such a re-sit shall not count as a re-sit for the purpose of any restriction on the number of times any one candidate may enter for the synoptic examination; or
- allow the appeal on one or more grounds and refer the case back to the examiners concerned for re-consideration; or
- dismiss the appeal on all grounds.

24. In the event that an appeal is upheld on any ground and the appeals panel makes a direction as to the re-sitting of an examination, it may direct that the whole or part of the fee payable to the College in respect of a re-sit of an examination is to be waived.

25. In the event that an appeal is upheld on any ground, the appellant will be entitled to a full refund of the appeal fee paid

26. The decision of the appeals panel will be final.

Revocation of previous rules

27. The Royal College of Veterinary Surgeons Examination Appeals Rules made in 2014 are revoked.