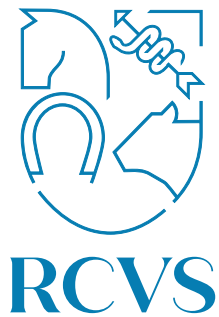


A curriculum for specialty training in Veterinary primary care





A curriculum for specialty training in Veterinary primary care

a proposal developed by the RCVS Veterinary
Clinical Career Pathways Working Group

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1. Background

Primary care in the veterinary profession represents the vast majority of practice, with approximately 80% of veterinary surgeons working within this area. Despite the predominance of veterinary care taking place in a primary care setting, the clinical career development opportunities for practitioners in this area of practice are limited, mostly to the completion of postgraduate certificates in a range of clinical disciplines and the option of becoming an RCVS Advanced Practitioner. There is currently no formal pathway to specialisation in veterinary primary care.

Consequently, veterinary primary care is perceived to be undervalued by the wider profession and there have been calls for this to change and for primary care veterinary practice to get the recognition it deserves as a discipline in its own right.

There are many misconceptions around specialism, generalism and expertise, as well as interchangeable terminology in this area (primary care, general practice, first opinion practice), that may have exacerbated the reluctance to formally recognise veterinary primary care as a 'specialism', as is the case within a human healthcare context.

The veterinary profession has recently faced workforce challenges worldwide, with the UK being no exception, although there no longer appears to be a significant shortage of veterinarians in the UK. The retention of vets within primary care continues to be a concern, including amongst those at a relatively early stage in their career. The reasons for veterinary graduates leaving the profession are complex and multifactorial, including both personal reasons (travel overseas, wellbeing, caring responsibilities etc.) and work-related issues such as pay and reward, workload, feeling valued and workplace culture. The results from a recent RCVS 'survey of the professions' indicated that, in January 2024, 10.3% of respondents planned to leave the profession (for reasons other than retirement) within the next 5 years. Of those planning to leave the profession, the reasons contributing to their decision included 'dissatisfaction with career opportunities' (39.2%), wanting a 'career change/new challenge' (33.5%), 'unfulfilling work' (35.4%) or 'not feeling rewarded/valued (non-financial)' (47.3%).

In November 2023, the RCVS Council approved an ambitious project to enhance the clinical career pathways for the veterinary profession. This project includes three major workstreams, each with inter-dependencies:

- (1) the development of a curriculum for specialty training in veterinary primary care,
- (2) the definition of veterinary clinical roles, and
- (3) the development of flexible routes for clinical specialty training.

This document describes the proposed curriculum for specialty training in veterinary primary care, for consultation with the profession (VCCP workstream 1). This refers to the structured programme of education and training which develops a practitioner's expertise in the discipline of veterinary primary care, to an equivalent level of those for specialty training programmes in other veterinary disciplines, for example corresponding to the framework for Further and Higher Education Qualifications (FHEQ) level 8 (appendix 1).

2. Context

2.1 Developing expertise in primary care: The ‘specialist generalist’ paradox

Why veterinary primary care is a clinical ‘specialism’

The terminology used to describe frontline healthcare for animals is often used interchangeably, being referred to as ‘first opinion practice’ or ‘general practice’ as well as ‘primary care’. Similarly, the term ‘specialist’, when used in the veterinary context, is usually associated with the concept of ‘expertise’, and/or a depth of knowledge (May *et al*, 2015). In addition to the current lack of recognition of veterinary primary care as a specialism within its own right, it is easy to see where the misconception that – in the veterinary world – ‘specialists’ are ‘experts’ with a *depth* of knowledge within a specific clinical discipline and vets working within primary care (or ‘general practice’) are those with a breadth of knowledge across clinical practice. These perceptions and misconceptions have contributed to the feeling that veterinary primary care clinicians are under-valued within the profession.

This perception is contrary to that which exists in other healthcare professions, such as medicine and dentistry, where primary care is valued as a discipline – or ‘specialism’ – within its own right, associated with specific knowledge and skills. Veterinary primary care is also a specific discipline, requiring a unique set of skills and which brings valued expertise at the front-line of animal health and welfare.

If the breadth vs depth of knowledge perception is put aside, and the focus placed solely upon the concept of ‘expertise’, it becomes clearer how a specialist in primary care (general practice) is not only possible, but highly appropriate.

As the noun most commonly used to describe a clinician with a higher level of expertise in other clinical veterinary disciplines is currently a ‘Specialist’ (Please note medical comparisons are ‘Consultants’), it is intuitive that a primary care veterinarian with enhanced expertise and proficiency in the discipline would be a ‘Specialist’ in veterinary primary care.

For example

An 'expert' in Veterinary Ophthalmology =
Specialist in Veterinary Ophthalmology

An 'expert' in Veterinary Dermatology =
Specialist in Veterinary Dermatology

An 'expert' in Veterinary Primary Care =
Specialist in Veterinary Primary Care

This document describes the curriculum for the training to become a specialist in veterinary primary care.

General practice and 'Generalism'

The term 'General Practice' is used both as a noun to describe the healthcare setting such as 'a General Practice', or as a verb to describe the context of care, such as primary care. In the latter context, practitioners are also referred to as 'generalists', or those who practice 'generalism'. 'Generalism' describes a holistic approach to healthcare.

Definitions of 'Generalism' have developed over recent years, mostly within the human healthcare context. Park, Leedham-Green and Cohen rightly highlight that a reductive definition of generalism risks oversimplifying something that is innately complex and instead propose a philosophy of generalism in order to capture what this discipline brings to healthcare¹. This philosophy describes a generalist as an inclusive clinician for all types of patients and problems and an expert at complex, situated and unique patients problems. A generalist values partnership working and participatory interaction, inclusivity and curiosity, distributed power, equitable engagement and shared decisions. They have distributed expertise and integrate multiple forms of knowledge; are able to critically reflect on what is known, and not known, and have situated knowledge through continuity. They practice through collaborative prioritisation, responsive and agile implementation of potential solutions and navigate between individuals and systems. This philosophy also applies to generalists in veterinary medicine, although there are also clear differences between generalists in veterinary medicine compared to their counterparts in human medicine.

¹ Generalism in clinical practice. Edited by Sophie Park and Kay Leedham-Green. UCL Press (2024). Chapter 1: What is generalism and why is it important?

Although the majority of clinical practice in veterinary primary care will involve a generalist approach to casework, the range of interventions and care carried out within the primary care setting may be somewhat greater within the veterinary profession than in other healthcare professions, reflective of the more complex nature of veterinary primary care. For example, a range of surgical procedures, general anaesthesia etc. are routinely carried out by vets in primary care, where the environment, equipment and expertise are available.

Similarly, ‘generalism’ as an approach to healthcare, and as defined above, is not the sole preserve of primary care vets. Specialist vets in non-primary care disciplines frequently adopt this approach, considering co-morbidities, social and environmental factors into consideration when treating the ‘whole patient’ holistically as part of their management plan.

2.2 Curriculum purpose statement

The development of a clear purpose statement is an essential part of curriculum development. A purpose statement should be developed following a needs analysis for the programme; it should describe the aim and rationale for the curriculum and relay the vision for the training alongside underpinning values.

The vision for this specialty training is to provide a structured programme of education and training which develops expertise within primary care veterinary practice, resulting in clinicians who are proud to be a general practitioner and are highly respected and valued by the public and the wider profession for the expertise they bring to animal care and welfare.

The programme will enhance the knowledge, skills and capabilities of primary care veterinarians to the same standard as that in other (secondary care) veterinary disciplines, embracing the art and science of generalism. The programme will further develop leadership, research and evidence-based practice within veterinary primary care.

It is important to acknowledge that ‘expert’ primary care veterinary surgeons already exist within the profession, having developed their skills through many years (often decades) of experience across multiple practice environments and different types of caseload, as well as through extensive and ongoing Continuing Professional Development (CPD) and learning. Such individuals will have much to contribute to the delivery of the new programme, whether formally through teaching or 1:1 coaching, or informally, through mentorship.

It is envisaged that the structured specialty training programme will provide the wide range of opportunities, breadth and depth of casework, and professional and client interactions needed to achieve such expertise in a shorter, more defined, period of training. It will provide opportunities to develop and (re)gain confidence in more complex primary care skills and procedures to enable these (where appropriate, and where facilities allow) to be carried out in primary care, rather than referring them. The programme will also provide the specialist trainee with the opportunity to carry out and publish high quality research in veterinary primary care, in line with the requirements for this level of education (Framework for Higher Education Qualifications – FHEQ level 8 – see appendix 1). This will, in turn, increase the available evidence-base for the discipline of primary care, which others in the profession can then draw upon in their everyday practice. A clearer, more evidence-based approach is also likely to enhance the public’s trust in, and respect for, this vital element of veterinary practice.

Increasingly in society, vets in primary care need to understand and adapt in order to balance the needs of animal health and welfare, the wishes and context/means of their owners and being able to thrive in a private practice business environment. The need has arguably never been greater for primary care vets to further develop their expertise in managing the expectations of animal owners in terms of treatment plans and clinical outcomes, provide contextualised care, understand and manage risk across a broad spectrum of clinical contexts and deal effectively with complex cases presenting with undifferentiated or incomplete information.

3. Anticipated outcomes of the specialty training in veterinary primary care

3.1 Outcomes upon completion of the programme

Upon completion of this training, a specialist in veterinary primary care will have developed their knowledge, skills and professional capabilities within the discipline in line with the descriptor for FHEQ level 8, for example they will be working at the forefront of the discipline, able to manage complex issues within primary care and apply evidence-based practice. The training programme will result in a specialist practitioner who will:

- have extensive knowledge and understanding across the breadth of primary care veterinary practice, including the latest evidence-based research, and contribute to the further development of knowledge advances in this discipline.
- have further developed their expertise and skills relevant to veterinary primary care practice, through extensive experience across a breadth of clinical case opportunities and both knowledge and understanding of specialist care clinical outcomes.
- have expertise in effective and efficient diagnostic investigations and clinical management, whilst building and maintaining client trust and satisfaction through transparency, clear communication and negotiation of options and risks.
- be a highly effective communicator with clients and the community, primary care team members and professionals providing specialist/secondary care, with advanced listening skills and adaptability depending on the clinical, social and emotional context.
- have extensive knowledge and skills in veterinary medicine and science with the ability to recognise critical 'red flag' situations presented in primary care and manage these effectively and efficiently (including through referral when appropriate) to ensure the best possible outcomes for the patient and client.
- be an influential leader, proficient in good clinical governance and effective business skills with an insight into societal impact and building trust with the community.
- practise evidence-based veterinary medicine and a commitment to quality improvement across the professional spectrum of animal care and welfare.

- contribute to the advancement of the evidence-base for the discipline, through high-quality research, development and scholarly activity.
- be a competent educator, coach and mentor for colleagues within the veterinary team, with the ability to motivate and develop professional team members.

In addition to acquiring advanced knowledge across all areas relevant to veterinary primary care and an extensive understanding of treatment options, their relative risks and likely outcomes, a specialist veterinary primary care clinician will have developed advanced clinical skills in one or more areas, enabling them to manage a wider range of cases in the primary care setting (and an understanding of any impact in terms of risks/outcomes). In addition, having developed a greater insight into the advantages of secondary care and other specialist interventions, the veterinary primary care specialist will be able to refer cases more effectively and efficiently, to improve clinical outcomes and client satisfaction.

3.2 Impact of completion of the programme on the individual vet, their workplace and the profession

It is anticipated that veterinary surgeons wishing to commit to and further develop their career in primary care, to bring extensive leadership to their working environment and discipline, will choose to develop themselves to become specialists in veterinary primary care. The anticipated impact of the specialty training programme on the individual, their immediate working environment and the wider profession, are highlighted below.

Impact on the individual veterinary surgeon

It is anticipated that specialists in primary care will have increased feelings of self-efficacy, having developed higher levels of confidence as a result of improved clinical outcomes and the enhanced trust and respect from their professional peers and clients. As leaders and experts in the discipline of veterinary primary care, they are likely to demonstrate higher levels of intrinsic motivation, engagement and role satisfaction as a result of their ability to deal with the most challenging cases, develop other team

members and consistently gain the trust of their clients and the surrounding community.

Impact on the working environment

Specialists in primary care will have developed their ability to provide consistently excellent care for their patients and be a positive role model for team members and their peers. They will manage the complexity of primary care cases efficiently, through consideration of risk, and diagnostic investigations and/or treatment interventions appropriate to the particular clinical, client and environmental context. They will refer appropriately where secondary care is required, to achieve the optimal results for the patient in line with the client's wishes and expectations.

The further development and consistent use of evidence-based approaches, in addition to the effective management of client expectations, will increase the likelihood of positive clinical outcomes and a more satisfied and loyal client-base. Where advanced skills have been developed, a wider range of clinical interventions may also be possible within the primary care setting. Through enhanced leadership, specialists in primary care are likely to create a more positive learning culture within the working environment, resulting in a more satisfied workforce.

Impact on the veterinary profession

Although, as a proportion of all vets working within a general practice context, relatively few practitioners may choose to complete the specialty training in primary care, the successful practitioners are likely to have a significant impact on the profession. Completion of the programme will create more leaders in the discipline of primary care, and establish and promote high quality research and scholarship in this discipline. This, in turn, will increase the evidence-base available to all veterinary professionals working within general practice, resulting in improved clinical outcomes and care for animals in this environment. Consequently, improved outcomes (alongside a client-centred, contextualised approach to care) will increase the public trust of the profession and ensure private practice businesses thrive.

4. Veterinary primary care specialist capabilities and intended learning outcomes of the programme

The intended learning outcomes of the speciality training programme in veterinary primary care encompass the aims and scope of the training as described in the curriculum purpose statement (section 3), at the level of complexity required at level 8 of the FHEQ (appendix 1). This requires practitioners on the programme to achieve knowledge, skills and behaviours at a more advanced level than veterinary surgeons who have recently qualified, such as those within the RCVS Veterinary Graduate Development Programme (VetGDP), in line with the highest levels of Bloom's taxonomy of educational objectives².

Specialists in veterinary primary care will be able to understand and apply a substantial amount of knowledge relating to primary care practice. They will also demonstrate the ability to evaluate, analyse and interpret information in relation to a wide range of professional and clinical contexts relevant to general practice and integrate complex information in order to be able to challenge and/or create new approaches and ideas.



² Anderson LW, Krathwohl DR. A taxonomy for learning, teaching, and assessing: A revision of Bloom's taxonomy of educational objectives: complete edition. Addison Wesley Longman, Inc.; 2001.

‘Clinical capability’ describes the breadth and depth of clinical knowledge and skills needed to practice as a specialist in veterinary primary care.

Capability in **‘Communication and collaborative relationships’** encompasses all aspects of professional communication and interpersonal relationships with clients, colleagues, peers, the public and community.

‘Leadership’ capability includes the leadership and management of veterinary team members.

‘Scholarship’ capability refers to activities which contribute to the advancement of knowledge and practice in veterinary primary care, including teaching, learning, quality improvement, research and development.

‘Professionalism’ capability encompasses the veterinary surgeon’s professional values and ethical practice, and social, cultural and environmental insight, as well as the development of professional identity.

These overarching learning outcomes for the curriculum are relevant to any type of practice and/or species within primary care. However, the syllabus and specific programme content may be adapted as required, to recognise the individual and distinct nature of veterinary primary care with regard to companion animals, production animals or equine practice.

The learning outcomes are specific to the specialty training programme for veterinary primary care. Those undertaking this training will have already completed the RCVS Veterinary Graduate Development Programme (VetGDP) and have demonstrated their capability and confidence across the corresponding Entrustable Professional Activities (EPAs) relevant to their role.

4.1 Intended learning outcomes for ‘clinical capability’ (Domain 1)

1. Clinical capability

Specialty training in veterinary primary care will enable trainees to acquire the clinical knowledge and skills required to manage the

breadth of cases presenting to them in general practice proficiently, displaying advanced understanding of clinical presentations, diagnostic techniques, treatment and management plans.

The specialist in veterinary primary care will recognise common conditions as well as rare symptoms or complaints which may indicate a 'red flag' requiring urgent attention. Their experience will have been developed across different practice environments, representing a broad spectrum of caseload demographics. Furthermore, the scope of their expertise will extend across all life stages of the animal, from reproduction/birth and the young animal, through to adult and older animals (or herds) and end of life care.

The advanced knowledge and skills developed during this training will enable the specialist in veterinary primary care to effectively manage clinical cases presenting within general practice which have a higher degree of complexity, as a result of having developed a greater insight into patterns of symptoms and clinical findings, clinical management options beyond primary care and/or appropriate long-term management options.

1.1 Develop, apply and maintain advanced clinical knowledge and understanding across the scope of primary care relevant to your type of practice (companion animal, equine, production animal or mixed).

- 1.1.1 Describe the current evidence-base supporting approaches in veterinary primary care; use critical thinking to appraise clinical evidence, identify gaps in knowledge and challenge assumptions in order to advocate and promote best practice (tailored to individual clinical circumstances).
- 1.1.2 Demonstrate advanced knowledge and in-depth understanding of the scientific basis (factual and conceptual) relating to veterinary primary care, including (but not limited to) preventative care, epidemiology, pathology, immunology, nutrition, cardiology, gastroenterology, dermatology, haematology and genetic conditions.
- 1.1.3 Integrate clinical information with contextual information (client engagement/motivations, finances, cultural, environmental factors) to provide individualised care.

1.2 Gather and analyse relevant clinical and contextual data from the patient (and client) effectively and efficiently, across the (advanced) scope of general practice.

- 1.2.1 Demonstrate a comprehensive understanding of the appropriate and relevant information to elicit from the client regarding the clinical signs, symptoms, history and non-clinical context (such as environmental, financial, cultural, etc.) of the case, in order to reach a prioritised list of differential diagnoses.
- 1.2.2 Perform physical examinations of the patient/herd relevant to the presenting complaint and recognise normal and abnormal findings (including where co-morbidities exist).
- 1.2.3 Taking a contextualised approach, advise the client on relevant tests or further investigations to inform a diagnosis when appropriate and/or required to inform clear management options.
- 1.2.4 Carry out a broad spectrum of diagnostic tests with proficiency, and be able to critically reflect upon the strengths and limitations of each. Analyse the resulting data effectively to interpret any significance and apply this in the diagnosis, treatment and management of the complaint and associated advice to the client.
- 1.2.5 Demonstrate an understanding of the reliability and predictive value of diagnostic data and the ability to differentiate information which may indicate severe or significant conditions requiring onward referral for treatment or additional biosecurity measures such as isolation/notification of authorities.
- 1.2.6 Successfully manage complex cases and those presenting with undifferentiated or incomplete information.
- 1.2.7 Evaluate multiple sources of data to understand the potential role of multiple conditions on case presentation and management.

1.3 Carry out a broad range of clinical procedures relevant to primary care practice, including certain advanced procedures when considered relevant and appropriate (for example when competence, equipment, environment and risk assessment allows).

- 1.3.1 Using in-depth understanding of the current evidence-base, evaluate the benefits and risk of clinical procedures and present these to clients in order to obtain consent as appropriate.
- 1.3.2 Perform clinical procedures to a high standard, using safe and effective technique.
- 1.3.3 Monitor the patient throughout the clinical procedure and adjust the approach taken where necessary to achieve the best possible outcomes and/or ensure the wellbeing of the patient.
- 1.3.4 Evaluate the outcomes of clinical procedures for the individual patient and arrange follow-up treatment or continued care as appropriate.
- 1.3.5 Review and reflect upon outcomes data for clinical procedures across patients, including contextual factors promoting or limiting success, to inform quality improvement measures; discuss opportunities for learning and improvement with team members to instil a learning culture.

1.4 Make effective and timely clinical decisions across the spectrum of primary care practice relevant to your (advanced) role, and manage all primary care cases proficiently.

- 1.4.1 Integrate advanced clinical knowledge (including implications of comorbidities) and understanding of relevant contextual factors (e.g. environmental, social, cultural, economic) to reach sound clinical decisions and be able to justify these to clients.
- 1.4.2 Demonstrate in-depth understanding and proficient application of approaches to offer contextualised care to ensure the wellbeing of the animal and client satisfaction.

- 1.4.3 Manage uncertainty in clinical and professional practice skilfully, analysing the available information, considering probability and risk, and testing hypotheses. Adapt clinical decision making as appropriate following the analysis of emerging clinical or contextual information, ensuring the continued engagement of the client and best possible outcomes for the animal/herd.
- 1.4.4 Demonstrate adept and effective management of urgent and/or unfamiliar clinical cases and situations by making calm and efficient clinical decisions and showing clear leadership.
- 1.4.5 Provide high-quality, effective primary care to individual patients/animal populations with long-term, chronic conditions, taking account of all relevant clinical and contextual factors; structure and adjust management plans as required to ensure continued engagement of the client and wellbeing of the patient(s).
- 1.4.6 Seek advice from colleagues and refer cases appropriately when the clinical situation would benefit from this.
- 1.4.7 Demonstrate appropriate and safe prescribing in line with ethical and legal requirements, ensuring advice for the client is clear.

4.2 Intended learning outcomes for ‘Communication and collaborative relationships’ (Domain 2)

2. Communication and collaborative relationships

2.1 Manage all client interactions and consultations with proficiency.

- 2.1.1 Demonstrate the application of evidence-based strategies and techniques tailored to the individual to consistently establish a good rapport with clients, gaining their trust, respect and co-operation.
- 2.1.2 Appraise animal behaviour within all primary care environments and tailor your approach accordingly to obtain the best possible cooperation of the animal during the consultation whilst maintaining safety as a priority.

- 2.1.3 Successfully develop professional relationships with clients, based on mutual respect, honesty and transparency. Take steps to actively nurture such relationships in order to establish long-term trust.
- 2.1.4 Consistently demonstrate a client-centred and contextualised approach to consultations, exploring individual's expectations, concerns and personal circumstances that may have an impact on the approach or treatment of the animal.
- 2.1.5 Demonstrate an awareness of subjectivity, the potential for bias and any conflict of interest during primary care practice and communicate such areas with clients openly alongside any established evidence-base.
- 2.1.6 Demonstrate the ability to discuss clients' own perspectives on veterinary care following their own research online or from other sources, in a clear manner highlighting the strength of evidence-base and options/risks.
- 2.1.7 Skilfully manage challenging conversations with clients, with compassion and respect, and apply strategies/techniques to effectively deal with different emotions including anger, frustration, fear, anxiety, guilt and sadness/distress.
- 2.1.8 Proficiently use evidence-based techniques to enhance co-operation, motivation and behavioural change in clients when required, to improve animal health and welfare.
- 2.1.9 Consistently demonstrate active listening to clients, colleagues and other stakeholders.
- 2.1.10 Explain your approach, clinical findings, treatment and management options to clients in a manner that is clear, concise and check their understanding. Demonstrate the ability to adapt such conversations with clients who may encounter challenges with communication due to a disability/condition or where English is not their first language.
- 2.1.11 Demonstrate effective communication skills and establish positive, collaborative relationships with colleagues and all members of the veterinary team.

- 2.1.12 Write clear and informative clinical records and letters which ensure the effective continuity of care and maintain client and professional relationships.
- 2.1.13 Demonstrate an in-depth understanding of the role of primary care practice within the community, and strategies to build a relationship and trust with clients, colleagues and the wider public, to benefit animal care and business opportunities.

4.3 Intended learning outcomes for ‘Leadership’ (Domain 3)

3. Leadership

- 3.1 Become a positive role model for team members, promote shared professional values and inspire respect and trust.
- 3.2 Readily provide support and advice to colleagues when appropriate, using evidence-based techniques for coaching and mentoring which develop trust, a positive learning culture and enhance learning and confidence.
- 3.3 Describe, and implement within the primary care practice environment, initiatives which promote a growth mindset and enhance the resilience of veterinary team members to support their professional development and wellbeing.
- 3.4 Demonstrate the ability to actively support the mental health of team members and recognise their own emotional support needs.
- 3.5 Demonstrate leadership in the discipline of veterinary primary care, with a commitment to maintaining current, advanced clinical and professional knowledge and skills.
- 3.6 Lead and participate in quality improvement activities for the veterinary team, using a range of tools including (but not limited to) clinical audit, client feedback and critical incident analysis.
- 3.7 Analyse relevant data and feedback to review service provision within primary care practice and identify where

opportunities to enhance the care for animals and clients, and/or business success and growth, exist. Develop solutions to clinical or business challenges and a strategy for implementation and subsequent evaluation.

- 3.8 Demonstrate an in-depth understanding of cost-efficiency, both in terms of enhancing care for animals and clients, and business sustainability.
- 3.9 Demonstrate an in-depth understanding of the role of online access to information (including clinical information), information generated by artificial intelligence and social media, on veterinary primary care services including the benefits, risks and potential impact on client expectations, service provision and staff wellbeing.

4.4 Intended learning outcomes for ‘Scholarship’ (Domain 4)

4. Scholarship

- 4.1 Demonstrate an in-depth understanding of the role of CPD in professional practice, and be an advocate for meaningful CPD, supporting team members to achieve their potential.
- 4.2 Develop high quality teaching and learning material which promotes learner engagement and learning transfer and achieves a positive educational impact.
- 4.3 Demonstrate advanced knowledge of quality improvement processes relevant to veterinary primary care, and the important role they have in enhancing clinical outcomes, client satisfaction and trust, and business success.
- 4.4 Implement evidence-based quality improvement measures into primary care practice; analyse data and share results as appropriate to advance veterinary standards. (e.g. audit, significant event analysis, structured client feedback mechanisms)
- 4.5 Demonstrate a thorough understanding of research methods relevant to the veterinary primary care context.

- 4.6 Design, implement and complete novel research, and scholarly activity, within the primary care context; analyse the results and present the findings for peer review and publication.
- 4.7 Demonstrate how to search for clinical/professional evidence, and collect, understand, interpret and critically review scientific clinical research relevant to veterinary primary care.
- 4.8 Demonstrate proficiency in coaching, mentoring and/or supervising team members; reflect on their progress and adapt support strategies as necessary to achieve optimum outcomes for each individual. Describe the potential benefits of creating a positive learning culture within the practice environment on veterinary services and business.
- 4.9 Explore the advantages and risks of new and emerging technologies for veterinary services within primary care, and demonstrate leadership in their use where appropriate and advantageous to veterinary care and/or business, minimising any risk.

4.5 Intended learning outcomes for ‘Professionalism’ (Domain 5)

5. Professionalism

- 5.1 Demonstrate a consistent commitment to your own professional development, including a critical reflection on learning needs and progress.
- 5.2 Actively seek feedback from clients and colleagues, and review and reflect upon clinical outcomes, to inform regular critical reflection on your own performance in primary care practice. Commit to improvement where necessary, acting as a role model to team members.
- 5.3 Demonstrate best practice when managing clinical or professional mistakes, and safety incidents, ensuring swift and appropriate action and implementing further actions to minimise future risk.

- 5.4 Demonstrate a commitment to holistic, individual and contextualised care for animals and their clients.
- 5.5 Understand, describe and advocate the art and science of generalism and primary care in the veterinary profession, the role of the veterinary general practitioner and the value it brings to animals, clients and the wider community.
- 5.6 Recognise where misconceptions, and practices or beliefs which compromise animal welfare, exist with clients/the community and address these through effective communication and education.
- 5.7 Promote diversity and inclusivity within your team. Demonstrate understanding of cultural norms and preferences and where these may impact on veterinary care.

5. Curriculum structure

5.1 Curriculum model

The specialty training programme in Veterinary Primary Care is a four-year structured, outcomes-focused and learner-centred curriculum model at FHEQ level 8.

The training is workplace-based in primary care, using a modular approach to deliver advanced clinical and professional knowledge and skills in a flexible framework which can accommodate the different types of veterinary practice for example companion animal, equine, production animal and mixed practice.

In years 1–3 of the programme, a broad range of core clinical and professional modules are completed, in addition to clinical elective veterinary medicine modules which allow each trainee to focus on particular areas of interest. Content is delivered using multiple formats, using online (both recorded and ‘live’ scheduled sessions) alongside coursework, primary care case logs with reflection and, where relevant, short placement opportunities in other relevant veterinary settings.

There is a strong emphasis on structured support for trainees across the programme, but especially for the research component. As outlined in the schematic programme summaries in sections 5.4 (companion animal), 5.5 (production animal) and 5.6 (equine), the preparation for primary care research and scholarship has been carefully planned, alongside regular support from an academic supervisor or coach. The first half of year 1 of the programme is dedicated to teaching a comprehensive range of research topics, clinical governance and evidence-based veterinary medicine in preparation for the level 8 requirements for the completion and publication of high-quality research and generation of new knowledge in the field. Such research/scholarship can correspond to any aspect of veterinary primary care practice. Trainees will be supported by academic and clinical supervisors throughout year one while they develop research proposals and submit these by the end of the year. Trainees will collect data for their primary care research across the next two years, and the final year of the programme (year 4) is dedicated solely to data analysis, writeup and article submission for publication.

Dedicated 1:1 coaching provided by trained, clinical and academic supervisors will be available to trainees throughout the programme. Further support has been embedded within core modules in the form of peer discussions with other specialty trainees, advanced practitioners and specialists relevant to the module for case discussions and/or feedback where relevant.

5.2 Flexibility within the programme

5.2.1 Recognition of prior learning (RPL)

The RCVS is keen to incorporate a degree of RPL upon entry to the programme, on a case-by-case basis.

Although a precise policy for the recognition of formal education/training would be developed prior to the programme being rolled out (or piloted), it is likely to focus upon allowing individuals who have completed a veterinary postgraduate certificate (or higher) level study in a particular area relevant to the course modules, an exemption to the module, subject to certain conditions being met. These may include:

- a) The programme of study being approved for eligibility (when completed) towards RCVS Advanced Practitioner (AP) status, for example a RCVS Certificate of Advanced Veterinary Practice (CertAVP) or external qualification recognised for AP status.
- b) The programme of study having been completed within a reasonable, recent timeframe (e.g. 3 years), and/or the individual having demonstrated their knowledge remains current in relation to this area through maintenance of RCVS Advanced Practitioner status (which requires completion of CPD in the designation).

As the CertAVP professional skills module is undergoing review, it is envisaged that no RPL will be available for professional skills modules during the initial roll-out or pilot of the programme. However, this would also be considered in time, with a view to making sure the content of these modules align and facilitate RPL for the specialty training programme.

5.2.2 Pauses in study on the programme

The RCVS supports flexible learning approaches which do not have a negative impact on learner outcomes and/or achievement. In line with the values of the RCVS and understanding that the full programme requires long term engagement (in line with other specialty training programmes), it is proposed that pauses in study of up to 12 months in total are permitted for individuals with extenuating circumstances or other life events.

Applications for such pauses in study would be considered on a case-by-case basis.

5.2.3 Exit awards

It is recognised that completion of the four-year specialty training programme requires considerable commitment and therefore the RCVS will develop a policy whereby completion of certain combinations of modules (and learning credits) will enable trainees to exit the programme at an early stage with an alternative award.

Where such cases involve the completion of taught modules alone (alongside modular assessments), the award is likely to be a CertAVP in primary care. With the additional completion of a synoptic assessment, this could be a designated certificate and lead to eligibility for Advanced Practitioner status.

Where a research component and/or project is also completed, another option for an exit award may be a Master's degree, if aligned with university/awarding body enrolment requirements.

5.3 Programme structure

The following three sections include a schematic diagram illustrating how the four-year specialty training programme will be implemented, for the three principal species domains, for example companion animal practice, equine practice and production animal practice.

Recognising that the programme will primarily be workplace-based in the individual's primary care practice and that specialty trainees will have caseload and other commitments, we have ensured that a two-month break is provided each year (and a short break over each end of year/new year period). It is anticipated this will be in the

summer as highlighted in the schematic programme overview, however the RCVS would also seek to accommodate flexibility appropriate for a particular area of practice, such as the break being earlier in the year for those involved in production animal practice or other reproductive work.

Coursework will focus on the use of primary care cases done in their workplace where possible, and professional skills/clinical skills modules are interspersed to maintain engagement. Where a more diverse caseload is required to meet the learning objectives, alternative opportunities will be found.

The schematic diagrams, alongside a more detailed overview of the syllabus for each module, are included in section 6.

5.3.1 Companion animal practice – programme overview

RCVS Veterinary GP Speciality Training Programme Schematic (Companion animal practice)

Year 1

January	February	March	April	May	June
Core 1: Clinical governance		Core 2: Preparation for clinical research in primary care			Core 3: Advances in diagnostics
Research development, ethics submission etc.					

Year 2

January	February	March	April	May	June
Core 5: Client relationships and management		Core 6: Anaesthesia and analgesia	Core 7: Surgery in primary care		
Research data collection					

Year 3

January	February	March	April	May	June
Medicine Elective 2 (inc. placement)		Core 10: Community integration	Core 11: Life stage 2, young animals	Core 12: Life stage 3, older animals	Core 13: Life stage 4, EoL/ euthanasia
Research data collection					

Year 4

January	February	March	April	May	June
Research data analysis and write up Governance project and write up					
Completion of case log/observations report and governance project					

Key

	Break
	Professional skills syllabus (Core modules)
	Clinical skills syllabus (Core modules)
	Clinical skills syllabus (Elective modules)
	Veterinary primary care research

July/August	September	October	November	December
	Core 3: Advances in diagnostics	Medicine elective 1 (inc. placements)		Core 4: Animal welfare
Research development, ethics submission etc.				

July/August	September	October	November	December
	Core 8: Life stage 1 (breeding and reproduction)	Core 9: Advances in primary care medicine		
Research data collection				

July/August	September	October	November	December
	Core 14: Professional skills (+ elective)		Core 15: Coaching others	Core 16: Ethics in practice
Research data collection				

July/August	September	October	November	December
	Research paper submission for publication			
	Submission of case log/observations report and governance project			

5.3.2 Equine practice – programme overview

RCVS Veterinary GP Speciality Training Programme Schematic (Equine practice)

Year 1

January	February	March	April	May	June
Core 1: Clinical governance		Core 2: Preparation for clinical research in primary care			Core 3: Advances in diagnostics
Research development, ethics submission etc.					

Year 2

January	February	March	April	May	June
Core 7: Pain management and anaesthesia		Core 8: Equine surgery, emergencies and trauma		Core 9: Client and colleague relationships	
				Core 10: Horses in sport (HiS)	
Research data collection					

Year 3

January	February	March	April	May	June
Equine medicine electives		Core 13: Community integration	Core 14: Life stage 2, young animals	Core 15: Life stage 3, older animals	Core 16: Life stage 4, EoL/ euthanasia
Research data collection					

Year 4

January	February	March	April	May	June
Research data analysis and write up Governance project and write up					
Completion of case log/observations report and governance project					

Key

	Break
	Professional skills syllabus (Core modules)
	Clinical skills syllabus (Core modules)
	Clinical skills syllabus (Elective modules)
	Veterinary primary care research

July/August	September		October	November	December
	Core 3: Adv diagnostics (cont.)	Core 4: Pre-purchase examinations	Core 5: Equine behaviour, welfare and management	Core 6: Advanced therapeutics and rehabilitaton	
Research development, ethics submission etc.					

July/August	September		October	November	December
	Core 10: HiS	Core 11: Life stage 1 (breeding and reproduction)		Core 12: Advances in primary care equine medicine	
Research data collection					

July/August	September	October	November	December
	Core 17: Professional skills (+ elective)		Core 18: Coaching others	Core 19: Ethics in equine practice
Research data collection				

July/August	September	October	November	December
	Research paper submission for publication			
	Submission of case log/observations report and governance project			

5.3.3 Production animal practice – programme overview

RCVS Veterinary GP Speciality Training Programme Schematic (Production animal practice)

Year 1

January	February	March	April	May	June
Core 1: Clinical governance		Core 2: Preparation for clinical research in primary care			Core 3: Behaviour welfare and ethics (BWE)
Research development, ethics submission etc.					

Year 2

January	February	March	April	May	June
Core 7: Production animal reproduction and breeding		Core 8: Neonatal care and youngstock	Core 9: Client and colleague relationships		Core 10: Zoonoses, biosecurity and public health
Research data collection					

Year 3

January	February	March	April	May	June
Production animal medicine electives		Core 14: Community integration	Core 15: Common surgical procedures		Core 16: Euthanasia
Research data collection					

Year 4

January	February	March	April	May	June
Research data analysis and write up Governance project and write up					
Completion of case log/observations report and governance project					

Key

	Break
	Professional skills syllabus (Core modules)
	Clinical skills syllabus (Core modules)
	Clinical skills syllabus (Elective modules)
	Veterinary primary care research

July/August	September	October	November	December
	Core 4: Nutrition	Core 5: Preventative medicine	Core 6: Production animal industry	
Research development, ethics submission etc.				

July/August	September	October	November	December
	Core 11: Advances in diagnostics	Core 12: Advances in therapeutics	Core 13: Advances in production animal medicine	
Research data collection				

July/August	September	October	November	December
	Core 17: Professional skills (+ Elective)	Core 18: Coaching others	Core 19: Ethics and sustainability	
Research data collection				

July/August	September	October	November	December
	Research paper submission for publication			
	Submission of case log/observations report and governance project			

5.4 Mixed practice options

The modular design of the programme has been developed to ensure flexibility across the range of primary care veterinary practice models.

In addition to flexibility *within* the three main programmes (companion animal, equine and production animal) to apply knowledge to cases with different, relevant species, as encountered within the working environment, there will also be the possibility for individuals working within a mixed practice environment to complete the programme. For example, practitioners working across large animals, for example equine and production animals, may complete a bespoke programme with a selection of modules from each, to complete the programme level learning outcomes.

6. Learning content (syllabus)

Each of the following sections outline the following for each of the modules within the programme:

- syllabus topics
- proposed learning, teaching and assessment methods
- learning environment and support

6.1 Companion animal modules

Syllabus – Year 1

(Please note Draft syllabus – for illustrative purposes – to be further developed with stakeholders)

CORE 1: Clinical governance (6 weeks)	
1. Clinical governance in primary care	• Understanding the RCVS Code of Professional Conduct: application in primary care • Understanding and mitigating risks in primary care • Artificial intelligence – benefits and risks • Developing a learning culture • Stakeholder engagement in governance: client satisfaction, team engagement
2. Introduction to research in primary care	• Types of research • Understanding Level 8 requirements
3. EBVM methods	• Evidence-based veterinary medicine methods and practice
4. QI methods and their application in primary care	• Reflection in (and on) practice • Human factors • Methods – Audit, significant event analysis, Plan Do Study Act (PDSA), Total Quality Management (TQM), Trigger Review Method (TRM) etc.
5. Data collection and analysis	• Quantitative methods • Qualitative methods • Understanding bias
6. Presentation of results, dissemination, action planning	• Reporting • Implementing improved methods with stakeholders

Teaching and learning methods/assessment	Learning environment/support
Online course content developed and delivered by experts, with integrated formative assessment to support learning. Coursework for example to demonstrate application of learning to own primary care practice: • Reflection on QI in own practice • Generating QI project ideas and planning • Application of EBVM exercise Submission of Clinical Governance project	Distance/online learning with application of learning to own GP practice. Access to online peer-group network discussion forum, with support from subject matter expert tutor. Individual support from clinical and educational supervisors as needed.

CORE 2: Preparation for clinical research and scholarship in veterinary primary care (12 weeks)

1. Choosing an appropriate area to research for a level 8 qualification	• Reviewing current evidence in veterinary primary care practice, including evidence quality, gaps, priorities • Considerations for clinical impact • Considerations for publication and dissemination
2. Study design	• Sampling, case numbers, sources • Generalisability • Developing a research question, hypotheses • Experimental designs: Randomised Controlled Trials (variations), observational studies, mixed methods
3. Ethical considerations	• Ethical considerations • Ethics review panel process • Developing a submission for ethics review
4. Data collection methods	• Developing a strategy, sampling, recording data • Clinical record audits • Surveys, interviews, focus groups, observation • Clinical outcomes data, biometric measurements
5. Data analysis	• Statistical methods, significance, thematic analysis, confounding variables, correlation vs causality etc. • Qualitative methods • Quantitative methods
6. Common pitfalls in clinical research and solutions	• Critiquing research • Practical issues
7. Academic writing, submission and publication	• Writing a paper for publication: Structure, content, submission, referencing • Journal impact, peer review • Submission guidelines, tips

Teaching and learning methods/assessment	Learning environment/support
Online course content developed by experts, inc. presentations, reading, cases studies and exercises. Small group/peer learning sessions. Coursework which requires learners to integrate knowledge gained with their own primary care practice to develop a research proposal for completion in the programme: • generating research ideas related to own area, planning research, developing strategy • ethical considerations and draft submission • outline proposed research methods, data collection – sampling, risks, feasibility, ethics considered • evaluation strategy outline Critique a relevant clinical research paper by end of module. Submit ethics proposal by end of summer break. Submit research project for approval by end of year 1.	Online/own GP practice, with flexible learning options AND/OR part in-person intensive research course. Specific guidance and feedback from tutor for each stage of coursework. General support from clinical and educational supervisors, especially around developing research ideas. Additional, specific one-to-one support would be implemented in this module, from an experienced academic/researcher, to further strengthen the support from other supervisors.

CORE 3: Advances in primary care diagnostics – 12 weeks – Companion animal practice

1. Advances in diagnostic methods – laboratory methods, biochemistry, haematology, cytology, blood smears	• Methods • Reliability, accuracy
2. Imaging/radiography	• Ultrasound: Abdominal, Cardiac • Xrays in primary care • Advanced imaging: CT, MRI • Artificial Intelligence
3. ECG	• Ethical considerations • Ethics review panel process • Developing a submission for ethics review
4. Invasive techniques	• Methods, appropriate use
5. Diagnostics and contextualised care	• Cost/benefit and risk analysis • Referral considerations • Client discussions, meeting and managing expectations

Teaching and learning methods/assessment	Learning environment/support
Online course content, delivered by experts. Practical learning of advanced techniques with observation-based assessment. Coursework (peer discussion, tutor feedback): • reflection on own practice • clinical case studies • contextualised care case studies Peer learning session with imaging and ultrasound specialists (demonstrations, practical teaching, feedback), primary care case and referral case discussions.	Distance learning, online. Specific in-person days (at least 3 days) for peer learning at a relevant placement environment e.g. referral centre, diagnostics lab. Flexible option – diagnostic expert visit to primary care practice to demonstrate/teach advanced procedures, discuss cases etc. where feasible. Individual support from clinical and educational supervisors as needed.

CORE 4: Advances in animal welfare – 4 weeks – Companion animal practice

1. Animal behaviour and welfare	• Principles and international standards/legislation • Common issues relating to companion animals (environment, social behaviours, biological) • Stress and responses to stress by companion animals • Impact of human interactions on behaviour
2. Animal abuse and neglect	• Recognition of abuse (including advanced welfare assessment models) • Management of the abused/neglected animal • Client conversations • Animal/human abuse research, societal implications
3. Professional obligations	• Ethics • Legislation and policy
4. Companion animal genetics/ breeding and welfare	• Conformation, inbreeding etc. • Dog conditions; BOAS, hip dysplasia etc. • Cat conditions • Rabbit conditions • Guinea pig conditions • Client discussions, advice etc.
5. Animals without owners	• Wildlife • Abandoned animals • Management of animals in shelters • Responsibilities if by emergency services (Civil Contingency Act)

Teaching and learning methods/assessment	Learning environment/support
Online course content, delivered by experts. Live/recorded case presentations from behavioural experts and welfare science specialists. Peer case discussions. Coursework (inc. tutor feedback): • reflection on own primary care practice • clinical case studies/report Knowledge assessment.	Distance learning, online. Application of advanced knowledge to own primary care practice. Individual support from clinical and educational supervisors as needed.

Research development: Year 1 indicative timeline with support				
	Jan	Feb	Mar	Apr
Taught module: Core 1 (clinical governance)				
Taught module: Core 2 (research prep)				
Develop clinical governance project idea and				
Writing clinical governance proposal				
Feedback and finalising clinical governance				
Submit clinical governance proposal				
Develop research idea and overview				
Preparing ethics submission				
Submit ethics application				
Finalise research proposal				
Feedback and finalising research proposal				
Submit research proposal				
Support meetings with clinical supervisor				
Support meetings with research coach				

[illegible]

Syllabus – Year 2

(Please note Draft syllabus – for illustrative purposes – to be further developed with

CORE 5: Client relationships and management (8 weeks)	
1. Consultation skills	• Advanced communication frameworks and application in different contexts • Communication for behavioural change • Informed consent challenges • In-person consultation techniques • Remote/telemedicine consultations • Consultation skills in emergency situations • Shared decision making
2. Client psychology	• Behavioural Change theories, motivation • Emotional attachment with animals • Supporting clients, breaking bad news • Managing angry clients
3. Contextualised care	• Shared decision making • Transparency • Financial considerations • Lifestyle and societal considerations • Psychological considerations • Common barriers to contextualised care
4. Continuity of care	• Continuity considerations from different perspectives for example clinical, vet/client etc. • Practice management considerations, effective handovers/transfer • Managing second opinions and complaints • Effective referral of cases and supporting ongoing treatment plans
5. Cultural competence	• Understanding cultural factors associated with animal ownership; ethnic considerations, religious considerations, supporting disabled owners, etc.

Teaching and learning methods/assessment	Learning environment/support
Online learning and application to own primary care practice. Guest speakers – real case studies from experts (including a client experience speaker). Coursework – client psychology study/ report. Case reflections in relation to challenging client communication situations and their management. Project to evaluate approach to contextualised care cases (client satisfaction, trust) and create action plan for QI. Case study involving cultural impact and support.	Mostly in own GP practice but with a short day-placement(s) to experience other demographics and care contexts. Network of peers/discussion group of interesting cases. Individual support from clinical and educational supervisors as needed.

CORE 6: Anaesthesia and analgesia – 4 weeks – Companion animal practice

1. Advances in pharmacology	• Agents • Monitoring • Troubleshooting
2. Physiological considerations	• Common challenges • Co-morbidities
3. Advanced techniques and equipment	• Gas anaesthesia equipment • Monitoring equipment • Perioperative assessment and care • Cardiopulmonary resuscitation • Troubleshooting equipment-related issues
4. VAA in specific patient groups	• Different species • ECC • High risk groups – geriatric, obese, neonatal, co-morbidities
5. Patient safety* and ethics <i>* Safety embedded across all aspects</i>	• Factors leading to critical incidents • Working effectively with team members in primary care • Human factors • Patient safety protocols, developing SOPs and audit • Consent
6. Effective referral of cases involving anaesthesia	• Risk evaluation • Contextualised care – discussions, transparency • Communication with teams
7. Analgesia	• Recognising and managing pain • Chronic pain management • Acute pain management

Teaching and learning methods/assessment	Learning environment/support
Online learning content, including live/recorded sessions with experts in the field. Facilitated small group peer learning – case study reports (interactive, reflective) with primary care focus. Journal club discussion. Peer observation of complex cases in a referral setting, and reflection from a primary care perspective. Coursework to include case log guided reflections, assessment of knowledge and free-choice topic case study (e.g. human factors case, co-morbidity case, emergency case, equipment failure case).	Mostly delivered online in own primary care practice. Potential for in-person peer group day(s) for case study discussions. (hybrid option). Short placement day(s) in referral setting to observe and discuss VAA of complex cases. Individual support from clinical and educational supervisors as needed.

CORE 7: Surgery in primary care – 12 weeks – Companion animal practice

1. Surgical skills	• Recap surgical skills
2. Companion animal surgery in primary care	• Neutering procedures • Dental surgeries • Soft tissue surgeries • Orthopaedic surgeries • Keyhole surgeries
3. Recovery following surgery	• Immediate aftercare • Wound management and infection control • Rehabilitation and pain management
4. Emergency surgeries	• Common emergency situations requiring surgery (inc. comprehensive exploratory laparotomy) • Diagnosis and stabilising the patient • Teamworking, human factors • Out-of-hours surgery considerations
5. Troubleshooting during/ after surgery	• Preparation, planning and avoidance of common issues (inc. error reporting methods and benefits) • Common surgical errors
6. Effective referral for surgery	• Understanding referral pathways and requirements: when/how • Contextualised care discussions • Collaborative working with specialist teams, continuity of care

Teaching and learning methods/assessment	Learning environment/support
Online content (knowledge) with in-person skills training opportunities. Observation of a range of cases/surgeries carried out (in-person at external practice or via video/camera glasses). Followed by de-brief session, QandA. Feedback on own surgery case(s) (recorded /live) and/or cadaver practical session with feedback. Reflections and action plan for own primary care practice. Coursework – case log with critical reflections across each area of surgery. Feedback discussions. Group session with specialists to discuss effective referral, continuity of care and contextualised approaches in both primary and referral settings.	Most content delivered online while based in own practice. To include 5–10 days (flexible day release or block) within the 12-week module spent observing different surgeries in alternative/ referral setting (peer learning). Mentor support (scheduled) from surgeon around own surgeries. Individual support from clinical and educational supervisors as needed.

CORE 8: Life stage 1 – Breeding and reproduction – 5 weeks – Companion animal practice

1. Welfare and professional obligations in relation to breeding	• Genetic disorders, selective breeding disorders and welfare re-cap • Legislation, policy and reporting • Social license issues • Client advice and communication
2. Breeding management	• Routine management; health screening, ovulation, pregnancy testing • Reproductive disorders and infertility investigations • Managing complications • Artificial insemination - o Collection, processing and storage options for semen - o TCI
3. Advanced repro procedures	• Types of procedures • Primary care and referral considerations, inc. remote support
4. Dystocia	• Causes of dystocia • Diagnosis and foetal monitoring • Interventions and medical or surgical management

CORE 9: Advances in primary care medicine – 12 weeks – Companion animal practice

To fulfil the requirements for this core module, trainee specialists must choose and complete 3 topics (representing 3 x 4-week blocks) from the ELECTIVE MEDICINE module list below (**GOLD** table).

Teaching and learning methods/assessment	Learning environment/support
Online content delivery (knowledge). In-person skills training/observation opportunity. Assessment of knowledge and feedback. Case log on primary care cases with critical reflection.	Online learning while in own primary care practice. 1 days (minimum) observation/learning within a specialised repro facility (university/centre). Opportunities for feedback from a repro advanced practitioner/specialist. Individual support from clinical and educational supervisors as needed.

Teaching and learning methods/assessment	Learning environment/support

Medicine electives: Each topic is a 4-week module	
1. Animal welfare, behaviour and husbandry	• Content will build upon that covered already in core modules, with a 'deep dive' into advanced practice in these areas
2. Sight (and hearing)	• Animal vision – advanced practice - o Anatomy and physiology - o Assessment and diagnostic techniques - o Vision impairment and compensation - o Management plans - o Latest research in companion animals • Animal hearing – advanced practice - o Anatomy and physiology - o Assessment and diagnostic techniques - o Hearing impairment and compensation - o Management plans - o Latest research in companion animals • Vision/hearing in exotics
3. Dermatology	• Advanced diagnostics for companion animal dermatology cases • Advances in dermatology therapeutics/treatment, including personalised and multifaceted treatment plans • Canine dermatology cases in primary care • Feline dermatology cases in primary care • Complex cases including where co-morbidities exist • Referral, collaborative management and ongoing treatment • Contextualised care approaches
4. Dentistry	• Advanced diagnostics and imaging for companion animal dental cases • Anaesthesia and dental extractions in primary care • Adv. OMFS and oral surgery for primary care (+ cases to refer) • Restorative dentistry/endodontics • Advanced therapeutics for periodontal disease • Advances in orthodontic and prosthodontic treatment for companion animals • Referral, collaborative management and ongoing treatment • Contextualised care approaches

Teaching and learning methods/assessment

Learning environment/support

Core 9: Advances in primary care medicine – specialist trainees to choose 3 topics from the list.

For medicine elective module 1 (programme year 1) and module 2 (programme year 3) – specialist trainees to choose 2x topics for each 8-week elective (for example 2 blocks of 4 weeks).

For example 7/12 Medicine topic areas to be covered in total across the programme.

Format to be:

- Prior reading list for trainees to recap topic to D1C level, if needed
- Taught content and self-directed learning in 'Advances in...' (for example to AP level, GP focused)
- Guest speakers/support from relevant experts and specialists
- Case discussions led by APs and specialists in the relevant designation
- Placement in referral/alternative practice setting (minimum 3 days across the 4-week block – block or day release) for practical experience and observation (please note – flexible option alternatives to be considered)
- Case log and reflections in primary care context (and one referred case)
- Assessment of knowledge, skills (if applicable) and case log reflections over the training period

As some modules will have a degree of content overlap, choices will be discussed with the specialist trainee's clinical supervisor.

Medicine electives: Each topic is a 4-week module

5. Nutrition/metabolism	• Advances in individualised nutrition plans nutrigenomics/ health metrics • Diets for particular breeds/metabolism • Therapeutic nutrition (inc. co-morbidities) and metabolic disease management • Food allergies • Obesity management and contextualised client discussions • Nutrition for the older pet • Sustainability • Pet nutrition trends in society
6. Allergy and immunology	• Advances in clinical signs, detection and diagnostics • Food allergies and their management • Environmental allergies and their management • Immunotherapy • Complex cases and emergency situations • Referral, collaborative management and ongoing treatment • Contextualised care approaches
7. Cardiology, vascular medicine	• Advances in clinical signs and diagnostics of cardiovascular diseases in companion animals • Advanced imaging/lab investigations and interpretation of clinical laboratory data • Management of cardiac conditions in primary care: Arrhythmia, MVD, CHF etc. • Cardiac emergencies and interventions • Referral, collaborative management and ongoing treatment • Contextualised care approaches
8. One Health/VPH in companion animal primary care	• Zoonoses; prevention and control • Advanced understanding of the psychology of pet ownership in society • Conversations with vulnerable owners and animals • Environmental considerations • Ethical antimicrobial use • Reporting • Contextualised care approaches

Teaching and learning methods/assessment

Learning environment/support

Core 9: Advances in Primary care medicine – specialist trainees to choose 3 topics from the list.

For Medicine elective module 1 (programme year 1) and module 2 (programme year 3) – specialist trainees to choose 2x topics for each 8-week elective (for example 2 blocks of 4 weeks).

For example 7/12 Medicine topic areas to be covered in total across the programme.

Format to be:

- Prior reading list for trainees to recap topic to D1C level, if needed
- Taught content and self-directed learning in 'Advances in...' (for example to AP level, GP focused)
- Guest speakers/support from relevant experts and specialists
- Case discussions led by APs and specialists in the relevant designation
- Placement in referral/alternative practice setting (min 3 days across the 4-week block – block or day release) for practical experience and observation (NB – flexible option alternatives to be considered)
- Case log and reflections in primary care context (and 1 referred case)
- Assessment of knowledge, skills (if applicable) and case log reflections over the training period

As some modules will have a degree of content overlap, choices will be discussed with the specialist trainee's clinical supervisor.

Medicine electives: Each topic is a 4-week module

9. Gastroenterology	• Advances in diagnostics • Gastrointestinal diseases in dogs and their management • Gastrointestinal diseases in cats and their management • Gastrointestinal diseases in exotics and their management • Advances in therapeutics for gastrointestinal diseases in CA • Referral, collaborative management and ongoing treatment • Contextualised care approaches
10. Kidney/Urology	• Advanced techniques and technologies • Recent advances in kidney disease management in dogs/cats • Recent advances in urogenital disease/disorder/obstruction management • Referral, collaborative management and ongoing treatment • Contextualised care approaches
11. Infectious diseases	• Advances in infectious disease diagnostics • Canine infectious disease management • Feline infectious disease management • Exotics infectious disease management • Advances in infection control and risk assessment • One health considerations • Antimicrobial stewardship • Reporting
12. Genetic conditions	• Content to build on previous areas covered in core modules • Less common conditions and their management in companion animals • Advocacy and public advice/guidance • Lobbying for change/global advocacy
13. Emergency care	• Universal service provision/triage • Patient assessment and initial stabilisation • Advanced monitoring and diagnostics relevant to ECC of companion animals • Emergency medicine and toxicology in primary care • Advanced CP • Pain management • Emergency surgery • Acute care for high stakes presentations • Referral, collaborative management and ongoing treatment • Contextualised care approaches, inc. client communication in emergency situations

Teaching and learning methods/assessment

Learning environment/support

Core 9: Advances in Primary care medicine – specialist trainees to choose 3 topics from the list.

For Medicine elective module 1 (programme year 1) and module 2 (programme year 3) – specialist trainees to choose 2x topics for each 8-week elective (for example 2 blocks of 4 weeks).

for example 7/12 Medicine topic areas to be covered in total across the programme.

Format to be:

- Prior reading list for trainees to recap topic to D1C level, if needed
- Taught content and self-directed learning in 'Advances in...' (for example to AP level, GP focused)
- Guest speakers/support from relevant experts and specialists
- Case discussions led by APs and specialists in the relevant designation
- Placement in referral/alternative practice setting (min 3 days across the 4-week block – block or day release) for practical experience and observation (NB – flexible option alternatives to be considered)
- Case log and reflections in primary care context (and 1 referred case)
- Assessment of knowledge, skills (if applicable) and case log reflections over the training period

As some modules will have a degree of content overlap, choices will be discussed with the specialist trainee's clinical supervisor.

Syllabus – Year 3

(Please note Draft syllabus – for illustrative purposes – to be further developed with

CORE 10: Community integration for primary care practices – 4 weeks	
1. Supporting the community and animal welfare	• Ethics • Supporting vulnerable populations around pet care • Increasing access, developing trust
2. Universal Service Provision/ triage	• Animals without owner • Animal abuse
3. Social licence issues	• Community education • Preventative measures
4. One health in companion animal practice	• Role of pets on human health • Multidisciplinary working
5. Community engagement practices	• Knowing your community and their needs • Interpersonal skills and building trust • Mechanisms for community engagement; events, marketing, engagement, follow up • Evaluating effectiveness and action planning • Impact on business

Teaching and learning methods/assessment	Learning environment/support
Online learning content while in own primary care practice. Peer discussion sessions. Volunteering experience option e.g. Streetvet/charity. Presentation from another healthcare context on community integration practices. Coursework to develop and implement a community-integration initiative. Present/discuss with peers/feedback.	Online delivery of content. Online discussion group session(s) with peers. Individual support from clinical and educational supervisors as needed.

CORE 11: Life stage 2 – Young animals – 4 weeks

1. Neonatal care	• Nutrition and immunity • Equipment support • Optimal development, recognising deterioration, intervention • RECOVER newborn CPR, Apgar assessments
2. Paediatric care	• Health checks and preventative healthcare • Nutrition and immunity • Optimal development, recognising deterioration, intervention • Differences from adult physiological/bloodwork parameters
3. Advice and support for owners/breeders	• Legislation • Guidance and support, difficult conversations

CORE 12: Life stage 3 – Older animals – 4 weeks

1. Health screening for senior companion animals	• Routine checks involving the veterinary primary care team • Biological markers; sarcopenia, immunity, metabolism • Contextualised care approaches • Client advice and support, environment/equipment
2. Pain management	• Common conditions and pain management in primary care • Supporting mobility
3. Behavioural changes/cognitive support	• Common symptoms and management

CORE 13: Life stage 4 – End of life and euthanasia – 4 weeks

1. End of life clinical care	• Palliative care – options and approaches • Pain management
2. Client considerations	• Client psychology around end-of-life and euthanasia • Strategies to support clients • Shared decision making • Updating records/communications
3. Euthanasia	• Clinical options • Environmental considerations, inc. home euthanasia • Aftercare options; cremation, home burial • Impact on the vet/team

Teaching and learning methods/assessment	Learning environment/support
Online content delivery while in own primary care practice. Guest lectures from experts e.g. nutrition, policy. Coursework projects. Case report.	Online learning. Individual support from clinical and educational supervisors as needed.

Teaching and learning methods/assessment	Learning environment/support
Online content delivery while in own primary care practice. Case log and reflection including care plans across species. Case report.	Online learning. Individual support from clinical and educational supervisors as needed.

Teaching and learning methods/assessment	Learning environment/support
Online content delivery while in own primary care practice. Guest speaker session – psychologist, client stories. Case log and critical reflection. Case report, review of challenging case with learning points/actions.	Online learning. Individual support from clinical and educational supervisors as needed.

CORE 14: Professional skills in companion animal practice – 9 weeks

Specialty trainees to complete 3 topics (each being 3 weeks).
for example 2 core topics + 1 elective from other topics

1. Leadership in primary care (CORE)	• Vision, values and what makes somewhere a 'great place to work' • Understanding and developing motivation and career satisfaction (self and others) • Career development: self, others and impact on business • Understanding trust • Understanding compassion • EDI leadership • Linking clinical governance with business performance • How to develop a high-performing team (inc. psychological safety)
2. Management in primary care practice (CORE)	• Managing stress and wellbeing of self and the team (inc. mental health support, suicide prevention, burnout) • Managing workplace tensions • Effective delegation practices to vet nurses • Understanding the modern workforce and their priorities; flexibility, career development • Inter-professional collaboration, teamworking and delegation • EDI
3. Developing Practice Standards (ELECTIVE)	• Principles of good practice standards • Schemes available, inc. PSS • Benefits • Preparing for inspection/audit
4. Effective referral (ELECTIVE)	• Shared decision-making • Client considerations • Risks and decisions, inc. when to refer/options • Types of referral settings
5. Business skills (ELECTIVE)	• Maximising efficiency • Financial management in practice • Marketing strategies • Negotiation skills • 'Value' as a multi-modal concept
6. Developing team culture in primary care practice (ELECTIVE)	• Understanding trust • Developing a learning culture • The role of recognition, reward and accountability • Communication and feedback • Nourishing and maintaining morale • Tools to identify and improve a positive workplace culture

Teaching and learning methods/assessment	Learning environment/support
Each 3-week block to include online content, coursework and reflections/application in practice. Guest lectures and discussions from experts relevant to the topic e.g. psychologist, business leaders, wellbeing professionals, finance leaders.	Delivered mostly online while in own primary care practice, with guest lectures and small group/peer learning in discussion groups. Individual support from clinical and educational supervisors as needed.

CORE 15: Coaching and supervising colleagues in primary care – 5 weeks

1. Learning theories and application in a primary care clinical context	• Principles of learning theories in clinical practice settings • Behavioural change theories – procedural skills, development/remediation • Cognitive load theory – knowledge development • Active learning • Communities of practice (social learning) in the workplace • The value of reflective practice
2. Coaching for success	• What is coaching (and differences to mentoring, supervision) • Coaching strategies and methods • Navigating common challenges for learners/coaches
3. Effective supervision	• Supervision of colleagues aligned with their role • Effective observation and feedback to guide improvement • Maintaining a positive learning culture • Entrustment
4. Mentorship	• What is mentorship (and differences to coaching/supervision) • Role modelling and behaviours for effective mentorship
5. Understanding support needs in primary care practice	• VetGDP and new graduate transitions • Interprofessional learning • Simulation and ‘deliberate practice’ techniques • Raising and managing concerns in relation to colleagues

Teaching and learning methods/assessment	Learning environment/support
Most content delivered online, with guest speakers and small group discussions. This area would lend itself well to a problem-based learning approach (coursework option). Project to apply the strategies for example coach, mentor and supervise a colleague in practice and report/reflect. Trainees to identify a mentor and reflect on what they value in this relationship.	In own practice, plus online learning. Option to visit other settings/primary care practices to discuss strategies, challenges and solutions. Individual support from educational supervisors /external experts as needed.

CORE 16: Ethics in primary care practice – 4 weeks (building on ethics in other core modules)

1. Common ethical dilemmas in primary care practice	• Contextualised care, financial constraints and the 'gold standard' • Informed consent • Advocacy • Professional integrity • Conflicts of interest and unconscious bias
2. Common (clinical) ethical dilemmas and their management	• Welfare issues • Quality of life, treatment plans and impact on clients • Breeding/genetic problems
3. Anti-microbial resistance	• Surveillance • Alternatives • Antimicrobial stewardship
4. Supportive practices	• Schwartz rounds • Ethics committees • Ethical frameworks and guidelines
5. Environmental sustainability	• Energy efficiency • Waste reduction • Sustainable procurement • Community engagement • Tools and frameworks

Teaching and learning methods/assessment	Learning environment/support
Online content while in own primary care practice, with guest speaker/expert. Coursework – project drawing upon different challenging cases (x 3) in practice. Reflection and discussion in peer learning group. – reflective report following supportive practice intervention of choice (observed by supervisor and feedback provided).	In own practice, plus online learning. Online discussion group learning. Individual support from educational supervisors /external experts as needed.

6.2 Equine modules

Syllabus – Year 1

(Please note Draft syllabus – for illustrative purposes – to be further developed with stakeholders)

CORE 1: Clinical governance (6 weeks)	
1. Clinical governance in primary care equine practice	• Understanding the RCVS Code of Professional Conduct: application in primary care • Understanding and mitigating risks in equine primary care • Artificial intelligence – benefits and risks • Developing a learning culture • Stakeholder engagement in governance: client satisfaction, team engagement
2. Introduction to research in equine primary care	• Types of research • Understanding Level 8 requirements
3. EBVM methods	• Evidence-based veterinary medicine methods and practice
4. Quality Improvement (QI) methods and their application in equine primary care	• Reflection in (and on) practice • Human factors • Methods – Audit, significant event analysis, Plan Do Study Act (PDSA), Total Quality Management (TQM), Trigger Review Method (TRM) etc.
5. Data collection and analysis	• Quantitative methods • Qualitative methods • Understanding bias
6. Presentation of results, dissemination, action planning	• Reporting • Implementing improved methods with stakeholders

Teaching and learning methods/assessment	Learning environment/support
Online course content developed and delivered by experts, with integrated formative assessment to support learning. Coursework for example to demonstrate application of learning to own equine primary care practice: – Reflection on QI in own practice – Generating QI project ideas and planning – Application of EBVM exercise Submission of clinical governance project for approval.	Distance/online learning with application of learning to own GP practice. Access to online peer-group network discussion forum, with support from subject matter expert tutor. Individual support from clinical and educational supervisors as needed.

CORE 2: Preparation for clinical research and scholarship in equine primary care (12 weeks)	
1. Choosing an appropriate area to research for a level 8 qualification	• Reviewing current evidence in equine primary care practice, including evidence quality, gaps, priorities • Considerations for clinical impact • Considerations for publication and dissemination
2. Study design	• Sampling, case numbers, sources • Generalisability • Developing a research question, hypotheses • Experimental designs: Randomised Controlled Trials (variations), observational studies, mixed methods
3. Ethical considerations	• Ethical considerations • Ethics review panel process • Developing a submission for ethics review
4. Data collection methods	• Developing a strategy, sampling, recording data • Clinical record audits • Surveys, interviews, focus groups, observation • Clinical outcomes data, biometric measurements
5. Data analysis	• Statistical methods, significance, thematic analysis, confounding variables, correlation vs causality etc. • Qualitative methods • Quantitative methods
6. Common pitfalls in clinical research and solutions	• Critiquing research • Practical issues
7. Academic writing, submission and publication	• Writing a paper for publication: Structure, content, submission, referencing • Journal impact, peer review • Submission guidelines, tips

Teaching and learning methods/assessment	Learning environment/support
Online course content developed by experts, inc. presentations, reading, cases studies and exercises. Small group/peer learning sessions. Coursework which requires learners to integrate knowledge gained with their own equine primary care practice to develop a research proposal for completion in the programme: – generating research ideas related to own area, planning research, developing strategy. – ethical considerations and draft submission. – outline proposed research methods, data collection – sampling, risks, feasibility, ethics considered. – evaluation strategy outline Critique a relevant clinical research paper. Submit ethics proposal. Submit research project for approval.	Online/own GP practice, with flexible learning option AND/OR part in-person intensive research course. Specific guidance and feedback from tutor for each stage of coursework. General support from clinical and educational supervisors, especially around developing research ideas. Additional, specific one-to-one support would be implemented in this module, from an experienced academic/researcher, to further strengthen the support from other supervisors.

CORE 3: Advances in equine diagnostics – 8 weeks

1. Clinical radiography in primary care	• Use in primary care, benefits and limitations for different areas of the horse and/or conditions
2. Advances in diagnostic imaging: ultrasound	• Use in primary care, benefits and limitations for different areas of the horse and/or conditions
3. Advances in diagnostic imaging: CT	• Use for investigations of the head, neck and distal limbs • Use for the detection of osteoarthritis, fractures and spondylosis • Use in primary care, benefits and limitations for different areas of the horse and/or conditions
4. Advances in diagnostic imaging: MRI, nuclear scintigraphy and PET	• Use for soft tissue investigations (MRI) • Use for detection of large area/whole body inflammation and bone changes (NS) • Use for detection of changes in the distal limb (PET) • Uses in primary care; benefits and limitations for different areas of the horse and/or conditions
5. Pulmonary function tests	• Recent advances in PFT methods and uses in primary care settings
6. Endoscopy	• Advances in endoscopy in primary care – benefits and limitations • Endoscopy use for respiratory, gastrointestinal and duodenum conditions
7. AI innovations in diagnostics	• Imaging analysis using AI • Reliability considerations • Professional responsibilities when using AI
8. Contextualised care and diagnostics	• Effective referral • Cost/benefit and risk analysis • Upstream considerations and client discussions

Teaching and learning methods/assessment	Learning environment/support
Online advanced course content, delivered by experts. Practical learning of advanced techniques relevant to primary care with observation-based assessment. Coursework (peer discussion, tutor feedback): – reflection on own practice – clinical case studies and reports – contextualised care case studies Peer learning/observation sessions with specialists on more complex cases (referred) for imaging, ultrasound endoscopy, PFT (demonstrations, discussions) and discussion on primary care case, effective referral, collaborative working.	Distance learning, online, while in own practice. Specific in-person days (min. x3) for peer learning at a relevant placement environment e.g. referral centre. Flexible option – diagnostic expert visit to primary care practice to demonstrate/teach advanced procedures, discuss cases etc. where feasible, or observation via video-link. Individual support from clinical and educational supervisors as needed.

CORE 4: Pre-purchase examinations (PPE) – 4 weeks

1. The five stages of the PPE	• Understanding of each stage in detail - o Conformation, clinical examination - o Lameness detection, gait analysis - o Blood tests/results - o Imaging (radiographs, ultrasound, endoscopy) - o Additional tests • Common procedural/environmental challenges • Common clinical challenges • Dealing with borderline/ambiguous or poor results
2. Client expectations and communication	• Understanding expectations in different contexts (sport disciplines, leisure etc.) • Client communication prior to PPE • Client communication of outcomes, risk and advice
3. Legal implications	• Avoiding and managing complaints • Medico-legal issues • Policy and guidance

Teaching and learning methods/assessment	Learning environment/support
Online advanced course content, delivered by experts. Live/recorded case presentations from guest speakers (experienced clinicians, VDS, BEVA etc.). Peer case discussions. Simulated client discussions. Coursework (inc. tutor feedback): – exercises to interpreting clinical findings from challenging PPE situations – exercises to communicate different outcomes to owners in challenging circumstances – reflection on own primary care practice – clinical case studies/report Knowledge assessment.	Distance learning, online. 1-day in-person teaching/demonstration and discussions with experts/simulated clients. Application of advanced knowledge to own primary care practice. Individual support from clinical and educational supervisors as needed.

CORE 5: Advances in equine behaviour, welfare and management – 6 weeks

1. Equine behaviour	• Equine learning theories and application to their management and training • Understanding signs of stress and anxiety and behavioural responses • Detection and management of behavioural problems: pain induced, psychological trauma and other causes (inc. human-induced)
2. Abuse and neglect	• Recognition of abuse (inc. advanced welfare assessment models) • Management of the abused/neglected animal • Client conversations • Animal/human abuse research, societal implications
3. Professional obligations	• Ethics • Legislation and policy
4. Equine welfare	• Principles and international standards/legislation • Environment, social behaviour • Nutrition, weight and related conditions • Advances in preventative health considerations (vaccinations, worming, dentistry, hoof maintenance etc.) • Impact of exercise/social considerations • Client discussions, advice etc.
5. Online advanced course content	• Abandoned animals • Neglected animals • Management of animals in shelters

Teaching and learning methods/assessment	Learning environment/support
Online advanced course content, delivered by experts. Live/recorded case presentations from behavioural experts and welfare science specialists. Peer case discussions. Simulated client discussions. Coursework (inc. tutor feedback): – reflection on own primary care practice – clinical case log/report Knowledge assessment.	Distance learning, online, including experts and guest speakers. Online peer discussion forum. Application of advanced knowledge to own primary care practice. Individual support from clinical and educational supervisors as needed.

CORE 6: Advanced therapeutics and rehabilitation – 4 weeks

(Please note Rehab in sport context covered in module 10)

1. Corticosteroid injections	• Technique • Effectiveness and long-term use
2. Regenerative medicine	• Stem cell therapy, ACS, PRP: their use and efficacy • Therapeutic applications for joint conditions and their efficacy • Laser therapy: use and efficacy
3. Advances in equine rehabilitation	• Developing a rehabilitation protocol • Box rest and exercise • Pain management during rehabilitation • Physical therapies and their efficacy • Inter-disciplinary working and rehabilitation protocols
4. Contextualised care	• Considerations of cost, environment, support, welfare etc. • Managing client emotions and expectations • Difficult client conversations • Client engagement in rehabilitation

Teaching and learning methods/assessment	Learning environment/support
Online advanced course content, delivered by experts, including live/recorded case presentations. Practical demonstrations. Peer case discussions. Simulated client discussions. Coursework (inc. tutor feedback): – reflection on own primary care equine practice – clinical case log/report Knowledge assessment.	Distance learning, online, including experts and guest speakers. Practical demonstration in-person/via video-link. Online peer discussion forum. Application of advanced knowledge to own primary care practice. Individual support from clinical and educational supervisors as needed.

Research development: Year 1 indicative timeline with support				
	Jan	Feb	Mar	Apr
Taught module: Core 1 (Clinical governance)				
Taught module: Core 2 (Research prep)				
Develop clinical governance project idea and				
Writing clinical governance proposal				
Feedback and finalising clinical governance proposal				
Submit clinical governance proposal				
Develop research idea and overview				
Preparing ethics submission				
Submit ethics application				
Finalise research proposal				
Feedback and finalising research proposal				
Submit research proposal				
Support meetings with clinical supervisor				
Support meetings with research coach				

[illegible]

Syllabus – Year 2

(Please note Draft syllabus – for illustrative purposes – to be further developed with

CORE 7: Pain management and anaesthesia – 6 weeks	
1. Understanding pain pathways and pain assessment	• Pain pathways and frameworks • Pain assessment tools • Physiological considerations • Co-morbidities
2. Pharmacology treatments	• Relief for inflammation and musculoskeletal pain: NSAIDS • Relief for acute/severe pain • Sedation/analgesia • Local anaesthetics • Regional techniques
3. Non-pharmacological techniques	• Physiotherapy – common applications and effectiveness • Acupuncture – common applications and effectiveness
4. Multi-modal approaches for effectiveness in primary care	• Common conditions and effective strategies • Complex cases and pain relief for effective referral - o Managing pain in colic - o Managing pain in laminitis - o Managing pain in chronic lameness - o Neuropathic pain • Adjunctive approaches
5. Perioperative pain management and anaesthesia in primary care	• Perioperative assessment • Care and management for maximum effectiveness

Teaching and learning methods/assessment	Learning environment/support
Online advanced course content, delivered by experts, including live/recorded case presentations and supplemental reading. Practical demonstrations (live/video). Peer case discussions. Coursework (inc. tutor feedback): – reflection on own primary care equine practice – clinical case log/report Knowledge assessment.	Distance learning, online, including experts and guest speakers. Practical demonstration in-person/ via video-link. Online peer discussion forum. Application of advanced knowledge to own primary care practice. Individual support from clinical and educational supervisors as needed.

CORE 8: Equine surgery, emergencies and trauma – 6 weeks

1. Advances in primary care equine surgery	• Environmental considerations: ambulatory, clinic, standing techniques • Safety and ethics – human factors, team support, safety protocols, consent, risk evaluation • Recap basic surgical skills • Wound management • Castration and reproductive surgeries • Upper airway surgery • Dental Surgery • Soft tissue surgeries • Troubleshooting/common challenges in surgery • Error reporting mechanisms and benefits • Contextualised care considerations
2. Recovery following surgery	• Immediate aftercare • Wound management and infection control • Rehabilitation and pain management
3. Understanding complex surgical cases and effective referral	• Effective referral: timely referral, collaborative working, professional responsibilities, record keeping • Contextualised care discussions • Collaborative working with specialist teams, continuity of care
4. Equine emergencies and management	• First aid • Triage and stabilisation - o Treating major lacerations/wounds - o Choking and respiratory distress - o Colic - o Recumbent horse cases - o Euthanasia decisions • Managing emergencies at public or sporting events • Teamworking and human factors
5. Managing equine trauma	• Musculoskeletal injuries • Major wounds • Head injuries • Impact injuries: kicks, falls, collisions

Teaching and learning methods/assessment	Learning environment/support
Online advanced course content, delivered by experts, including live/recorded case presentations and supplemental reading. Peer observation (recorded/live) of a range of primary care surgeries carried out at own practice or via video/camera glasses. Followed by session with reflection, feedback, QandA. Practical demonstrations of common referred cases e.g. colic (specialist trainee to scrub-in to 3 different referred cases) and debrief to discuss effective referral, clinical signs in primary care, outcomes etc. Knowledge assessment. Coursework – case log with critical reflections across each area of surgery. Feedback discussions. Group session with peers and specialists to discuss effective referral, continuity of care and contextualised approaches in both primary and referral settings.	Distance learning, online, including experts and guest speakers. To include 3–5 days (flexible day release or block) within the 6-week module spent observing different surgeries in alternative/referral setting (peer learning, shared care discussions). Practical demonstrations in-person/ via video-link. Online peer discussion forum. Application of advanced knowledge to own primary care practice. Mentor support (scheduled) from surgeon around own surgeries. Individual support from clinical and educational supervisors as needed.

CORE 9: Client and colleague relationships (6 weeks)

1. Consultation skills	• Advanced communication frameworks and application in different contexts • Communication for behavioural change • Informed consent challenges • In-person consultation techniques • Remote/telemedicine consultations • Consultation skills in emergency situations • Shared decision making
2. Client psychology	• Behavioural change theories, client motivation • Emotional attachment with horses • Supporting clients, breaking bad news • Managing angry clients
3. Contextualised care	• Shared decision making • Transparency • Financial considerations • Lifestyle and societal considerations • Psychological considerations • Common barriers to contextualised care
4. Continuity of care	• Continuity considerations from different perspectives for example clinical, referral, vet/client etc. • Practice management considerations, effective handovers/transfer • Managing second opinions and complaints • Effective referral of cases and supporting ongoing treatment plans
5. Cultural competence	• Understanding cultural factors associated with horse ownership; supporting disabled owners, etc.
6. Equestrian authorities	• Understanding the role and requirements for working with equestrian authorities, e.g. FEI, Defra, BEF, BHA, BEVA, WHW

Teaching and learning methods/assessment	Learning environment/support
Online learning and application to own primary care practice. Guest speakers – real case studies from veterinary experts and a client speaker sharing their experiences. Coursework – client psychology study/ report. Case reflections in relation to challenging client communication situations and their management. Project to evaluate approach to contextualised care cases (client satisfaction, trust) and create action plan for QI. Case study involving cultural impact and support.	Mostly in own GP practice but with a short 1-day placement(s) to experience other demographics and care contexts. Network of peers/discussion group of interesting cases. Guest presentations from equestrian authorities. Individual support from clinical and educational supervisors as needed.

CORE 10: Horses in sport – 8 weeks

1. Ethics and social licence in equine sport	• Ethics • Issues of public trust and expectations • Transparency • Standards
2. Sporting industry regulations/ welfare	• FEI rules • Medication within sport (racing, competition, endurance etc.) • Welfare issues
3. Advanced nutrition and care of the sport horse	• Nutritional requirements of different horse sport disciplines (inc electrolytes, fluid) • Nutritional strategies and supplementation (evidence-based) • Joint support for performance and longevity
4. Training and performance	• Advanced diagnostics in the equine sport context • Advanced therapeutics in the equine sport context • Preventing injury ◦ Wearables for equine use ◦ Advances in gait analysis ◦ Biomechanics and surfaces ◦ Risk analysis and use of artificial intelligence • Fitness and training plans ◦ Developing and adjusting individualised plans ◦ Cardiovascular performance and recovery data ◦ Managing arrhythmia and performance ◦ Exercise associated myopathies • Common causes of poor performance and their management
5. Equine rehabilitation in sport	• Developing and adjusting individualised plans/ protocols (multi-modal approach) • Biomechanical rehabilitation • Muscular injury rehabilitation • Respiratory issues and rehabilitation
6. Veterinary roles within sport	• Working in multi-disciplinary teams/shared care • Ambassador roles • Veterinary roles

Teaching and learning methods/assessment	Learning environment/support
Online content delivered by experts and guest speakers from within the equestrian sport world. Online peer network discussions and journal club to discuss latest advances and evidence-base with APs, specialists and primary care specialty trainees. Practical demonstrations e.g. equipment, AI, software. Assessment of knowledge e.g. scenario-based exercises across the discipline. Case log with reflections, including where interdisciplinary care is required. Observation and/or discussion with peers in equine sport roles e.g. FEI vets, attend sporting event etc.	Mostly online learning within own practice, with content delivered by a range of experts. Practical demonstrations to have hybrid options where possible (flexible learning). 1–2 days observing in alternative setting, with discussions and advice in relation to a primary care context/shared care. Network of peers/discussion group of interesting cases. Individual support from clinical and educational supervisors as needed.

CORE 11: Life stage 1: Breeding and reproduction – 6 weeks – Equine

1. Advanced reproductive physiology	• Stallion and mare reproductive physiology • Reproductive disorders: diagnosis and management • Surgical techniques in reproductive care
2. Breeding: mares	• Mare cycling, seasonality and behaviour • Breeding soundness evaluations/infertility investigations • Natural covering • Assisted reproduction/artificial insemination - o Fresh semen procedures - o Frozen semen procedures - o Understanding embryo transfer • Pregnancy diagnosis • Pregnancy management (inc. twins) • Dystocia management - o Diagnostics and interventions - o Complex malpositions and their management • Abortion
3. Breeding: stallions	• Stallion behaviours and management • Breeding soundness evaluation/infertility investigations • Semen preparation and collection techniques • Storage and use of fresh/frozen semen • Importing semen: public health/policy considerations • Evaluating semen quality • Disease transmission
4. Foaling	• Normal parturition • Dystocia • Periparturient complications and their management • Post-parturient complications/ diseases and their management • Resuscitation
5. Ethics	• Genetic considerations and responsible breeding
6. Biosecurity	• Stallion/mare movement • Disease control
7. Client and colleague communication/shared care	• Advice to clients, managing expectations and risk (inc. communication in critical/emergency situations) • Primary care, referral considerations and shared care

CORE 12: Advances in primary care equine medicine – 8 weeks

To fulfil the requirements for this core module, trainee specialists must choose and complete 2 topics (for example 2 x 4-week blocks) from the appropriate ELECTIVE MEDICINE module list below (**Gold** table).

Teaching and learning methods/assessment	Learning environment/support
Online content delivery (knowledge) from experts and guest speakers, e.g. Advanced practitioners/specialists in stud medicine. Peer discussions especially on rare/complex cases and their management. In-person skills training/observation opportunities. Assessment of knowledge and feedback. Case log on primary care cases with critical reflection. Case report following a case through repro/foaling/young horse.	Online learning while in own primary care practice. 2 days (minimum) observation/learning within a specialised repro facility (university/centre). Opportunities for case discussions and feedback from a reproductive advanced practitioner/specialist. Individual support from clinical and educational supervisors as needed.

Teaching and learning methods/assessment	Learning environment/support

Syllabus – Year 3

(Please note Draft syllabus – for illustrative purposes – to be further developed with

Medicine electives: Each topic is a 4-week module	
1. Nutrition/metabolism (option for CORE 12 module)	• Advances in individualised nutrition plans/nutrigenomics /health metrics • Therapeutic nutrition (inc. co-morbidities) and metabolic disease management: - o Nutrition to support myopathies - o Nutrition for gastric conditions - o Liver disease nutrition - o Insulin resistance and nutrition - o EMS and Cushing's - o Laminitis • Food allergies • Obesity/underweight management and contextualised client discussions • Nutrition for the older horse • Contextualised nutrition and care
2. Gastrointestinal diseases in horses (option for CORE 12 module)	• Advances in diagnostics • Advances in EGUS management • Advances in colic management • Endotoxaemia • Colitis, inflammatory bowel disease • Advances in therapeutics for gastrointestinal diseases • Referral, collaborative management and ongoing treatment • Contextualised care approaches
3. Equine neurological conditions (option for CORE 12 module)	• Neurological examination and clinical signs update, ataxia etc. • The role of advanced diagnostics, imaging • Advances in the management of: - o Vertebral malformations, ECVM and Wobbler syndrome - o EPM - o eNAD, EDM - o Headshaking/TMHS - o Equine Grass Sickness • Referral, collaborative management and ongoing treatment • Contextualised care approaches

Teaching and learning methods/assessment	Learning environment/support
Core 12: Advances in primary care equine medicine – specialist trainees to choose 2 topics from options 1–4 on the list. For the Medicine electives module (programme year 3) – specialist trainees to choose 2x topics for each 4-week elective (for example 2 blocks of 4 weeks). for example 4/10 medicine topic areas to be covered in total across the programme. Format to be: • Prior reading list provided for trainees to recap topic to D1C level, if needed • Taught content and self-directed learning in ‘Advances in...’ (for example to AP level, GP focused) • Guest speakers/support from relevant experts, Advanced Practitioners (AP) and specialists • Case discussions led by APs and specialists in the relevant designation • Placement in referral/alternative practice setting (min 1 day across each 4-week block) for observation, discussion and practical experience (NB – flexible option alternatives to be considered) • Case log and reflections in primary care context (including 1 referred case) • Assessment of knowledge, skills (if applicable) and case log reflections over the training period As some modules will have a degree of content overlap, choices will be discussed with the specialist trainee’s clinical supervisor.	

Medicine electives: Each topic is a 4-week module

4. Ophthalmology (option for CORE 12 module)	• Ophthalmic examinations • Advances in diagnostics, imaging • Advances in therapeutics - o Cysts - o Uveitis, leptospirosis - o Fungal keratitis - o Immune-mediated keratitis - o Glaucoma - o Tissue engineering • Surgical techniques • Referral, collaborative management and ongoing treatment • Contextualised care approaches
5. Dermatology/equine skin conditions	• Advances in diagnostics for equine dermatology cases (PCR, trichograms, biopsies). • Advances in dermatology therapeutics/treatment, including personalised and multifaceted treatment plans - o Ringworm - o Sarcoids - o Immune conditions - o Parasitic diseases - o Neoplastic conditions - o Complex cases inc. where co-morbidities exist. • Referral, collaborative management and ongoing treatment • Contextualised care approaches
6. Dentistry	• Advanced diagnostics and imaging for equine dental cases • Oroscopic examinations • Endodontic treatment options • Restorations • Minimally invasive extractions • Therapeutics for periodontal disease • Diastema widening • Referral, collaborative management and ongoing treatment • Contextualised care approaches

Core 12: Advances in primary care equine medicine – specialist trainees to choose 2 topics from options 1–4 on the list.

For the Medicine Electives module (programme year 3) – specialist trainees to choose 2x topics for each 4-week elective (for example 2 blocks of 4 weeks).

for example 4/10 Medicine topic areas to be covered in total across the programme.

Format to be:

- Prior reading list provided for trainees to recap topic to D1C level, if needed
- Taught content and self-directed learning in ‘Advances in...’ (for example to AP level, GP focused)
- Guest speakers/support from relevant experts, Advanced Practitioners (AP) and specialists
- Case discussions led by APs and specialists in the relevant designation
- Placement in referral/alternative practice setting (min 1 day across each 4-week block) for observation, discussion and practical experience (NB – flexible option alternatives to be considered)
- Case log and reflections in primary care context (including 1 referred case)
- Assessment of knowledge, skills (if applicable) and case log reflections over the training period

As some modules will have a degree of content overlap, choices will be discussed with the specialist trainee’s clinical supervisor.

Medicine electives: Each topic is a 4-week module

7. Allergy and immunology	• Advances in clinical signs and molecular diagnostics • Risks: maternal antibody transfer, environment etc. • Advances in immunotherapy • Common primary care cases e.g. sweet itch, urticaria • Referral, collaborative management and ongoing treatment • Contextualised care approaches
8. Equine Cardiology (building on HiS module)	• Advances in clinical signs and diagnostics of equine cardiovascular conditions • Advanced imaging/lab investigations and interpretation of clinical laboratory data • Management of cardiac conditions in primary care: Arrhythmia, Atrial Fibrillation etc. • Association of arrhythmia with other equine conditions • Referral, collaborative management and ongoing treatment • Contextualised care approaches
9. One Health/VPH in equine primary care	• Recent advances in one health - o Cardiology, diabetes/EMS - o Regenerative medicine • Zoonoses; prevention and control • Environmental considerations • Ethical antimicrobial use • Understanding of the psychology of horse ownership in society • Conversations with vulnerable owners and animals • Reporting • Contextualised care approaches

Core 12: Advances in primary care equine medicine – specialist trainees to choose 2 topics from options 1–4 on the list.

For the Medicine Electives module (programme year 3) – specialist trainees to choose 2x topics for each 4-week elective (for example 2 blocks of 4 weeks).

for example 4/10 Medicine topic areas to be covered in total across the programme.

Format to be:

- Prior reading list provided for trainees to recap topic to D1C level, if needed
- Taught content and self-directed learning in ‘Advances in...’ (for example to AP level, GP focused)
- Guest speakers/support from relevant experts, Advanced Practitioners (AP) and specialists
- Case discussions led by APs and specialists in the relevant designation
- Placement in referral/alternative practice setting (min 1 day across each 4-week block) for observation, discussion and practical experience (NB – flexible option alternatives to be considered)
- Case log and reflections in primary care context (including 1 referred case)
- Assessment of knowledge, skills (if applicable) and case log reflections over the training period

As some modules will have a degree of content overlap, choices will be discussed with the specialist trainee’s clinical supervisor.

Medicine electives: Each topic is a 4-week module

10. Respiratory conditions in horses	• Advances in diagnostics of equine respiratory conditions • Advances in therapeutics and management of respiratory conditions, including: ◦ Asthma ◦ EIPH ◦ Neuropathy • Referral, collaborative management and ongoing treatment • Contextualised care approaches
11. Endocrine diseases	• Advances in diagnostics • Advances in the clinical management of; ◦ EMS ◦ Laminitis (inc. prediction) ◦ PPID ◦ Complex cases with co-morbidities • Referral, collaborative management and ongoing treatment • Contextualised care approaches
12. Infectious diseases	• Advances in infectious disease diagnostics (PCR, LAMP) • Disease surveillance/monitoring • Advances in notable diseases: ◦ EHV-1 ◦ EIV ◦ Strangles • Advances in biosecurity, infection control and risk assessment • Antimicrobial stewardship • Reporting

Teaching and learning methods/assessment

Learning environment/support

Core 12: Advances in primary care equine medicine – specialist trainees to choose 2 topics from options 1–4 on the list.

For the Medicine Electives module (programme year 3) – specialist trainees to choose 2x topics for each 4-week elective (for example 2 blocks of 4 weeks).

for example 4/10 Medicine topic areas to be covered in total across the programme.

Format to be:

- Prior reading list provided for trainees to recap topic to D1C level, if needed
- Taught content and self-directed learning in ‘Advances in...’ (for example to AP level, GP focused)
- Guest speakers/support from relevant experts, Advanced Practitioners (AP) and specialists
- Case discussions led by APs and specialists in the relevant designation
- Placement in referral/alternative practice setting (min 1 day across each 4-week block) for observation, discussion and practical experience (NB – flexible option alternatives to be considered)
- Case log and reflections in primary care context (including 1 referred case)
- Assessment of knowledge, skills (if applicable) and case log reflections over the training period

As some modules will have a degree of content overlap, choices will be discussed with the specialist trainee’s clinical supervisor.

CORE 13: Community integration for equine primary care practices – 4 weeks

1. Supporting the community and horse welfare	• Ethics • Supporting vulnerable populations e.g. disabled riders • Increasing access, developing trust • Supporting therapeutic/charitable equine services
2. Universal Service Provision/ triage	• Animals without an owner • Animal abuse/neglect ◦ Survivability assessment/welfare decisions ◦ Parasitology and condition scoring in neglect contexts • Preparation for legal processes, acting as an expert witness
3. Social licence issues	• Community education • Preventative measures
4. One health in equine practice	• Role of horses on human health • Multidisciplinary working
5. Community engagement practices	• Knowing your community and their needs • Mechanisms for community engagement; events, marketing, engagement, follow up • Evaluating effectiveness and action planning • Impact on business

CORE 14: Life stage 2 – Young animals – 4 weeks

1. Neonatal care	• Nutrition and immunity, colostrum management, fluid therapy • Tube feeding • Umbilical care • Optimal development, recognising deterioration, intervention ◦ Maladjustment syndrome management ◦ Infections/septicaemia ◦ Orthopaedic conditions • Effective referral, client advice and shared care
2. Paediatric care	• Health checks and preventative healthcare • Nutrition and immunity • Optimal development, recognising deterioration, intervention
3. Advice and support for owners	• Legislation • Guidance and support, difficult conversations • Contextualised care

Teaching and learning methods/assessment	Learning environment/support
Online learning content while in own primary care practice. Peer discussion sessions. Presentation from another healthcare context on community integration practices. Coursework to develop and implement a community-integration initiative. Present/discuss with peers/feedback.	Online delivery of content. Online discussion group session(s) with peers. Individual support from clinical and educational supervisors as needed.

Teaching and learning methods/assessment	Learning environment/support
Online content delivery while in own primary care practice. Guest lectures from experts e.g. APs, specialists, nutrition experts, policy. Coursework project e.g. care plan for a foal and yearling. Case report.	Online learning. Individual support from clinical and educational supervisors as needed.

CORE 15: Life stage 3 – Older horses – 4 weeks

1. Health screening for older horses	• Routine checks involving the veterinary primary care team • Biological markers; sarcopenia, immunity, metabolism • Client advice and support, environment/equipment
2. Nutrition for older horses	• Dietary plans • Impact of dentition • Managing weight and condition (inc. supplements)
3. Pain management and mobility	• Pain medication and management in primary care • Preventive care • Supporting joints and mobility
4. Chronic disease management	• Cushing's • EMS • Organ failure • Tumours
5. Contextualised care	• Contextualised management, transparency and client advice

CORE 16: Life stage 4 – End of life and euthanasia – 4 weeks

1. Techniques	• Safety considerations • Lethal injection • Other methods and their use
2. Client considerations	• Client psychology around end-of-life and euthanasia • Strategies to support clients – preparation, transparency, aftercare options • Shared decision making • Updating records/communications
3. Ethical decision-making	• Ethics across scenarios, including emergency situations, behavioural euthanasia, delayed euthanasia, welfare factors
4. Social/professional considerations	• Herd management – saying goodbye • Colleague support in practice/wellbeing • Insurance and legal issues

Teaching and learning methods/assessment	Learning environment/support
Online content delivery while in own primary care practice. Guest speakers from experts. Case log and reflection including care plans across cases with different challenges. Case report.	Online learning. Individual support from clinical and educational supervisors as needed.

Teaching and learning methods/assessment	Learning environment/support
Online content delivery while in own primary care practice. Guest speaker session – psychologist, client stories. Case log and critical reflection. Case report, review of challenging case with learning points/actions.	Online learning. Individual support from clinical and educational supervisors as needed.

CORE 17: Professional skills in equine practice – 9 weeks

Specialty trainees to complete 3 topics (each being 3 weeks). for example 2 core topics + 1 elective from other topics

1. Leadership in equine primary care practice (CORE)	• Vision, values and what makes somewhere a ‘great place to work’ • Understanding and developing motivation and career satisfaction (self and others) • Career development: self, others and impact on business • Understanding trust • Understanding compassion • EDI leadership • Linking good governance with business performance
2. Management in equine primary care practice (CORE)	• Managing stress and wellbeing of self and the team (inc. suicide prevention, burnout) • Effective delegation practices to vet nurses/team members • Understanding the modern workforce and their priorities; flexibility, career development • Inter-professional collaboration, teamworking and delegation • EDI
3. Developing Practice Standards (ELECTIVE)	• Principles of good practice standards • Schemes available, inc. PSS • Benefits • Preparing for inspection/audit
4. Effective referral (ELECTIVE)	• Shared decision-making • Client considerations • Risks and decisions, inc. when to refer/options • Types of referral settings
5. Business skills (ELECTIVE)	• Maximising efficiency • Financial management in practice • Marketing strategies • Negotiation skills • ‘Value’ as a multi-modal concept
6. Developing team culture in primary care practice (ELECTIVE)	• Understanding trust • Developing a learning culture • The role of recognition, reward and accountability • Communication and feedback • Nourishing and maintaining morale • Tools to identify and improve a positive workplace culture

Teaching and learning methods/assessment	Learning environment/support
Each 3-week block to include online content, coursework and reflections/application in practice. Guest lectures and discussions from experts relevant to the topic e.g. psychologist, business leaders, wellbeing professionals, finance leaders.	Delivered mostly online while in own primary care practice, with guest lectures and small group/peer learning in discussion groups. Individual support from clinical and educational supervisors as needed.

CORE 18: Coaching and supervising colleagues in equine primary care – 4 weeks

1. Learning theories and application in a primary care clinical context	• Principles of learning theories in clinical practice settings • Behavioural change theories – procedural skills, development/remediation • Cognitive load theory – knowledge development • Active learning • Communities of practice (social learning) in the workplace • The value of reflective practice
2. Coaching for success	• What is coaching (and differences to mentoring, supervision) • Coaching strategies and methods • Navigating common challenges for learners/coaches
3. Effective supervision	• Supervision of colleagues aligned with their role • Effective observation and feedback to guide improvement • Maintaining a positive learning culture
4. Mentorship	• What is mentorship (and differences to coaching/ supervision) • Role modelling and behaviours for effective mentorship
5. Understanding support needs in primary care practice	• VetGDP and new graduate transitions • Interprofessional learning • Simulation and ‘deliberate practice’ techniques

CORE 19: Ethics in equine primary care practice – 4 weeks

(building on ethics in other core modules)

1. Common ethical dilemmas in primary care practice	• Contextualised care, financial constraints and the ‘gold standard’ • Informed consent • Advocacy • Professional integrity • Conflicts of interest and unconscious bias
2. Common (clinical) ethical dilemmas and their management	• Welfare issues • Breeding/genetic problems • Quality of life, treatment plans and impact on clients • Anti-microbial resistance • Biosecurity
3. Supportive practices	• Schwartz rounds • Ethics committees • Ethical frameworks and guidelines
4. Environmental sustainability	• Energy efficiency • Waste reduction • Sustainable procurement • Community engagement • Tools and frameworks

Teaching and learning methods/assessment	Learning environment/support
Most content delivered online, with guest speakers and small group discussions. This area would lend itself well to a problem-based learning approach (coursework option). Project to apply the strategies for example coach, mentor and supervise a colleague in practice and report/reflect.	In own practice, plus online learning. Option to visit other settings/primary care practices to discuss strategies, challenges and solutions. Individual support from educational supervisors/external experts as needed.

Teaching and learning methods/assessment	Learning environment/support
Online content while in own primary care practice, with guest speaker/expert. Coursework – project drawing upon different challenging cases (x 3) in practice. Reflection and discussion in peer learning group – reflective report following supportive practice intervention of choice (observed by supervisor and feedback provided)	In own practice, plus online learning. Online discussion group learning. Individual support from educational supervisors/external experts as needed.

6.3 Production animal modules

Syllabus – Year 1

(Please note Draft syllabus – for illustrative purposes – to be further developed with stakeholders)

CORE 1: Clinical governance (6 weeks)	
1. Clinical governance in production animal practice	• Understanding the RCVS Code of Professional Conduct: application in primary care • Understanding and mitigating risks in production animal practice • Artificial intelligence – benefits and risks • Developing a learning culture • Stakeholder engagement in governance: client satisfaction, team engagement
2. Introduction to research in production animal primary care practice	• Types of research • Understanding Level 8 requirements
3. EBVM methods	• Evidence-based veterinary medicine methods and practice
4. Quality Improvement (QI) methods and their application in production animal primary care	• Reflection in (and on) practice • Human factors • Methods – Audit, significant event analysis, Plan Do Study Act (PDSA), Total Quality Management (TQM), Trigger Review Method (TRM) etc.
5. Data collection and analysis	• Quantitative methods • Qualitative methods • Understanding bias
6. Presentation of results, dissemination, action planning	• Reporting • Implementing improved methods with stakeholders

Teaching and learning methods/assessment	Learning environment/support
Online course content developed and delivered by experts, with integrated formative assessment to support learning. Coursework for example to demonstrate application of learning to own production animal primary care practice: – Reflection on QI in own practice – Generating QI project ideas and planning – Application of EBVM exercise Submission of clinical governance project for approval.	Distance/online learning with application of learning to own GP practice. Access to online peer-group network discussion forum, with support from subject matter expert tutor. Individual support from clinical and educational supervisors as needed.

CORE 2: Preparation for clinical research and scholarship in production animal primary care (12 weeks)

1. Choosing an appropriate area to research for a level 8 qualification	• Reviewing current evidence in production animal practice, including evidence quality, gaps, priorities • Considerations for clinical impact • Considerations for publication and dissemination
2. Study design	• Sampling, case numbers, sources • Generalisability • Developing a research question, hypotheses • Experimental designs: Randomised Controlled Trials (variations), observational studies, mixed methods
3. Ethical considerations	• Ethical considerations • Ethics review panel process • Developing a submission for ethics review
4. Data collection methods	• Developing a strategy, sampling, recording data • Clinical record audits • Surveys, interviews, focus groups, observation • Clinical outcomes data, biometric measurements
5. Data analysis	• Statistical methods, significance, thematic analysis, confounding variables, correlation vs causality etc. • Qualitative methods • Quantitative methods
6. Common pitfalls in clinical research and solutions	• Critiquing research • Practical issues
7. Academic writing, submission and publication	• Writing a paper for publication: structure, content, submission, referencing • Journal impact, peer review • Submission guidelines, tips

Teaching and learning methods/assessment	Learning environment/support
Online course content developed by experts, inc. presentations, reading, cases studies and exercises. Small group/peer learning sessions. Coursework which requires learners to integrate knowledge gained with their own production animal practice to develop a research proposal for completion in the programme: – generating research ideas related to own area, planning research, developing strategy – ethical considerations and draft submission – outline proposed research methods, data collection – sampling, risks, feasibility, ethics considered – evaluation strategy outline Critique a relevant clinical research paper. Submit ethics proposal. Submit research project for approval.	Online/own GP practice, with flexible learning option AND/OR part in-person intensive research course. Specific guidance and feedback from tutor for each stage of coursework. General support from clinical and educational supervisors, especially around developing research ideas. Additional, specific one-to-one support would be implemented in this module, from an experienced academic/researcher, to further strengthen the support from other supervisors.

CORE 3: Behaviour, welfare and ethics – 6 weeks

1. Advances in understanding production animal behaviour	• Cattle • Sheep • Other (pigs, camelids, poultry) • Impact on animal management, welfare and production
2. Advances in production animal welfare (cattle, sheep)	• Environment considerations, housing • Physical considerations/alterations • Welfare and breeding • Disease management • Handling considerations • Welfare challenges in intensive farming
3. Welfare regulations and standards	• UK legislation • International regulations, import/export • Government policy/welfare initiatives • Certification schemes, organic farming • Community/market demand
4. Welfare monitoring	• Recent advances using tech: - o Precision livestock management – understanding data - o Use of AI - o Tech – drones, smart collars etc. – understanding data
5. Contextualised approaches	• Ensuring welfare across different contexts
6. Ethics	• Key ethical considerations • Frameworks • Case studies (different species)
7. Professional obligations	• Obligations • Working with stakeholders • Advocacy

Teaching and learning methods/assessment	Learning environment/support
Online course content delivered by experts, carried out flexibly while in own practice. Guest speakers (live/recorded) for specific areas e.g. UK policy. Peer discussion of case studies. Coursework: (up to 80% can be within preferred species). – Reflective reports on case studies – Assessment of knowledge – Problem-based assignment	Online while in own primary care practice. Online discussion group with peers – possible in-person option. Individual support from clinical and educational supervisors as needed.

CORE 4: Production animal nutrition – 6 weeks

1. General nutrition by species	• Cattle • Sheep • Other (pigs, camelids, poultry)
2. Assessment and monitoring	• Monitoring of nutritional status, inc. metabolic profiles • Body condition scoring • Grazing management
3. Individualised/precision nutrition	• Individualises plans across contexts (growth stage, productivity, health). • Nutrient deficiencies • Feed efficiency • Automation • Technology, AI and understanding data
4. Advances in nutrition: specific diets	• E.g. reduced protein/enhanced amino acid
5. Sustainability	• Alternative feed sources, utilising byproducts • Reducing antibiotic use, gut health and immunity • Nutrition to support emission reduction • Consumer trends and markets
6. Economic impact of nutrition strategies	• Feeding for health and profitability • Contextualised approaches
7. Policy considerations	• UK and export legislation/regulations • Safety • Food Standards Agency

Teaching and learning methods/assessment	Learning environment/support
Online course content delivered by experts, carried out flexibly while in own practice. Guest speakers (live/recorded) for specific areas e.g. UK policy, nutrient specialists, tech specialists. Peer discussion of case studies. Coursework: (up to 80% can be within preferred species). – Case log and reflections – Assessment of knowledge, with feedback	Online while in own primary care practice. Online discussion group with peers – possible in-person option. Individual support from clinical and educational supervisors as needed.

CORE 5: Preventive medicine – 5 weeks

1. Advances in herd health planning	• Cattle • Sheep • Other (pigs, poultry, camelids)
2. Nutrition	• Building on module 4 with a preventive/herd health perspective
3. Biosecurity	• Hygiene management • Access control • Quarantine • Contextualised care/discussions with clients
4. Vaccination	• Vaccination strategies across species, inc. targeted plans, appropriate use • Molecular interventions
5. Antibiotic use	• Reducing prophylactic use to high-risk situations
6. Monitoring and early detection of disease	• Environmental monitoring, housing etc. • New tech – wearables, data analytics, AI etc. • Advances in diagnostics • Surveillance data • Addressing subclinical issues
7. One health approaches	• One health approaches across species

Teaching and learning methods/assessment	Learning environment/support
Peer discussion of case studies. Tech demonstrations. Coursework: (up to 80% can be within preferred species). – Case log and reflections Assessment of knowledge, with feedback.	Content delivered online while in own primary care practice. Online discussion group with peers – possible in-person option. Individual support from clinical and educational supervisors as needed.

CORE 6: Production animal industry – 5 weeks

1. Farm economics	• General economics and business • Economics of production
2. Legal framework/standards	• E.g. legal requirements to keep cattle in the UK • Farm assurance schemes • Organic farming
3. Public perception	• Welfare • Farm to fork

Research development: Year 1 indicative timeline with support

	Jan	Feb	Mar	Apr
Taught module: Core 1 (clinical governance)				
Taught module: Core 2 (research prep)				
Develop clinical governance project idea and				
Writing clinical governance proposal				
Feedback and finalising clinical governance				
Submit clinical governance proposal				
Develop research idea and overview				
Preparing ethics submission				
Submit ethics application				
Finalise research proposal				
Feedback and finalising research proposal				
Submit research proposal				
Support meetings with clinical supervisor				
Support meetings with research coach				

Teaching and learning methods/assessment	Learning environment/support
Online course content delivered by experts, carried out flexibly while in own practice. Guest speakers (live/recorded) for specific areas. Coursework: – Assessment of knowledge (with feedback) – Reflective case report	Content delivered online while in own primary care practice. Online discussion group with peers – possible in-person option. Individual support from clinical and educational supervisors as needed.

[illegible]

Syllabus – Year 2

(Please note Draft syllabus – for illustrative purposes – to be further developed with stakeholders)

CORE 7: Production animal reproduction and breeding – 6 weeks	
1. Cattle	• Management of dry cow, transition period and parturition • Fertility and reproductive management - o KPIs - o Hormone use, oestrous monitoring - o Male fertility management - o Female fertility management • Assisted reproduction (individual and herd) - o AI, tech, IVP - o Embryo transfer - o Timed AI • Diagnostics: ultrasound • Treatment of uterine diseases e.g. endometritis, pyometra • Bull selection and genetics • Breeding programmes • Synchronisation schedules • Managing dystocia
2. Sheep	• Fertility and reproductive management - o Manipulation of breeding season – methods - o Repro failure investigations - o Ram fertility management - o Ewe fertility management • Assisted reproduction (individual and herd) - o AI, tech - o Embryo transfer • Pregnancy management issues (inc. causes of abortion) • Managing dystocia
3. Other (overview and common issues)	• Reproduction in pigs • Reproduction in poultry • Reproduction in camelids
4. Advanced topics/future research	• General update in advances in genomics e.g. disease resistance, environmental adaptation

Teaching and learning methods/assessment	Learning environment/support
Online course content delivered by experts, carried out flexibly while in own practice. Guest speakers (live/recorded) for specific areas e.g. advances in small ruminant/ bovine/porcine health. Peer discussion of case studies with other specialist trainees, APs and specialists. Tech demonstrations. Coursework: (up to 80% can be within preferred species). – Case log and reflections Assessment of knowledge, with feedback. In-person skills training/observation opportunities.	Online learning while in own primary care practice. 2 days (minimum) observation/learning within an alternative environment. Opportunities for case discussions and feedback from a repro advanced practitioner/specialist. Individual support from clinical and educational supervisors as needed. Short placement option for learning/ experience with alternative species (sheep/ cattle) if not available through own practice.

CORE 8: Neonatal care and youngstock – 6 weeks

1. Sheep	• Colostrum management • Optimal husbandry and care of the newborn lamb • Hygiene considerations, infection control (inc. antimicrobial stewardship) • Diagnosis and management of common neonatal conditions - o Septicaemia - o Entropion - o Nutrition deficiencies - o E. Coli - o Hypothermia/hypoglycaemia • Newborn and youngstock management (inc. premature lambs) • Resuscitation and care (inc. preventive medicine) • New tech interventions
2. Cattle	• Treatment of mastitis in the cow • Colostrum management • Optimal husbandry and hygiene • Hygiene considerations, infection control (inc. antimicrobial stewardship) • Diagnosis and management of common neonatal conditions - o Diarrhoea - o Respiratory conditions - o Alimentary conditions - o Weight gain • Newborn/youngstock management (inc. premature calves, monitoring growth and performance) • Resuscitation and care (inc. preventive medicine) • New tech interventions
3. Other species (overview and common issues)	• Reproduction in pigs • Reproduction in poultry • Reproduction in camelids

Teaching and learning methods/assessment	Learning environment/support
Online course content delivered by experts, carried out flexibly while in own practice. Guest speakers (live/recorded) for specific areas e.g. advances in small ruminant/ bovine/porcine neonatal care. Peer discussion of case studies with other specialist trainees, APs and specialists. Coursework: (up to 80% can be within preferred species). – Case log and reflections Assessment of knowledge, with feedback.	Online learning while in own primary care practice. Opportunities for case discussions and feedback from a repro advanced practitioner/specialist. Individual support from clinical and educational supervisors as needed. Short placement option for learning/ experience with alternative species (sheep/ cattle) if not available through own practice.

CORE 9: Client and colleague relationships (6 weeks)

1. Consultation skills	• Advanced communication frameworks and application in different farm contexts • Communication for behavioural change • Informed consent challenges • In-person consultation techniques • Remote/telemedicine consultations • Consultation skills in emergency situations • Shared decision making
2. Client psychology	• Behavioural change theories, client motivation • Emotional attachment with production animals • Supporting clients, breaking bad news • Managing angry/frustrated clients
3. Contextualised care	• Shared decision making • Transparency • Financial considerations • Lifestyle and societal considerations • Psychological considerations • Common barriers to contextualised care
4. Continuity of care	• Continuity considerations from different perspectives for example clinical, referral, vet/farmer etc. • Practice management considerations, effective handovers/transfer and liaison with farmer • Managing second opinions and complaints • Effective referral of cases and supporting ongoing treatment plans
5. Cultural competence	• Understanding societal and cultural factors associated with farm context, for example production, welfare • Mental health issues in the industry
6. Production animal authorities	• Understanding the role and requirements for working with authorities, e.g. Defra, BCVA, BVPA, GVS, PVS

Teaching and learning methods/assessment	Learning environment/support
Online learning and application to own primary care practice. Guest speakers – real case studies from experienced vets and a client speaker sharing experiences. Coursework – client psychology study/report. Case reflections in relation to challenging client communication situations and their management. Project to evaluate approach to contextualised care cases (client satisfaction, trust) and create action plan for QI. Case study involving societal/cultural impact and support.	Mostly in own practice but with a short 1-day placement(s) to experience other demographics and care contexts (could be combined with other module placement day). Network of peers/discussion group of interesting cases. Guest presentations from relevant production animal authorities. Individual support from clinical and educational supervisors as needed.

CORE 10: Zoonoses, biosecurity and public health – 6 weeks

1. Zoonoses	• Key zoonoses applicable to the UK; occurrence, transmission, detection, control relevant to production animal practice • Iceberg diseases in ewes • Common diseases in cattle herds e.g. BVD, IBR, leptospirosis, bTB • Environmental considerations • Exotic diseases • Notifiable diseases
2. Parasite control	• Across production animal species for example cattle, sheep, others
3. Animal welfare	• During transport and slaughter
4. Food security	• Safety and standards, hygiene, technology • Inspections and control • Investigating and managing outbreaks
5. Understanding statistical data	• Data relevant to VPH reporting
6. Understanding policy and legislation	• UK and EU legislation
7. Epidemiology and risk analysis	• Epidemiology of key diseases • Risk analysis approaches and communication with farmers
8. One health	• Principles and latest initiatives • How to get involved, collaborations with other health professions • Emerging infectious diseases and human health • Veterinary surveillance, reporting

Teaching and learning methods/assessment	Learning environment/support
Online course content delivered by experts, carried out flexibly while in own practice. Guest speakers (live/recorded) for specific areas. Peer discussion of case studies with other specialist trainees and specialists. Coursework: (up to 80% can be within preferred species). – Case presentation, reflections and discussion within peer network Assessment of knowledge, with feedback.	Online learning while in own primary care practice. Opportunities for case discussions and feedback from peers and experts. Individual support from clinical and educational supervisors as needed. Short placement option for learning/ experience with alternative species (sheep/ cattle) if not available through own practice.

CORE 11: Advances in diagnostics – 4 weeks

1. Laboratory techniques	• Overview of procedures and their application, for example molecular, serological, histopathology etc. • Imaging techniques and their application
2. Point of care testing on the farm	• Common POC devices and tests and their application - o Cattle – BVDV, mastitis, metabolic testing, mycoplasmas, TB, salmonellosis, influenza - o Sheep – metabolic monitoring, lactate testing, FMDV, worms - o Other – avian influenza, mycoplasma, salmonella
3. Diagnostics across contexts	• Disease surveillance • Reproduction diagnostics
4. Emerging technology	• AI use within lab test interpretation • Genomics • Data analytics
5. Contextualised approaches	• Costs of new technology and POC tests. Cost/benefit and economics • Contextualised discussions

CORE 12: Advances in therapeutics – 4 weeks

1. Use of antibiotics	• Antimicrobial stewardship and AMR • Alternative approaches e.g. aPDT
2. Vaccines	• Routine vaccinations • Preventive/therapeutic vaccination
3. Parasiticides	• Internal/external parasite treatment • Managing resistance
4. Metabolic and nutritional therapeutics	• Nutritional deficiencies, supplements • Metabolic disorder treatment • Increasing feed efficiency
5. Advanced drug delivery systems	• Advantages/risks • Mechanisms and application • Targeted therapy

CORE 13: Advances in production animal medicine – 8 weeks

To fulfil the requirements for this core module, trainee specialists must choose and complete 2 topics (for example 2 x 4-week blocks) from the appropriate ELECTIVE MEDICINE module list below (**Gold** table).

Teaching and learning methods/assessment	Learning environment/support
Online course content delivered by experts, carried out flexibly while in own practice. Guest speakers (live/recorded) for specific areas e.g. new technology. Peer discussion of case studies with other specialist trainees and specialists. Coursework: (up to 80% can be within preferred species). – Case log and reflections Assessment of knowledge, with feedback.	Opportunities for case discussions and feedback from peers and experts. Individual support from clinical and educational supervisors as needed. Short placement option for learning/ experience with alternative species (sheep/ cattle) if not available through own practice.

Teaching and learning methods/assessment	Learning environment/support
Online course content delivered by experts, carried out flexibly while in own practice. Guest speakers (live/recorded) for specific areas. Peer discussion of case studies with other specialist trainees and specialists. Coursework: case report. Assessment of knowledge, with feedback.	Online learning while in own primary care practice. Opportunities for case discussions and feedback from peers and experts. Individual support from clinical and educational supervisors as needed. Short placement option for learning/ experience with alternative species (sheep/ cattle) if not available through own practice.

Teaching and learning methods/assessment	Learning environment/support

Syllabus – Year 3

(Please note Draft syllabus – for illustrative purposes – to be further developed with stakeholders)

Production animal electives: Each topic is a 4-week module	
1. Production animal metabolic and endocrine disease management (option for CORE 12 module)	Building on the nutrition module: • Cattle - o Specific dietary management - o Monitoring - o Supplements/prevention - o Recognition/treatment of common conditions, e.g. ketosis, hypocalcaemia, fatty liver • Sheep - o Pregnancy toxaemia - o Hypocalcaemia - o Hypomagnesaemia • Prevention strategies and management
2. Advanced lameness management (option for CORE 12 module)	• Cattle • Strategies for early detection, herd programmes • Infection control, hygiene, environmental consideration • Foot trimming and care • Nutrition for horn quality • Treatment of lameness • Sheep • Five-point plan • Common conditions: footrot, scald, CODD. • Hoof trimming strategies • Biosecurity, hygiene and infection control • Advances in tech for monitoring: AI cameras, sensors, mobility scoring. • Shared and contextualised care – working with farmers, motivational strategies
3. Production animal neurological conditions (option for CORE 12 module)	• Cattle • Detection/diagnosis, prevention and management of PEM, Listeriosis, TME, Toxicity related conditions • Trauma, nerve paralysis • Sheep • Early detection, prevention and management of CCN, listeriosis, coenurosis, scrapie, swayback, meningitis • Shared and contextualised care – working with farmers, motivational strategies

Teaching and learning methods/assessment**Learning environment/support**

Core 12: Advances in production animal medicine – specialist trainees to choose 2 topics from options 1–5 on the list.

For the medicine electives module (programme year 3) – specialist trainees to choose any 2x topics for each 4-week elective (for example 2 blocks of 4 weeks).

for example 4/12 Production animal topic areas to be covered in total across the programme.

Format to be:

- Prior reading list provided for trainees to recap topic to D1C level, if needed
- Taught content and self-directed learning in ‘Advances in...’ (for example to AP level, GP focused)
- Guest speakers/support from relevant experts, Advanced Practitioners (AP) and specialists
- Case discussions led by APs and specialists in the relevant designation
- Placement in an alternative practice setting (min 1 day across each 4-week block) for observation, discussion and practical experience (NB – flexible option alternatives to be considered)
- Case log and reflections (up to 80% in preferred species)
- Assessment of knowledge, skills (if applicable) and case log reflections over the training period

Production animal electives: Each topic is a 4-week module	
4. Infectious diseases in cattle (option for CORE 12 module)	This module will build upon the Core 10 module (zoonoses) • A more in-depth consideration of common infectious diseases in the UK such as bTB, BVD, IBR • Less common diseases also covered including leptospirosis, Johne's disease, pneumonia, SBV, LSD and Bluetongue • Principles of genetics and host immunity, including disease resistance and issues of genetic selection/breeding
5. Infectious diseases in sheep (option for CORE 12 module)	This module will build upon the Core 10 module (zoonoses) • A more in-depth consideration of common infectious diseases in the UK such as CODD, MV, CLA, OJD, BD, Sheep scab, Liver fluke • Emerging/exotic diseases e.g. Bluetongue, SBV, listerial myelitis, watery mouth
6. Poultry medicine and management	• Poultry behaviour, welfare and management • Advances in technology to improve production, welfare and sustainability • Vaccines and adjuvants • Diagnostic procedures, blood sampling, laboratory tests • AMR • Sustainable poultry production
7. Porcine medicine and management	• Pig behaviour, welfare and management • Advances in technology to improve production, welfare and sustainability • AMR, antibiotic reduction strategies • Reproduction and breeding • Vaccination
8. Camelid medicine and management	• Camelid behaviour, welfare and management • Reproduction and breeding • Health of the young animal • Camelid dentistry • Herd considerations, infectious diseases • Nutrition for camelids

Teaching and learning methods/assessment**Learning environment/support**

Core 12: Advances in production animal medicine – specialist trainees to choose 2 topics from options 1–5 on the list.

For the Medicine Electives module (programme year 3) – specialist trainees to choose any 2x topics for each 4-week elective (for example 2 blocks of 4 weeks).

for example 4/12 Production animal topic areas to be covered in total across the programme.

Format to be:

- Prior reading list provided for trainees to recap topic to D1C level, if needed
- Taught content and self-directed learning in ‘Advances in...’ (for example to AP level, GP focused)
- Guest speakers/support from relevant experts, Advanced Practitioners (AP) and specialists
- Case discussions led by APs and specialists in the relevant designation
- Placement in an alternative practice setting (min 1 day across each 4-week block) for observation, discussion and practical experience (NB – flexible option alternatives to be considered)
- Case log and reflections (up to 80% in preferred species)
- Assessment of knowledge, skills (if applicable) and case log reflections over the training period

Production animal electives: Each topic is a 4-week module	
9. Production animal dermatology/skin conditions	Cattle, sheep, other: • Advances in diagnostics for production animal dermatology cases • Managing pruritis and alopecia • Parasitic conditions and their treatment (herd and individual) • Bacterial and fungal disease management • Environmental causes and management • Impact of conditions on production/business • Emerging therapies, research
10. Dentistry in production animals	• Dental examinations (cattle, sheep, pigs), inc. age estimation • Common dental procedures: floating, extractions, periodontics
11. Economics of production animal practice/sustainable farming	This module will provide a deeper dive into sustainable farming and animal/herd health issues across species • Emerging technology to support production animal practice • Herd level management and economic impact • Preventive investment, sub-clinical disease impact on production • Social license and societal impact • Cost/benefit analysis of veterinary interventions
12. Respiratory conditions in production animals	A deeper dive into respiratory conditions in production animals across species, including: • Advances in diagnostics • Monitoring and health surveillance • Advances in therapeutics and management of respiratory conditions • Environmental research into causes of respiratory issues • Impact of respiratory diseases on production, economic losses

Teaching and learning methods/assessment

Learning environment/support

Core 12: Advances in production animal medicine – specialist trainees to choose 2 topics from options 1–5 on the list.

For the medicine electives module (programme year 3) – specialist trainees to choose any 2x topics for each 4-week elective (for example 2 blocks of 4 weeks).

for example 4/12 Production animal topic areas to be covered in total across the programme.

Format to be:

- Prior reading list provided for trainees to recap topic to D1C level, if needed
- Taught content and self-directed learning in ‘Advances in...’ (for example to AP level, GP focused)
- Guest speakers/support from relevant experts, Advanced Practitioners (AP) and specialists
- Case discussions led by APs and specialists in the relevant designation
- Placement in an alternative practice setting (min 1 day across each 4-week block) for observation, discussion and practical experience (NB – flexible option alternatives to be considered)
- Case log and reflections (up to 80% in preferred species)
- Assessment of knowledge, skills (if applicable) and case log reflections over the training period

CORE 14: Community integration for production animal practices – 4 weeks

1. Supporting the community and production animal welfare	• Ethics • Supporting vulnerable populations e.g. disabled farmers • Mental health awareness/first aid • Increasing access, developing trust
2. Universal Service Provision/ triage	• Animals without an owner • Animal abuse/neglect
3. Social licence issues	• Community education • Preventative measures
4. Bringing 'One health' to clients in production animal practice	• Production animal farming and the foodchain • Multidisciplinary working
5. Community engagement practices	• Knowing your community and their needs • Mechanisms for community engagement; events, marketing, engagement, follow up • Evaluating effectiveness and action planning • Impact on business

Teaching and learning methods/assessment	Learning environment/support
Online learning content while in own primary care practice. Peer discussion sessions. Presentation from another healthcare context on community integration practices. Coursework to develop and implement a community-integration initiative. Present/discuss with peers/feedback.	Online delivery of content. Online discussion group session(s) with peers. Individual support from clinical and educational supervisors as needed.

CORE 15: Common surgical procedures – 8 weeks

1. Anaesthesia and analgesia for common surgical procedures	• Protocols for different species • Local anaesthesia for different surgeries • Analgesia for standing surgery in the field • Administration / methods • Post-anaesthetic management
2. Preparation for surgery - considerations	• Associated risks, fasting etc. • Environment, portable equipment • Hygiene considerations
3. Common surgical procedures	• Cattle procedures, e.g. disbudding, hernia repair, caesareans, LDA/RDA correctio, rumenotomy, teat surgeries, claw amputation • Sheep procedures, e.g. caesareans, urolithiasis management, and prolapse repairs • Others e.g. pig castration, inguinal hernia repair, umbilical hernia repair
4. Minimally invasive surgery	• Use of laparoscopy in production animals
5. Welfare and ethical considerations	• Balancing priorities, long term impact, pain management • Medical vs utility considerations • Ethical frameworks
6. Common challenges/ troubleshooting	• Maintaining asepsis in the field • Detection/management of pain • Direction of support available/instructions to helpers • Error reporting mechanisms/benefits
7. Contextualised and shared care	• Contextualised approaches • Telemedicine and specialist collaboration

Teaching and learning methods/assessment	Learning environment/support
Online course content, delivered by experts, including live / recorded case presentations and supplemental reading. Peer observation (recorded / live) of a range of primary care surgeries carried out in the field or via video / google specs. Followed by session with reflection, feedback, QandA. Practical demonstrations of common complex cases and debrief to discuss challenges, optimising outcomes etc. Knowledge assessment and feedback Coursework – case log with critical reflections across a selection of common surgeries. Feedback discussions. Group session with peers and specialists to discuss cases and contextualised approaches in different settings.	Distance learning, online, including experts and guest speakers. To include 3-5 days (flexible day release or block) within the 8-week module spent observing different surgeries in alternative settings (peer learning, shared care discussions). Practical demonstrations in-person / via video-link Online peer discussion forum Application of advanced knowledge to own primary care practice. Mentor support (scheduled) from peer / surgeon around own surgeries. Individual support from clinical and educational supervisors as needed.

CORE 16: Euthanasia – 4 weeks

1. Approved methods and techniques	• Physical methods • Injectable methods • Adjunctive methods • Species-specific protocols • Minimising distress, handling • Safety considerations
2. Decision making	• Timely decision making • Ethics across scenarios, including emergency situations, behavioural euthanasia, delayed euthanasia, welfare factors • Communication with farmers • Contextualised discussions
3. Disposal	• Carcass disposal • Food chain considerations
4. Regulations	• Regulations and guidelines
5. Veterinary/farmer wellbeing	• Psychological/emotional impact • Strategies to support clients – preparation, transparency, aftercare options • Shared decision making • Mental health training/first aid • Supportive strategies and staff training

Teaching and learning methods/assessment	Learning environment/support
Online content delivery while in own primary care practice. Guest speaker session – psychologist, client stories. Case log and critical reflection. Case report, review of challenging case with learning points/actions.	Online learning. Individual support from clinical and educational supervisors as needed.

CORE 17: Professional skills in production animal practice – 9 weeks

Specialty trainees to complete 3 topics (each being 3 weeks). for example 2 core topics + 1 elective from other topics

1. Leadership in production animal primary care practice (CORE)	• Vision, values and what makes somewhere a 'great place to work' • Understanding and developing motivation and career satisfaction (self and others) • Career development: self, others and impact on business • Understanding trust • Understanding compassion • EDI leadership • Linking good governance to business performance
2. Management in production animal primary care practice (CORE)	• Managing stress and wellbeing of self and the team (inc. suicide prevention, burnout) • Effective delegation practices to team members • Understanding the modern workforce and their priorities; flexibility, career development • Inter-professional collaboration, teamworking and delegation • EDI
3. Developing Practice Standards (ELECTIVE)	• Principles of good practice standards • Schemes available, inc. PSS • Benefits • Preparing for inspection/audit
4. Effective referral and/or telemedicine support in farm practice (ELECTIVE)	• Shared decision-making • Client considerations • Risks and decisions, inc. when to refer/options
5. Business skills (ELECTIVE)	• Maximising efficiency • Financial management in practice • Marketing strategies • Negotiation skills • 'Value' as a multi-modal concept
6. Developing team culture in primary care practice (ELECTIVE)	• Understanding trust • Developing a learning culture • The role of recognition, reward and accountability • Communication and feedback • Nourishing and maintaining morale • Tools to identify and improve a positive workplace culture

Teaching and learning methods/assessment	Learning environment/support
Each 3-week block to include online content, coursework and reflections/application in practice. Guest lectures and discussions from experts relevant to the topic e.g. psychologist, business leaders, wellbeing professionals, finance leaders.	Delivered mostly online while in own primary care practice, with guest lectures and small group/peer learning in discussion groups. Individual support from clinical and educational supervisors as needed.

CORE 18: Coaching and supervising colleagues in production animal primary care – 4 weeks

1. Learning theories and application in a primary care clinical context	• Principles of learning theories in clinical practice settings • Behavioural change theories – procedural skills, development/remediation • Cognitive load theory – knowledge development • Active learning • Communities of practice (social learning) in the workplace • The value of reflective practice
2. Coaching for success	• What is coaching (and differences to mentoring, supervision) • Coaching strategies and methods • Navigating common challenges for learners/coaches
3. Effective supervision	• Supervision of colleagues aligned with their role • Effective observation and feedback to guide improvement • Maintaining a positive learning culture
4. Mentorship	• What is mentorship (and differences to coaching/supervision) • Role modelling and behaviours for effective mentorship
5. Understanding support needs in primary care practice	• VetGDP and new graduate transitions • Interprofessional learning • Simulation and ‘deliberate practice’ techniques

Teaching and learning methods/assessment	Learning environment/support
Most content delivered online, with guest speakers and small group discussions. This area would lend itself well to a problem-based learning approach (coursework option). Project to apply the strategies for example coach, mentor and supervise a colleague in practice and report/reflect.	In own practice, plus online learning. Option to visit other settings/primary care practices to discuss strategies, challenges and solutions. Individual support from educational supervisors/external experts as needed.

CORE 19: Ethics and sustainability in production animal primary care practice – 4 weeks
(building on ethics in other core modules)

1. Common ethical dilemmas in primary care practice	• Contextualised care, financial constraints and the 'gold standard' • Informed consent • Advocacy • Professional integrity • Conflicts of interest and unconscious bias
2. Common (clinical) ethical dilemmas and their management	• Welfare issues • Breeding/genetic problems • Quality of life, treatment plans and impact on clients • Anti-microbial resistance
3. Supportive practices	• Schwartz rounds • Ethical frameworks and guidelines
4. Environmental sustainability	• Energy efficiency • Waste reduction • Sustainable procurement • Community engagement • Tools and frameworks

Teaching and learning methods/assessment	Learning environment/support
Online content while in own practice, with guest speaker/expert. Coursework – project drawing upon different challenging cases (x 3) in practice. Reflection and discussion in peer learning group – reflective report following supportive practice intervention of choice (observed by supervisor and feedback provided)	In own practice, plus online learning. Online discussion group learning. Individual support from educational supervisors/external experts as needed.

7. Learning environments

7.1 Programme clinical learning environments

The RCVS specialty training in veterinary primary care is a workplace-based programme, in which taught content is applied by the learner within their own primary care practice.

Taught content is delivered through a variety of methods (see section 8).

The aim of the programme is to develop leaders in veterinary primary care, who are experts (specialists) in their field. In order to do this, the programme must ensure a wide range of opportunities, breadth and depth of casework, and professional and client interactions are available. As the primary learning environment is the learner's own workplace, this will be evaluated prior to the start of the programme to identify where any gaps in potential caseload, case type, or client interactions, may be evident. This will enable additional opportunities to be made available, in order for the breadth and depth of the primary care experience to be ensured. For example, a vet from a remote/rural practice with little access to certain case types may be offered an exchange placement with another vet from a different practice. Similarly, short placement opportunities may be arranged to provide access to different species, e.g. access to sheep cases for a production animal vet whose caseload is primarily bovine cases.

Although primarily workplace-based in primary care, it is important that additional experience in alternative clinical settings is encountered within the programme where the learning outcomes require this. The purpose of these short, flexible placements, are to provide the primary care vet with a greater degree of insight into those clinical environments, and/or knowledge and skills, to enhance their primary care practice. For example, a day spent observing and discussing complex surgery cases in a referral setting will increase the primary care vet's understanding of what is possible in a referral setting (advances in care/techniques), anticipated outcomes, and best practice in referral processes, shared care and client engagement between teams. Similarly, experience with experts in advanced diagnostic techniques will increase the vet's understanding of what is, or is not, possible in relation to different case types, which will support contextualised care discussions.

7.2 Online learning and technology support

To ensure accessibility for learners across the UK, the majority of taught content will be delivered online. This also provides a degree of flexibility in allowing learners to access this material around other commitments. As described in the syllabi in section 6, a range of formats will be included, such as recorded presentations, live (subsequently recorded) sessions with guest speakers and online written material and exercises.

Peer discussions with other primary care vets on the programme to discuss cases and topics will occur mostly online and require scheduling. Similarly, support sessions are likely to be mostly online, however, intermittent in-person sessions at specific points within the programme will support the development of peer networks.

Peer discussions will also be facilitated via online discussion boards, for modules and/or topics. This will include a research/scholarship forum which will be supported by the research/academic supervisors and other relevant experts, who may provide live/recorded tutorials.

To maximise the opportunities for learning from experts in different professional settings, and to enable feedback on learners' own application of learning to casework, smart glasses and AI technology such as camera glasses will be utilised.

To support learning and assessment at the modular and programme level, an RCVS e-portfolio will be available to record activities, reflections, coaching discussions and upload certificates.

7.3 Coaching, supervision and support

Vets enrolled onto this programme will receive support from a range of sources. This will include two dedicated individuals to support their development, primarily using coaching techniques, for example (1) a clinical supervisor (section 7.3.1) and (2) an academic supervisor (Section 7.3.2). Both supervisors will undergo prior training, which will include, but not be limited to, the following topics: coaching, feedback, assessment, guided reflection, developing critical thinking in others and motivation techniques.

Clinical supervision will be provided from an expert in veterinary primary care; support for the research component and level 8 requirements will be provided from an individual with a strong research background. Additional coaching will be available when on placements from relevant individuals within that environment.

7.3.1 Clinical supervisors

Ultimately, it is expected that the vets completing the programme – the first veterinary primary care specialists – will contribute to supporting the trainees of the future through supervision, coaching or more general support.

As specialty training in veterinary primary care does not currently exist, a proposal to identify highly experienced GPs, with up-to-date advanced knowledge across a range of areas will be developed, to identify a cohort of initial clinical supervisors. These may include current Fellows of the RCVS and experienced advanced practitioners.

As indicated above, all clinical supervisors (coaches) will be required to complete training in advance. This will build on the existing training for VetGDP advisers which has been evaluated positively by the majority of several thousand vets who have completed it. However, the supervisor training will be re-orientated into the context of specialist level training and focus more on coaching individuals in terms of developing leaders in veterinary primary care.

7.3.2 Academic/research supervisors

The development of a level 8 qualification for veterinary GPs is an exciting opportunity to create a strong evidence-base of veterinary primary care clinical research, as those completing the programme create new knowledge, through original research or other advanced scholarship, of a quality to satisfy peer review, [to] extend the forefront of the discipline, and merit publication (Appendix 1: FHEQ level 8 requirements).

Such research and scholarship activities will have a strong impact on veterinary practice across the world and must therefore be robust and high quality. The completion of research, however, is not without challenges, as is the often case with other specialty training programmes. This is due to a range of factors, including

time pressures within a private practice environment, access to supervision from experienced researchers and the time taken to secure ethics permission and submit for publication.

For these reasons, the programme will offer strong support in relation to the research component (see section 6). Each trainee will have access to an experienced academic or research supervisor who will meet with them regularly to guide their progress and provide support. The research supervisors will be active in clinical research and have been published in clinical peer-reviewed journals of an appropriate quality. Academic supervisors may be identified from other health professions as well as the veterinary profession and will also complete training in coaching methods and other relevant support.

7.3.3 Additional coaching support

The programme identifies opportunities for peer coaching in relation to case discussions, reflection and while on placements. These discussion may take place in-person in the relevant learning environment or through online discussion groups. Such activities can also be used to demonstrate learning for the core module on 'coaching and supervising colleagues'.

7.4 Training for trainers

All supervisors and coaches will be appropriately qualified and trained to provide effective supervision relevant to their role.

All clinical supervisors will be provided with appropriate training by the RCVS. The training will include (but not be limited to) principles of coaching, providing feedback, active listening, andragogy and motivation and guiding reflection. Completion of the training will be mandatory and require renewal every 5 years.

Academic/research supervisors will be required to be active in clinical research and also to have completed the taught content from the research and EBVM module, to ensure a rounded knowledge across different research methods.

Other coaches within the programme will be recommended to have completed the RCVS VetGDP adviser training, which provides generic training on coaching principles, feedback and guided reflection.

8. Teaching, learning and assessment

8.1 Programme delivery methods

A range of methods will be used to deliver the taught components. To ensure this programme is accessible, the majority of content will be available online so that learners can access this flexibly within their primary care workplace environment or from home, with supplementary scheduled sessions that are 'live' where engagement with teachers and/or other learners is required.

The table below highlights examples of the different types of learning content and methods used to deliver the content.

Clinical supervision will be provided from an expert in veterinary primary care; support for the research component and level 8 requirements will be provided from an individual with a strong research background. Additional coaching will be available when on placements from relevant individuals within that environment.

Delivery method	Examples
Didactic teaching	• 'Live' or recorded lectures • 'Live' or recorded case discussions • 'Live' or recorded demonstrations
Simulations	• Simulated client interactions (live/recorded) • Practical demonstrations (live/recorded)
Coaching	• Scheduled coaching sessions
Peer learning (community of practice)	• Scheduled peer learning for case/scenario discussions (including problem-based exercise discussions, or reflective sessions with others on the programme)
Workplace-based assessment	• Using SmartGlasses/GoPro link; feedback on performance
Written work/ exercises	• Reading/knowledge summaries • Case-based exercises • Reflection on casework in primary care • Reflection on client interactions, team interactions etc. • Formative assessment/knowledge tests

8.2 Assessment strategy

It is important that the knowledge, application of knowledge, skills and research/scholarship component requirements of this level 8 qualification are demonstrated by those completing the programme, in a robust manner.

Rather than a single diploma examination being taken at the end of the programme, a programmatic approach will be adopted. This approach will be subject to evaluation of validity and reliability to evidence that it is robust, in line with the RCVS specialty programme requirements for entry onto the specialist register.

The learning outcomes for each module will be assessed at the appropriate level across relevant knowledge, skills and their application to veterinary primary care practice.

Assessment methods will reflect valid approaches for the learning outcomes of each module, being mindful to minimise assessment burden whilst ensuring sufficient evidence of achievement is obtained. Examples of methods are included in the table below.

Area being assessed	Examples of possible methods
Knowledge	• Written assessment e.g. single best answer questions
Application of knowledge	• Written assessment e.g. scenario-based questions • Synoptic assessments (structured oral assessment on unseen case examples)
Skills	• Observation via SmartGlasses/recorded submission • Peer assessment/client feedback
Reflections	• Reflective case logs
Creation of new knowledge/research	• Publication of research/scholarship in suitable journal • EBVM project

The summative assessment at the specialty training programme level will consider the entire portfolio of learning, including individual modular assessments, against level 8 criteria. This final, summative evaluation will be carried out by multiple, trained assessors, in order to reach a reliable decision through consensus.

9. Implementation

This draft curriculum has been prepared for consideration of the concept by the VCCP working group, the RCVS Education Committee and (subsequently) the RCVS Council. It is envisaged that a full implementation plan would be developed in consultation with stakeholders, should approval be granted to move forward with the programme.

It is anticipated that the programme would start on a small, pilot scale, subject to evaluation to ensure the training was of appropriate quality. This may involve just ten trainees from each area of practice in the first instance and build numbers thereon as a network of supervisors is built over time. Due to the level of commitment involved, it is anticipated that relatively few GP vets will choose this programme. Costs will be kept to a minimum however, these may also be a barrier to some. Bursaries could be considered by the RCVS at some point in the future, for those vets facing financial barriers.

Entry requirements

Learners accepted onto the programme should have sufficient experience in primary care practice and access to relevant caseload. It is envisaged that an entry requirement would be to have successfully completed the VetGDP and gained an additional 3 years' experience.

Applicants for the programme would be required to share their typical caseload, equipment and client base information to enable an assessment to be made that their workplace is a suitable learning environment. Applicants should also be able to demonstrate their motivation and readiness for the programme, as well as an understanding of the requirements of the research component at interview (comprehensive information about the programme should be provided by the RCVS online via the RCVS Academy, for any interested parties).

Applicants requiring reasonable adjustments will be considered in line with best practice and resources available.

Time commitment

The programme has been designed to be primarily workplace-based in order to maximise accessibility and flexibility, and the application of learning will be to primary care cases seen in the workplace. However, this advanced learning and application will require a degree of protected time and substantial commitment. Recommendations for this protected time will be identified prior to implementation in discussions with stakeholders.

Learning providers

Suitable learning providers will be explored. These are likely to include universities and may include the RCVS accredited providers already delivering high-quality advanced education.

Other partnerships will also be explored for the delivery of generic content. For example, NHS leadership training could be adapted for the veterinary profession context, clinical research methods teaching available in other health professions could also be relevant. Content on EBVM/evidence-based medicine is also available from a range of providers. It is envisaged that some modules could be developed by the RCVS and provided via the RCVS Academy, using suitable experts.

Motivation and impact

The vision statement, aims and anticipated outcomes of the programme outlined at the start of this document highlight the potential benefits to the individual vet, the veterinary team/workplace and the profession itself.

10. Accreditation and quality assurance

As with other education or training recognised by the RCVS for eligibility towards inclusion onto a Register (including the specialist list) the content and provider would be subject to meet educational standards and quality assurance.

Initial accreditation would be required against high level quality criteria to ensure minimum standards are met without being overly onerous or limiting flexibility. Such criteria may include a review of content to ensure it is being taught at the correct level (and regular content reviews by the provider to ensure it remains current), learner feedback and evaluation demonstrating assessment validity and reliability.

11. Appendix 1: FHEQ level descriptor (level 8)

for a higher education qualification (Level 12 on the FQHEIS)

Doctoral degree

The descriptor provided for this level of the Framework is for any doctoral degree which should meet the descriptor in full. This qualification descriptor should also be used as a reference point for other Level 8/Level 12 qualifications.

Doctoral degrees are awarded to students who have demonstrated:

- the creation and interpretation of new knowledge, through original research or other advanced scholarship, of a quality to satisfy peer review, extend the forefront of the discipline, and merit publication
- a systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of an academic discipline or area of professional practice
- the general ability to conceptualise, design and implement a project for the generation of new knowledge, applications or understanding at the forefront of the discipline, and to adjust the project design in the light of unforeseen problems
- a detailed understanding of applicable techniques for research and advanced academic enquiry.

Typically, holders of the qualification will be able to:

- make informed judgements on complex issues in specialist fields, often in the absence of complete data, and be able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences
- continue to undertake pure and/or applied research and development at an advanced level, contributing substantially to the development of new techniques, ideas or approaches.

And holders will have:

the qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex and unpredictable situations, in professional or equivalent environments.

- a) Doctoral degrees are awarded for the creation and interpretation, construction and/or exposition of knowledge which extends the forefront of a discipline, usually through original research.
- b) Holders of doctoral degrees are able to conceptualise, design and implement projects for the generation of significant new knowledge and/or understanding. Holders of doctoral degrees have the qualities needed for employment that require both the ability to make informed judgements on complex issues in specialist fields and an innovative approach to tackling and solving problems.
- c) Doctoral courses that may have a substantial taught element in addition to the research component (for example, professional doctorates), lead usually to awards which include the name of the discipline in their title (for example, EdD for Doctor of Education or DClinPsy for Doctor of Clinical Psychology). Professional doctorates aim to develop an individual's professional practice and to support them in producing a contribution to (professional) knowledge.
- d) The titles PhD and DPhil are commonly used for doctoral degrees awarded on the basis of original research.
- e) Achievement of outcomes consistent with the qualification descriptor for the doctoral degree normally requires study equivalent to three full-time calendar years.
- f) Higher doctorates may be awarded in recognition of a substantial body of original research undertaken over the course of many years. Typically, a portfolio of work that has been previously published in a peer-refereed context is submitted for assessment. Most degree-awarding bodies restrict candidacy to graduates or their own academic staff of several years' standing.



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