

## **GUIDANCE ON THE ADMISSION OF STUDENTS WITH DISABILITIES TO THE PROFESSIONAL VETERINARY DEGREE COURSE**

### **INTRODUCTION**

**The following guidance on the admission of students with disabilities to the professional veterinary degree course has been prepared for the university veterinary schools, in the context of the requirements of Part 4 of the Disability Discrimination Act 1995, covering the providers of post-16 education.**

**Students with a wide range of disabilities or health conditions can achieve the required standards of knowledge and skills to enable them to practise as veterinary surgeons, but it needs to be recognised that each case is different and has to be viewed on its merits. The safety of patients, the public and other colleagues must always take priority.**

**Guidance is provided below on the implications of particular disabling conditions for veterinary applicants. This guidance represents current best practice, but further work is being undertaken by Anne Tynan under the auspices of a grant from the Higher Education Funding Council for England, looking at the position of disabled people working in the veterinary profession. It is therefore likely that further guidance will be issued depending on the outcomes of that project. In the meantime, university veterinary admissions staff should always consult with their university's Disability Officer, and seek as much information as possible on the student's potential to cope (with suitable aids if necessary) with the RCVS's Day One Competences.**

**These guidelines will be updated in the light of experience, or if RCVS amends the Day One Competences, or if, under a new Veterinary Surgeons Act, it proves possible for RCVS to issue restricted licences.**

### **BACKGROUND**

- 1. The Disability Discrimination Act 1995 as amended by the Special Educational Needs and Disability Act 2001 places duties on providers of post-16 education and other related services in Great Britain. The Disability Discrimination Act makes it unlawful for bodies responsible for such provision to discriminate against disabled students and other disabled people.**

2. The Government is implementing the new duties in three stages:
  - the main new sections of the Act came into force on **1 September 2002**. These sections make it unlawful to discriminate against disabled people or students by treating them less favourably than others. In addition, they require responsible bodies to provide certain types of reasonable adjustments to provision where disabled students or other disabled people might otherwise be substantially disadvantaged
  - the duty on responsible bodies to make adjustments involving the provision of auxiliary aids and services come into force on **1 September 2003**
  - the duty on responsible bodies to make adjustments to physical features of premises where these put disabled people or students at a substantial disadvantage takes effect from **1 September 2005**.
3. RCVS, in its role as a registering or 'qualifications body' did not originally come directly under the jurisdiction of Section 4 of the Act as it is not itself a provider of higher education. RCVS' statutory functions include the recognition of degrees for the purpose of registering Members and determining what knowledge and skill is needed for membership, and hence for practice in the UK. RCVS also acts as an awarding body, as it provides examinations (but not courses) for postgraduates, as well as NVQs for veterinary nurses. However, the Act has been extended to bring 'Qualifications Bodies' under its scope with effect from October 2004.
4. As a 'qualifications body', RCVS sets the competence standards required for the veterinary profession. The Act recognises that it is considered desirable and in the public interest that qualifications bodies should be able to apply one professional standard equally to all applicants, rather than being obliged to adjust that standard on a case-by-case basis. The competence standard, however, must be seen to be genuinely necessary and fundamental to the requirements of the profession to ensure competence in that profession. The RCVS considers that its 'Day One Competences' (attached at Annex B) meet this requirement.
5. The Disability Rights Commission has published a Code of Practice on Part 4 of the Disability Discrimination Act, and this Code was laid before Parliament in February 2002. We would commend this document to the veterinary schools as it provides useful guidance on a range of issues relating to the interpretation of the Act. The Code of Practice is a lengthy document, but Annex A contains extracts, which are relevant to RCVS's position. The full Code of Practice can be downloaded from the web at <http://www.drc-gb.org/thelaw/practice.asp>
6. Universities must also comply with the QAA Code of Practice, which includes a section on students with disabilities. The full code is available on the QAA's website at <http://www.qaa.ac.uk/public/COP/COPswd/contents.htm>

## THE ROLE OF RCVS AND THE ROLE OF THE UNIVERSITIES

7. Decisions on who can be admitted to, and who can graduate from the registerable veterinary degree course rests with the UK universities. The degree courses must meet both RCVS and European criteria, as defined in the relevant EU Directive.
8. RCVS recommends to Privy Council whether the UK veterinary degrees should be recognised for registration purposes, with reference to approval criteria agreed by Council. In recent years, RCVS has adopted the evaluation criteria used by the European Association of Establishments of Veterinary Education (EAEVE), and standards are monitored by joint RCVS/EAEVE visitations. The monitoring of standards is supplemented by the collection of annual statistical returns on student/staff numbers and clinical caseloads.
9. Thus RCVS sets the threshold standard for the registerable degree, with individual decisions on admission and graduation delegated to the university. In determining who to admit and who to graduate, the universities must follow RCVS's professional, prescribed standards, as well as of their own academic standards and regulations. They do not have the discretion to offer individuals dispensation from parts of the course. Whilst it is the university's decision as to whom it admits and graduates, it must be borne in mind that graduation with a registerable veterinary degree currently leads automatically to Membership of RCVS and the legal right to practise veterinary surgery in the UK. The universities are therefore, in this respect 'gatekeepers' for the veterinary profession.
10. A key reference document for veterinary schools in determining whether someone should be allowed to graduate with the registerable veterinary degree is the RCVS statement on the essential competences required of the veterinary surgeon. This is subdivided into the so-called 'Day One' and 'Year One' competences<sup>1</sup>. The 'Day One' competences are those that the student is expected to have achieved at the point of graduation, and is thus an essential guide not only for curriculum design and assessment, but also as a guide for course admissions. The 'Day One' competences are attached as Annex B.
11. RCVS would encourage the veterinary schools to review the information they provide in their prospectuses and other marketing materials to ensure that applicants are encouraged, in their own interests, to disclose any disabilities or long-term illnesses when they apply. It should be made clear that disability *per se* does not mean that an applicant will not be admitted to the course.

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<sup>1</sup> The 'Year One' competences, which new graduates are expected to have achieved after approximately a year in practice, are accompanied by a detailed procedures checklist which is still in draft form. This checklist is currently being piloted with new graduates.

*RCVS Guidance to Veterinary Schools on the Disability Discrimination Act*

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However, without disclosure, admissions tutors will be unable properly to consider each applicant's merits.

12. When considering disabled applicants for admission to the veterinary degree, the veterinary schools should consider carefully the requirements of the 'Day One' competences. Admissions tutors will need to consider whether the disabled applicant has sufficient 'coping strategies' not only to cope with the demanding academic, practical and clinical components of the veterinary course, but also whether he or she would be able to meet the requirements of the 'Day One competences' at the end of the degree course. Students should only be admitted if they are physically able to carry out all the tasks normally done by veterinary surgeons. If this is in doubt, such applicants will need to be assessed on an individual basis. In some cases it may be appropriate to seek medical advice on the possibility of improvement in an applicant's condition, so that deferred admission can be considered.

## **DEFINITION OF DISABILITY**

13. The Disability Discrimination Act defines disability as a person's physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. For a fuller definition of disability, please refer to the Disability Rights Commission Code of Practice, extracts of which are copied at Annex A.
14. It is recognised that the universities also deal with students who have a number of other medical and health conditions that do not fall within the terms of the Disability Discrimination Act, but which could have an effect on a student's ability to practise. Support systems already exist within the universities and veterinary schools for students experiencing such difficulties, and maximum use should continue to be made of these systems in order to help individual students through difficult periods.
15. In a small number of cases, where problems affecting a student's ability to practise emerge or worsen during the course (for example due to an accident or a worsening clinical condition), and these cannot be resolved, it may be appropriate for a student to be transferred to another course that would not lead to a registerable degree.

## **DYSLEXIA**

16. The veterinary schools already have experience of admitting students with disabilities, of which dyslexia is the most common. Whilst many students are

able to cope with some degree of dyslexia, it can present particular difficulties for veterinary students who must be able to manage a heavy reading load to keep up with the academic standards of the course. It may be advisable before an offer is made to a student with dyslexia to refer the student to the university's Disability Officer or other independent dyslexia specialist to determine the level and degree of dyslexia. Assessment reports that are more than two years old should not be used as the basis on which to make a decision as an individual's condition may change over time. Students with dyslexia who are admitted to the course may need support from the university's special needs specialists. By the end of the course, however, students will need to be able to demonstrate that they are able to practise unaided.

17. As far as written course work and examinations are concerned, whilst some allowance can be made for dyslexia by allowing extra time, or the use of a computer, in written examinations, this should not be such as to give the student an unfair advantage over others, or to prevent the assessment of the student's ability to cope with written material, which is an essential part of the job. The veterinary surgeon – often working alone - must be able to read and prepare written reports, handle complex data, and prepare and dispense accurate prescriptions, all of which, however, could be computer generated under certain circumstances. Scribes should only be permitted for temporary disability such as a broken arm, not for someone who would never be able to produce the required level of work, either by computer or by hand. If a student's dyslexia is so severe that it prevents them demonstrating these skills without assistance from a third party, this could ultimately endanger the safety of patients.
18. Students with a very severe level of dyslexia would have great difficulty in coping with the demands of the registerable veterinary degree. Advice should be taken from the appropriate dyslexia specialists or educational psychologists.

## **SENSORY IMPAIRMENTS**

### **Impaired vision**

19. A veterinary surgeon may be able to practise with some limited visual impairments (eg. colour blindness or monocular vision), although the extent of impairment would need to be assessed against the requirements of the Day One Competences. It should be noted that students will have to perform surgery during their course in order to meet the Day One Competences, and a judgement will need to be made in this context. A severe visual impairment would render the individual unable to practise as a veterinary surgeon.

## Hearing impairments

20. Experience has shown that individuals with a hearing impairment are not necessarily ruled out for admission to the veterinary degree, as long as they have the appropriate coping strategies and make use of appropriate aids (eg. cochlear implants and the use of amplified stethoscope). In such cases, admissions staff will need to have access to medical and other background information to inform their decision. Issues to be taken into account will include the individual's ability to communicate with others, as well as their ability to cope in a range of practice and clinical-based contexts so as not to be a danger to themselves, colleagues, clients and animals.

## MENTAL HEALTH

### General

21. When considering applicants with mental health problems such as serious depressive illness, or the position of students who develop such problems during their time as undergraduates, it must be borne in mind that studying on the veterinary course and working in the veterinary profession is a stressful undertaking. Although a history of mental illness would not necessarily preclude admission, it is advisable for such candidates to be the subject of a risk assessment. In the context of the ready availability of drugs to a veterinary surgeon, and in a profession with a higher than average suicide rate, a history of mental illness could be grounds for not admitting an applicant onto the course where they could be a danger to themselves.

### Drug abuse

22. A history of drug abuse could render an individual unable to practise and the university could therefore be justified in refusing to admit, or not allowing a student with a drug problem to graduate with the registerable veterinary degree. Mental impairment as a result of drug abuse could cause significant difficulties for the individual in coping with the veterinary degree course as well as posing a danger to others.

### Anorexia

23. One of the problems often associated with anorexia is the sufferer's inability to admit to the condition or accept treatment. Veterinary students must develop a capacity for self-audit and a person who is unable to admit to a condition such as severe anorexia and accept the necessary treatment would not meet this competence. Physical problems and lack of strength and stamina associated with the condition would also be likely to make an applicant unsuitable for the course. However, lack of strength **alone** would probably be insufficient grounds for rejection. Documented severe anorexia that has not proved amenable to treatment could provide grounds for non-admission.

## **PHYSICAL DISABILITIES**

### **Absence or partial loss of a limb**

24. On its own, loss or partial loss of a limb would not necessarily preclude an individual from consideration for admission. The effects of the individual's disability with reference to the Day One Competences should be considered. In particular, the individual's ability to handle and restrain animals safely, and to handle equipment will need to be considered.

### **Wheelchair users**

25. An individual who is permanently based in a wheelchair would be unable to demonstrate the full range of Day One Competences, and would not therefore be able to graduate with the registerable veterinary degree.

### **Asthma and allergies to animal dander and other allergens**

26. In the interests of the individual's safety, self-disclosure of such conditions is important at the point of entry to the course. Generally, such conditions are controllable and students can cope well. In some severe cases, however, an allergy may prove to be uncontrollable and life threatening and thus could be grounds for non-admission. Exposure to a wide range of species on the veterinary course is an inevitable and integral part of veterinary training, and applicants need to be advised that the requirements of the Day One Competences mean that they will not be able to avoid contact with certain species on the grounds of an allergy, or to request dispensation from parts of the course.

### **Immuno-suppressive conditions**

27. Applicants who are taking immuno-suppressants need to be made aware that they would be exposed to organisms that, while not normally pathogenic, might pose a risk to anyone who is immuno-suppressed. It may therefore not be in their best interests to be admitted to the course. Admissions staff will need to take further medical advice on a case-by-case basis.

## EXTRACTS FROM DISABILITY RIGHTS COMMISSION CODE OF PRACTICE

## Disability Discrimination Act 1995 Part 4

Code of Practice for providers of Post 16 education and related services

New duties (from September 2002) in the provision of post-16 education and related services for disabled people and students

The full Code of Practice is available on the web at

<http://www.drc-gb.org/law/codes.asp>

- 3.8 Some aspects of provision may be the responsibility of bodies other than the responsible body. In particular, entry to some courses may be regulated by a professional body, and many examinations are the responsibility of external examining bodies.

**Example 3.8A**

A student at a further education college is studying for GCSEs. Modifications to the delivery of the examination have to be agreed by the examination board. The college has responsibility for finding out what modifications the student may need, for requesting these of the examination board and for making any adjustment needed to the administration of the examination in the college. The college is **not** responsible for deciding **whether** modifications are acceptable or for any changes to the examinations themselves, which are not covered by Part 4 of the Act.

**Example 3.8B**

A student applies to do a degree in Medicine at a university. Both the course and the examination are accredited by the General Medical Council (GMC). The student needs adaptations made to both the course and the examination because of his disability. The university is responsible for making the adaptations. However, to the extent that the GMC accredits both the course and the examination, the university is **not** responsible for decisions about **whether** adaptations may be made.

***Can a responsible body justify less favourable treatment?***

- 4.22 *A responsible body should not be looking for reasons or excuses to discriminate against disabled people or students. It is in the responsible body's own best interests to see that provision is accessible. However, in limited circumstances, the Act does permit responsible bodies to justify treating a disabled person less favourably than other people. [s 28S(1)(b)] If the responsible body can show that the treatment in question is justified, then the treatment is not considered discriminatory in law.*
- 4.23 Less favourable treatment may be justified only if one of the following conditions is fulfilled: [s 28S(6)-(8)]
- it is necessary to maintain academic standards
  - it is necessary to maintain other prescribed standards
  - it is of a prescribed type
  - it occurs in prescribed circumstances

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- the reasons are both material to the circumstances of the particular case and substantial.

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- 4.25 The responsible body can only use one of these justifications if the justification would still be valid even after a reasonable adjustment had been made. [s 28S(9)] For more information on reasonable adjustments, see **Chapters 5 and 6**.

***The maintenance of academic standards***

- 4.26 The Act does not require a responsible body to do anything that would undermine the academic standards of a particular course. A responsible body may be able to justify less favourable treatment if it is necessary to maintain these standards. [s 28S(6)(a)]

Example 4.26A  
A young man with learning difficulties applies to do a Biology degree. He does not meet the entry requirements for the course. The university talks to the college where the man had previously been studying and concludes that, even if reasonable steps were taken to eliminate any disadvantage caused by his disability, there would be no prospect of his completing the degree course successfully. Although the lack of entry requirements is related to the man's disability, the institution is likely to be justified in rejecting his application because to accept him would be to undermine the academic standards of the course.

- 4.27 The academic standards reason should not be used spuriously. Where elements are not central or core to a course, they are unlikely to provide a reason to justify discrimination based on academic standards. Nor can academic standards be used as justification for barring whole groups of disabled people from courses or services. Any justification has to be relevant to the academic standards of a particular course and to the abilities of an individual person.

Example 4.27A  
A severely dyslexic student applies to take a course in Journalism. She does not have the literacy necessary to complete the course because of her dyslexia. The college rejects her, using the justification of academic standards. This is likely to be lawful.

Example 4.27B  
The college now introduces a policy of rejecting all dyslexic applicants to Journalism. The policy does not allow course selectors to consider different levels of dyslexia, the ability of individual applicants or the range of possible adjustments. This is likely to be unlawful.

***The maintenance of other prescribed standards, prescribed types of treatment and treatment in prescribed circumstances***

- 4.28 The Act allows for future regulations to list any standards, treatments or circumstances that may also provide reasons to justify less favourable treatment. [s 28S(6)(b)-(7)]

***Reasons that are material and substantial***

- 4.29 Less favourable treatment may also be justified as long as the reasons for the treatment are both material to the circumstances of the particular case and substantial. [s 28S(8)]
- 4.30 To be material to the circumstances of the particular case, the reasons have to relate to the individual circumstances.

Example 4.30A  
A student with emotional and behavioural difficulties applies for a college course. He has previously been on a link course to the college and staff know that he is extremely disruptive and makes a great deal of noise during classes which prevents

other students from learning. During his previous periods in the college, tutors tried to make adjustments for him, but these were not successful. The college approaches the school, which confirms there has been no change in his behaviour. The college decides that they cannot accept him on to the course. The reasons for the failure to admit him relate to this particular student and his particular behaviour patterns. For this reason, the college is likely to be acting lawfully in rejecting the student.

- 4.31 A reason also has to be substantial and not just minor or trivial.

**Example 4.31A**

A student with autistic spectrum disorder applies for a course. The student can be disruptive, and sometimes will talk inappropriately during classes. However, her interruptions are not much more than those made by other students, and when she has an assistant with her, her behaviour improves. There is unlikely to be any material and substantial reason to justify not admitting this student.

**Example 4.31B**

A blind woman applies to do a Forensic Science degree. Although she can undertake some parts of the course, she cannot see enough to undertake the parts of the course which involve visual analysis of materials. This is a core component of the course. The college is likely to have a substantial reason to justify not accepting this student.

**Example 4.31C**

A deaf student applies to do a college course. She communicates through sign language and would need an interpreter for all her classes. The college approaches the interpreting service which provides support for its other deaf students, but because of high demand that year, the service is unable to support this additional student. The college makes wider enquiries, but is unable to find the services of an interpreter or communicator. Because it is not possible to make the necessary adjustments for her to gain access to the course (see **Chapter 5**), the college does not accept her application. This is likely to be a material and substantial reason for less favourable treatment.

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## Health and safety requirements

- 6.13 The Disability Discrimination Act does not override health and safety legislation. There might be instances when, although an adjustment could be made, it would not be reasonable as it would endanger the health and safety either of the disabled person or of other people.

**Example 6.13A**

A wheelchair user is a student on a Theatre Studies course. One module of the course is on stage lighting. This involves students climbing up scaffolding and sitting on narrow gantry planks while they alter the lighting. Having taken specialist advice, the lecturer decides that, although an adjustment could be made in order to hoist a wheelchair up to the required height, the gantry planks and scaffolding system are not strong enough to hold a wheelchair. It is unlikely, therefore, to be reasonable for the college to make the adjustment in this instance.

- 6.14 There might be other instances where responsible bodies could make anticipatory reasonable adjustments in line with health and safety legislation.

**Example 6.14A**

A student with learning difficulties who also has a physical disability applies to do a trampolining course for students with learning difficulties at an adult education centre. His disability means that he will require staff to lift him on to the trampoline. The adult education provider has drawn up a risk assessment policy for lifting, which states that no member of staff should lift a student unless they have received appropriate recognised

training on lifting. Because this course is one that is highly likely to involve staff in lifting, it is likely to be reasonable to expect staff to have received training in lifting in anticipation of applicants who require support.

- 6.15 Health and safety issues must not be used spuriously to avoid making a reasonable adjustment.

**The relevant interests of other people including other students**

- 6.16 There might be instances when an adjustment for a disabled person or student results in significant disadvantage for other people or students. In such a case, the responsible body would not be expected to make the adjustment.

**Example 6.16A**

A student with learning difficulties is attending a Scottish Vocational Qualification (SVQ) course at a further education college. She finds it difficult to follow the more theoretical parts of the course but is very reluctant to have any individual extra support. One option would be for the course tutor to go very slowly over the parts she finds difficult to ensure that she has understood the points being made. However, the slow pace of delivery would prevent the other students on the course finishing their syllabus and the attainment of their qualification would be put at risk. It is likely that this would not be a reasonable adjustment, as it would significantly adversely affect other students on the course. In this case, it is likely to be appropriate to look at alternative adjustments.

- 6.17 There will, however, be other instances, where there is a duty to make an adjustment despite some inconvenience to others. In deciding what adjustments are reasonable it is important to weigh the level of inconvenience to others against the substantial disadvantage to the disabled person.

**Example 6.17A**

A deaf student on a Basic Skills class has a sign language interpreter during the class. For the final 15 minutes of each class, the tutor holds a group discussion. Other students complain that the flow of their discussion is impeded because of having to wait while the sign language interpreter translates for the deaf student. However, the delay does not significantly adversely affect the group's learning. This is unlikely to be considered sufficient reason for not allowing the deaf student to participate in the discussion using a sign language interpreter.

## Appendix One: The meaning of disability

This appendix is included to aid understanding about who is covered by the Act and should provide sufficient information on the definition of disability to cover the large majority of cases. The definition of disability in the Act is designed to cover only people who would generally be considered disabled. A publication is available from The Stationery Office, *Guidance on matters to be taken into account in determining questions relating to the definition of disability*.

### **When is a person disabled?**

- A1.1 A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. [Sch 1]

### **What about people who have previously had a disability?**

- A1.2 People who have had a disability within the definition are protected from discrimination even if they no longer have a disability. [Sch 2]

### **What does 'impairment' cover?**

- A1.3 It covers physical or mental impairments; this includes sensory impairments, such as those affecting sight or hearing.

### **Are all mental impairments covered?**

- A1.4 The term 'mental impairment' is intended to cover a wide range of impairments relating to mental functioning, including what are often known as learning difficulties. However, the Act states that it does not include any impairment resulting from or consisting of a mental illness, unless that illness is a clinically well-recognised illness. A clinically well-recognised illness is one that is recognised by a respected body of medical opinion.

### **What is a 'substantial' adverse effect?**

- A1.5 A substantial adverse effect is something more than a minor or trivial effect. The requirement that an effect must be substantial reflects the general understanding of disability as a limitation going beyond the normal differences in ability which might exist among people.

### **What is a 'long-term' effect?**

- A1.6 A long-term effect of an impairment is one:
- which has lasted at least 12 months, or
  - where the total period for which it lasts is likely to be at least 12 months, or
  - which is likely to last for the rest of the life of the person affected.
- A1.7 Effects which are not long-term would therefore include loss of mobility due to a broken limb which is likely to heal within 12 months and the effects of temporary infections, from which a person would be likely to recover within 12 months.

### **What if the effects come and go over a period of time?**

- A1.8 If an impairment has had a substantial adverse effect on normal day-to-day activities but that effect ceases, the substantial effect is treated as continuing if it is likely to **recur**; that is, if it is more probable than not that the effect will recur. For example, a person with rheumatoid arthritis may have an impairment that has a substantial adverse effect, but which then ceases to be substantial (i.e. the person has a period of remission). In this case the effects should be treated as if they are continuing, and are likely to continue beyond 12 months, if:
- the impairment remains, and

- at least one recurrence of the substantial effect is likely to take place 12 months or more after the initial occurrence.

This would then be a long-term effect.

**What are ‘normal day-to-day activities’?**

A1.9 Normal day-to-day activities are those which are carried out by most people on a fairly regular and frequent basis. The term is not intended to include activities which are normal only for a particular person or group of people, such as playing a musical instrument or a sport to a professional standard or performing a skilled or specialist task related, for example, to a particular academic discipline, education or training course. However, someone who is affected in such a specialised way but is **also** affected in normal day-to-day activities would be covered by this part of the definition. The test of whether an impairment affects normal day-to-day activities is whether it affects one of the broad categories of capacity listed in Schedule 1 to the Act. They are:

- mobility
- manual dexterity
- physical co-ordination
- continence
- ability to lift, carry or otherwise move everyday objects
- speech, hearing or eyesight
- memory or ability to concentrate, learn or understand
- perception of the risk of physical danger.

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**Are any conditions specifically excluded from the coverage of the Act?**

A1.15 Yes. Certain conditions are to be regarded as not amounting to impairments for the purposes of the Act. These are:

- addiction to or dependency on alcohol, nicotine, or any other substance (other than as a result of the substance being medically prescribed)

### THE RCVS ESSENTIAL COMPETENCES REQUIRED OF THE VETERINARY SURGEON

#### INTRODUCTION

1. An important statutory function of RCVS is to determine the “standard of proficiency” and “knowledge and skill” to fit veterinary surgeons for practising in the United Kingdom. The standard set for registration is a key benchmark that affects the approval of veterinary degree courses in the UK and overseas, and should also be seen as the starting point for consideration of an individual’s continuing education and training needs after registration. Maintaining and further developing professional competence is a requirement for all veterinary surgeons.
2. This document sets out the essential competences required of the veterinary surgeon for membership of the Royal College of Veterinary Surgeons. It does this in two parts:
  - essential competences required at graduation – the “day one skills”
  - essential competences required after approximately one year of further professional training within a defined area of practice – the “year one skills”.
3. There are many definitions of ‘competence’ and many views on how it can be developed and assessed. In general terms, however, competence is a concept that integrates knowledge, skills and attitudes, the application of which enables the professional to perform effectively, and to respond to contingencies, change, and the unexpected.
4. This document takes a broad definition of competence as being **“the ability to perform the roles and tasks required by one’s job to the expected standard”** (Eraut & Boulay, 2000<sup>2</sup>). The advantage of this definition is that it recognises that requirements and expectations change depending on job role and context. It also recognises that competence develops, and that an individual may work ‘competently’ at many different levels, either at different stages of their career, or indeed from one day to the next depending on the nature of their work.
5. Eraut and Boulay (2000) point out the importance of distinguishing between an individual’s competence – what one can do, and performance – what one actually does. RCVS is concerned with competence when it undertakes its primary function of determining “the standard of proficiency required for registration” and ensuring that individuals “will have acquired the knowledge and skill needed for the efficient practice of veterinary surgery” (Veterinary Surgeons Act 1966, section 3). Performance may be affected by factors such as workload, working conditions, levels of support, and so on. The regulation of performance is a function of RCVS through its statutory disciplinary powers.

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<sup>2</sup> *“Developing the Attributes of Medical Professional Judgement and Competence”*, a review funded by the Postregistration Medical and Dental Education Research Initiative of the Dept. of Health’s Policy Research Programme, by Professor Michael Eraut and Benedict du Boulay, University of Sussex. The full paper is available on the web at <http://www.cogs.susx.ac.uk/users/bend/doh>

6. The essential competences have been broken down into three main areas, and these are reflected in both the “day one” and the “year one” requirements. They are:
- A General professional competences and attributes describing the distinguishing characteristics of a veterinary surgeon
  - B Underpinning knowledge and understanding describing in general terms the breadth of knowledge and understanding needed for a career as a veterinary surgeon, and for subsequent professional development in whatever sphere of veterinary science the individual wishes to pursue
  - C Practically-based veterinary competences describing the basic practical competences that are expected a) at the point of graduation, and b) following an extended period of further professional training in practice.

**The ten guiding principles of the RCVS Guide to Professional Conduct should be seen as overarching requirements for registration (and by implication, continued registration) with the College. The Guide states that:**

Your clients are entitled to expect that you will: -

1. make animal welfare your first consideration in seeking to provide the most appropriate attention for animals committed to your care
2. ensure that all animals under your care are treated humanely and with respect
3. maintain and continue to develop your professional knowledge and skills
4. foster and maintain a good relationship with your clients, earning their trust, respecting their views and protecting client confidentiality
5. uphold the good reputation of the veterinary profession
6. ensure the integrity of veterinary certification
7. foster and endeavour to maintain good relationships with your professional colleagues
8. understand and comply with your legal obligations in relation to the prescription, safe-keeping and supply of veterinary medicinal products
9. familiarise yourself with and observe the relevant legislation in relation to veterinary surgeons as individual members of the profession, employers, employees and business owners
10. respond promptly, fully and courteously to complaints and criticism.

## PART 1

### ESSENTIAL COMPETENCES REQUIRED OF THE NEW VETERINARY GRADUATE

#### “DAY ONE SKILLS”

##### A1 - GENERAL PROFESSIONAL SKILLS AND ATTRIBUTES

*The new veterinary graduate should be able to:*

- A1.1 Communicate effectively with clients, the lay public, professional colleagues and responsible authorities; listen effectively and respond sympathetically to clients and others, using language in a form appropriate to the audience and the context
- A1.2 Prepare clear case reports and maintain patient records in a form satisfactory to colleagues and understandable by the public
- A1.3 Work effectively as a member of a multi-disciplinary team in the delivery of services to clients
- A1.4 Be aware of the ethical responsibilities of the veterinary surgeon in relation to individual patient care and client relations, and also more generally in the community in relation to their possible impact on the environment and society as a whole
- A1.5 Be aware of the economic and emotional climate in which the veterinary surgeon operates, and respond appropriately to the influence of such pressures
- A1.6 Be willing to use one's professional capabilities to contribute as far as possible to the advancement of veterinary knowledge in order to benefit veterinary practice and further improve the quality of animal care and public health
- A1.7 Have an elementary knowledge of the organisation and management of a veterinary practice, including:
  - awareness of own and employer's responsibilities in relation to employment and health and safety legislation, and the position relating to lay staff and public liability
  - awareness of how fees are calculated and invoices drawn up, and the importance of following the practice's systems for record keeping and book-keeping, including computer records and case reports
  - ability to use information technology effectively to communicate, share, collect, manipulate and analyse information
  - importance of complying with professional standards and policies of the practice
- A1.8 Understand the need and professional obligation for a commitment to continuing education and training, and professional development, throughout one's professional life
- A1.9 Conduct oneself in a professional manner with regard to the veterinary surgeon's professional and legal responsibilities and understand and apply the ethical codes as set out in the RCVS Guide to Professional Conduct
- A1.10 Be able to cope with uncertainty and adapt to change

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- A1.11 Develop a capacity for self-audit and willingness to participate in the peer-review process
- A1.12 Be aware of personal limitations, and demonstrate awareness of when and from where to seek professional advice, assistance and support.

*(Commentary: This last item is considered to be one of the most important, and should guide all new veterinary graduates when undertaking their professional duties. Veterinary surgeons undertaking procedures on patients must at all stages in their careers be fully competent in their performance, or be under the close supervision of those so competent. When in doubt, the new veterinary graduate must seek professional support and in the interests of animal and human health, should not attempt to undertake complex procedures unsupervised.)*

## **B1 - UNDERPINNING KNOWLEDGE AND UNDERSTANDING**

***The new veterinary graduate will need to have acquired a thorough knowledge and understanding of the following:***

- B1.1 The sciences on which the activities of veterinary surgeons are based
- B1.2 Research methods and the contribution of basic and applied research to all aspects of veterinary science
- B1.3 How to evaluate evidence
- B1.4 The structure and functions of healthy animals, and all aspects of their husbandry
- B1.5 The aetiology, pathogenesis, clinical signs, diagnosis and treatment of the common diseases and disorders that occur in the common domestic species in the UK
- B1.6 Legislation relating to the welfare (including transport) of animals and notifiable diseases
- B1.7 Medicines legislation and guidelines on responsible use of medicines
- B1.8 The principles of disease prevention and the promotion of health and welfare
- B1.9 Veterinary public health issues including zoonoses.

## **C1 - PRACTICAL COMPETENCES**

*The new veterinary graduate should be able to undertake the following:*

- C1.1 Obtain an accurate and relevant history of the individual animal or animal group, and its/their environment
- C1.2 Handle and restrain an animal safely and humanely, and instruct others in performing these techniques
- C1.3 Perform a complete clinical examination
- C1.4 Attend all species in an emergency and perform basic first aid

*(Commentary: problems to be handled for any species include first aid management of haemorrhage, wounds, breathing difficulties, eye & ear injuries, unconsciousness, clinical deterioration, burns, tissue damage, internal organ damage and cardiac arrest. First aid to be applied includes bandaging, cleaning, immobilising limbs, resuscitation procedures, haemorrhage control.)*

C1.5 Assess correctly the nutritional status of an animal and be able to advise the client on principles of husbandry and feeding

*(Commentary: this applies to commonly presented cases and would not, for example, be expected to include advanced nutritional advice for complex cases, eg. high performance horses, high yielding dairy cows, certain exotic or zoological species.)*

C1.6 Collect, preserve and transport samples, perform standard laboratory tests, and interpret the results of those generated in-house, as well as those generated by other laboratories

*(Commentary: new graduates are expected to have a working knowledge of tests to be undertaken include conditions relating to infectious & contagious diseases; alimentary system; respiratory system; circulatory system; urinary system; nervous system; endocrine system; mucocutaneous system; musculoskeletal system; trauma; poisoning; obstetrics; paediatrics; parturition; reproduction)*

C1.7 Use radiographic, ultrasonic, and other technical equipment which can be used as a diagnostic aid, safely and in accordance with current regulations

C1.8 Follow correct procedures after diagnosing notifiable, reportable and zoonotic diseases

C1.9 Know and apply the RCVS twelve Principles of Certification correctly

C1.10 Access the appropriate sources of data on licensed medicines; prescribe and dispense medicines correctly and responsibly in accordance with relevant legislation and ensure that medicines and waste are safely stored and/or disposed of

C1.11 Correctly apply principles of sterilisation of surgical equipment

C1.12 Correctly apply principles of aseptic surgery

C1.13 Safely perform sedation, general and regional anaesthesia, implement chemical methods of restraint, and assess and control pain

C1.14 Advise on, and administer appropriate treatment

*(Commentary: the new veterinary surgeon must always seek professional advice and support if presented with a case beyond his or her immediate capability – see item A.12)*

C1.15 Recognise when euthanasia is necessary and perform it humanely, using an appropriate method, whilst showing sensitivity to the feelings of owners and others, and with due regard to the safety of those present; advise on disposal of the carcass

C1.16 Perform a basic gross post mortem examination, record details, sample tissues, store and transport them

C1.17 Perform ante mortem inspection of animals destined for the food chain and correctly identify conditions affecting the quality and safety of products of animal origin

- C1.18 Assess and implement basic health and welfare records (and production records where appropriate)
- C1.19 Advise on, and carry out preventive and prophylactic programmes appropriate to the species and commensurate with accepted animal health, welfare and public health standards, seeking advice and assistance where necessary from professional colleagues
- C1.20 Minimise the risks of contamination, cross infection and accumulation of pathogens in the veterinary premises and in the field.

### **The RCVS working party on disability**

The working party was set up by RCVS Education Committee at the end of 2002. Its membership is as follows:

Professor R E H Halliwell, MA, VetMB, PhD, MRCVS - Chairman

(RCVS Junior Vice President and President from July 2003)

Mr A J Madel BA VetMB DipAH DipTCDHE CertSHP HonFRCVS

(Senior Lecturer, RVC, Department of Veterinary Clinical Sciences, Population Medicine Group)

Mrs C Payne-Johnson, BVSC, FRCPATH, FRCVS

(admissions tutor, University of Liverpool Faculty of Veterinary Science)

Professor J Reid, BVMS, PhD, DVA, MRCVS

(admissions tutor, University of Glasgow Faculty of Veterinary Science)

Ms A Tynan,

(Disability Project Manager, Royal Veterinary College)

Mrs F M Andrews, Head of Education, RCVS

Secretary to the working party: Miss A Jerney, Education Committee Manager, RCVS

A first draft of the guidance was presented to RCVS Education Committee in February 2003. The draft was then sent to each of the veterinary schools for comment. The working party met again in April 2003 to consider responses received and make the necessary amendments. The guidance was sent to the veterinary schools in August and approved for wider dissemination by RCVS Education Committee in October 2003.