

Designated Certificates of Advanced Veterinary Practice:

Synoptic Assessment at the RCVS

A synoptic assessment will normally be required for all certificates with designated subject/species titles. Candidates claiming the CertAVP without a designated title will not be required to undertake a further synoptic assessment.

All candidates who achieve six modules (including the required Professional and Clinical Key Skills modules **or** the Foundations of Advanced Veterinary Practice module plus at least one 'B' module) will be awarded the RCVS Certificate in Advanced Veterinary Practice (CertAVP). In addition, candidates can apply for a "designated" certificate in a particular subject/species if they have taken a particular combination of modules defined by RCVS. To be awarded a "designated" certificate, candidates will normally be required to undertake an additional synoptic assessment once all the necessary modules have been completed.

Aim of synoptic assessment

The aim of synoptic assessments is to ensure that candidates are able to demonstrate coherence, integration and application of learning across the subject area concerned. In order to achieve this aim you will be required to demonstrate competence in the following areas:

Current knowledge and understanding/Recognition of abnormal findings

Your knowledge and understanding of the subject area concerned must be current regardless of how much time has elapsed since you completed the required modules. Your knowledge base must include relevant pathophysiology, accepted and evidenced based standards of patient care and developments in diagnosis and management in the discipline concerned.

Application and integration/Clinical approach

You will be required to demonstrate effective and coherent application and integration of learning derived from previously studied CertAVP A, B and C modules to the practice of your chosen subject area.

Professional practice/Discussion around the case

You will be required to demonstrate an advanced approach to your professional practice in the context of the subject area concerned. In particular, you will be expected to demonstrate awareness of your own level of expertise and how this guides your approach to the practice of the subject area concerned.

Structure of the examination

The structure and marking of the exams may vary slightly for different designations. You will be sent specific guidance before your exam, please make sure you have read and understood them.

The examination will be an oral examination.

Three clinical case descriptions will provide scenarios around which you will be expected to demonstrate competence in all the areas described above.

Before commencing the examination you will be asked to acknowledge that you have read this instruction. If you have any questions relating to how the examination is to be conducted you will raise them with the examiners and RCVS staff at the earliest opportunity.

At the start of the examination, you will be provided with clinical details (such as history, physical presentation and baseline diagnostic findings) for each case. You will be allowed **twenty minutes** to examine this material. The examiners will not be present during this stage but you will be sitting in a room under exam conditions.

You will then be asked questions by two examiners.

The questions will be based around the three case descriptions previously made available to you. As part of the examination you may be presented with additional clinical details, including laboratory findings, pathological specimens, diagnostic or therapeutic equipment, radiographs, photographs or other relevant material. A maximum of **sixty minutes** will be allowed for this examination, with approximately twenty minutes allowed for each case.

At the start of each case you will be provided with the opportunity to ask the examiners for further clinical information if you feel such information will be important to your evaluation of the case.

The examination will focus mainly on your ability to integrate learning from the three C modules with emphasis on clinical reasoning and the ability to justify your diagnostic and case management decisions. You will however also be expected to explain your clinical approaches in the wider context of advanced veterinary practice. For example, you may be asked to explain the ethical consideration relating to each case. You may also be asked questions about the advanced practice of the subject area concerned using the case scenarios as discussion topics.

A third examiner may be present but will not ask questions. The role of the third examiner is to provide additional validation of the examination.

An external observer from the RCVS may also be present during the examination. The role of the RCVS observer is to ensure that the examination is conducted according to the standards set by the RCVS.

An audio recording of the examination will be made and may be used in the event of an appeal. Recordings will be held in confidence by the RCVS for up to three months following completion of the exam, after which they will be destroyed.

Marking

The assessment level for the examination will in line with the Quality Assurance Agency Masters level in the Further and Higher Educations Qualifications (FHEQ) framework.

In order to be successful in your examination you must achieve a Pass as described in the level descriptor at the end of the document. Each case discussion will be marked against the three criteria described above under the "aim of the synoptic assessment" on page one of this document.

Candidates must pass on all sections of the synoptic exam (eg, each case scenario) in order to achieve a pass overall.

All candidates will be provided with an assessment report detailing their strengths, weaknesses and suggestions for further development. This assessment will be provided to you by RCVS within 10 working days following the exam.

How will the synoptic assessment be organised?

Synoptic assessments will take place annually (or less frequently in the absence of sufficient numbers of eligible candidates). Synoptic exams will be carried out by the RCVS or by other institutions that have been accredited to do so. Where RCVS is running the synoptic assessments, it will appoint at least two examiners who between them will have knowledge, expertise and experience in the subject area concerned. The form of the assessment will be notified in advance to the candidate.

The final certificate awarded to candidates by RCVS will list the modules achieved.

RCVS will aim to offer at least one synoptic assessment series per year, depending on demand. RCVS may need to put candidates on a waiting list for assessment, to ensure that there are sufficient candidates presenting for a subject during any one series. In the event of an assessment series being cancelled due to low candidate numbers, RCVS would aim to assess any waiting candidates at the next series, but not keep any candidate waiting for longer than 1 year.

Equally, it may be necessary, depending on candidate numbers, for RCVS to limit the number of candidates being assessed during any one series, or for any particular named certificate, depending on the availability of examiners. Candidates who are not admitted to their chosen assessment series will be added to a waiting list and entered for the next available slot.

Candidates will need to submit an entry to RCVS for their synoptic assessment by a fixed deadline; it is expected that entry dates would be around 3 months in advance of the assessment.

Appeals process

The standard RCVS examinations appeals procedure will apply.

Retaking the examination

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

Marking level descriptor (synoptic examination)

Mark	Current knowledge and	Application and integration/Clinical	Professional practice/Discussion
	understanding/Recognition of abnormal	approach	around the case
	findings		
Good pass	Clear recognition of abnormalities on case	Clear demonstration of excellent clinical and	Clear understanding of factors
(8-10) Weighting:	presentation, able to quickly and accurately identify the body system/lesions/problem; ability to correctly and succinctly identify the abnormalities on diagnostic test results including the relative significance and degree of abnormality; excellent and complete descriptions using the appropriate terminology, identifying the anatomy/images where appropriate using correct terminology. Perfect, or near perfect performance with no errors of significance	professional competency. Able to order approach to clinical problems logically and systematically, with excellent understanding of the most important differentials and order of importance/priorities in approach. Clear evidence of critical judgement in selecting, ordering and analysing information to construct a sound argument with responses that reveal frequent insight and/or originality. Excellent ability to provide evidence to justify approach. Perfect, or near perfect performance with no errors of significance	surrounding the case including ethical, legal, biosecurity and animal welfare issues; able to identify and grasp where communication may be difficult and show originality and experience in strategies to accommodate this. Ability to show depth of understanding in cases demonstrating experience and appropriate action e.g. knowing when a case is unusual or beyond their or their practice's ability. Candidate demonstrates excellent powers of analysis and argument with a thorough grasp of concepts, methodology and content relevant to
	1.5 – 2 marks	4-5 marks	the questions asked. Perfect, or near perfect performance with no errors of significance. 2.5 – 3 marks
Minimum and maximum marks for each section			

Clear Pass	Clear recognition of abnormalities on case	Clear demonstration of sound clinical and	Clear understanding of factors
(6-8)	presentation, able to accurately identify the body	professional competency. Able to order	surround the case including ethical,
	system/lesions/problem; ability to correctly identify	approach to clinical problems logically and	legal, biosecurity and animal welfare
	the abnormalities on diagnostic test results	systematically, with clear understanding of the	issues; able to identify and grasp
	including the relative significance and degree of	most important differentials and order of	where communication may be difficult
	abnormality; good descriptions using the	importance/priorities in approach. Clear	and identify some strategies to
	appropriate terminology, identifying the	evidence of critical judgement in selecting,	accommodate this. Ability to show
	anatomy/images where appropriate using correct	organising and synthesising information to	depth of understanding in cases
	terminology. Few errors, and all errors are minor	construct an argument. Few errors, and all	demonstrating experience and
		errors are minor	appropriate action e.g. knowing when
			a case is unusual or beyond their or
			their practices' ability. Candidate
			demonstrates good powers of analysis
			and argument with a thorough grasp
			of concepts, methodology and content
			relevant to the questions asked. Few
			errors, and all errors are minor
Weighting:	1-1.5 marks	2.5-4 marks	1.5-2.5 marks
Minimum and			
maximum			
marks for each			
section			
Borderline	Recognition of most abnormalities on case	Clinically and professionally competent.	Adequate understanding of factors

(up to 5)	presentation, able to identify the body	Candidate has an adequate grasp of	surround the case including ethical,
	system/lesions/problem; identification of major	concepts, methodology and content relevant	legal, biosecurity and animal welfare
	abnormalities on diagnostic test results but does	to the questions asked with no major defects.	issues; able to identify and grasp
	not clearly understand/articulate the relative	Adequate ability to approach clinical problems	where communication may be difficult
	significance and degree of abnormality; adequate	logically and systematically, with results but	and identify some strategies to
	descriptions using the adequate terminology,	does not clearly understand/articulate the	accommodate this. Only adequate
	identifying the anatomy/images where appropriate	most important differentials and order of	ability to show depth of understanding
	using correct terminology. Some errors but none	importance/priorities in approach. Some	in cases, only adequately able to
	which would have endangered the life or health or	errors but none which would have	demonstrate/articulate experience and
	the patient, owner, other staff or other animals.	endangered the life or health or the patient,	appropriate action e.g. knowing when
		owner, other staff or other animals.	a case is unusual or beyond their or
			their practices' ability. Some evidence
			of ability to engage in critical analysis.
			Some errors but none which would
			have endangered the life or health or
			the patient, owner, other staff or other
			animals.
Weighting:	1 mark	2.5 mark	1.5 marks
Minimum and			
maximum			
marks for each			
section			
Fail	Poor ability to recognise abnormalities on case	Limited evidence of clinical and/or	Poor or absent understanding of
(0)	presentation, poor ability to identify the body	professional competence. Unacceptable	factors surround the case including

0	0	0
		of ability to engage in critical analysis.
	tests/treatments	their practices' ability. Poor evidence
irrelevancies and lack of organisation.	reasoning/justification offered for selection of	a case is unusual or beyond their or
misunderstanding of key concepts, or	medicine pertinent to the case. Little	appropriate action e.g. knowing when
Answers are flawed by omissions, errors,	underpinning pathophysiology or clinical	demonstrate/articulate experience or
where appropriate using correct terminology.	uncritically. Little grasp or knowledge of	inadequate ability to
terminology, identifying the anatomy/images	generally been chosen but were applied	depth of understanding in cases,
inadequate descriptions using the inadequate	established and appropriate methods have	accommodate this. Inability to show
significance and degree of abnormality;	solutions to clinical or professional problems,	difficult and no clear strategies to
unable to understand/articulate the relative	other staff or other animals. When selecting	grasp where communication may be
major abnormalities on diagnostic test results and	compromised the health of patient, owner,	welfare issues. Unable to identify and
system/lesions/problem; poor identification of	number of errors which may have	ethical, legal, biosecurity and animal