



Continuing
Professional
Development
for Australian
Veterinarians:
**A NEW
PARADIGM**

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Background

In 2021 the Australasian Veterinary Boards Council (AVBC) established a Sustainable Practice Committee (SPC) to help advance their support for Australasian veterinary regulators. For regulators, sustainable practice incorporates preventing incidents requiring a board's attention before they happen, and ensuring a viable, long-term workforce to service the community's needs and maintain animal welfare standards. Although the challenges to the sustainability of veterinary practice are complex, the SPC wanted to identify specific areas of concern that could be addressed through recommended changes in regulations.

Continuing Professional Development (CPD) is an expectation of registered veterinarians in most jurisdictions in Australia. The current models of CPD for veterinarians vary between jurisdictions, but mostly focus on quantity (i.e., number of hours of approved CPD) not quality, and veterinary knowledge and procedural skills. Crucially, these models rarely measure outcomes, do not require reflection or relate to the veterinarian's health and wellbeing, and do not address the broader context of veterinary practice, including the working culture of the veterinary team.

It is our belief that a new paradigm for CPD for Australian veterinarians is needed to build a strong, adaptable and resilient veterinary workforce that meets the evolving needs of animals, society and the profession. A number of considerations must be taken into account in the development of a CPD model that is fit-for-purpose in twenty-first century Australasia.



An ideal CPD model would improve knowledge and skills of the individual veterinarian while:

- o having measurable outcomes
- o not imposing unreasonable burdens on the profession or regulatory agencies
- o being easy to administer and record
- o providing value for the participants (professional & personal)
- o benefitting the end user (patients/clients/government)

Furthermore, as outlined by Gates and colleagues (2021) in their review of CPD in New Zealand, CPD should:

- o promote evidence-based veterinary medicine and behavioural change,
- o account for career stage,
- o have opportunities to assess competencies, and
- o include external review of competence via feedback on strengths and weaknesses.

Lastly, in addition to these factors, the impact on the individual veterinarian's professional development by the veterinary team and organisational culture within a practice must be taken into consideration for an effective professional development program.

To this end, a proposed CPD model for Australian veterinarians should use the Veterinary Council of New Zealand CPD Model (VCNZ CPD Model)¹ as a template but

- be adjusted for the AVBC Day-1 Competency Framework,
- explicitly refer to lifelong non-technical skills training (both social skills including teamwork, leadership and communication and cognitive skills including situational awareness, decision making and task management) and
- incorporate the impact of veterinary teams and organisational culture into the model.

To achieve this, Australian CPD models should include five fundamental components:

1. Ongoing Competency: CPD should build on Day 1 Competencies and include a non-technical skills framework.
2. CPD should be adaptable for Career stage.
3. CPD should require a cycle of reflection and self-directed learning.
4. CPD requires guidance: supervision, mentoring and coaching.
5. CPD should focus on work and culture.

¹ https://vetcouncil.org.nz/Web/Web/Veterinarians/Continuing_Professional_Development.aspx

Five Foundational Components of an Australian CPD Model

While the core methodology of the VCNZ CPD Model is recommended for adoption by Australian State and Territory regulators, modifications for an Australian model are recommended to include a focus on the following five foundational components.

1. Ongoing Competency: CPD builds on AVBC Day-1 Competencies.

Competency-based medical education (CBME) was first introduced to the healthcare professions in 1978 by the World Health Organisation (McGaghie et al, 1978), and gained momentum in the mid-1990s as a way of defining and shaping medical curricula. In contrast to traditional curricula that focus on subjects taught (inputs), competency-based education focuses on outcomes i.e., what the student can “do” upon graduation. Central to this focus is aligning education with patient care requirements and stakeholder expectations for workplace performance (Frank et al, 2017). As a result of this modern outlook, CBME is now the predominant model in health sciences education.

There has been a similar shift in veterinary education where a number of competency frameworks have been developed around the world. In these frameworks, domains of competence provide a high-level, general description of the spectrum of activities expected of a profession. Organised under each domain are the specific competencies expected of graduates. Each competency articulates an observable ability that integrates attributes of a healthcare professional, including knowledge, skills and abilities (Englander et al, 2013).

As a whole, a competency framework should comprise a well-structured set of interrelated competencies that encompass the key behaviors of effective practice.

As noted above, a number of frameworks have been developed for veterinary education including VetPro (Bok et al, 2011), the American Association of Veterinary Medical College's CBVE Competency Framework (Matthew et al, 2020), and the competency framework used by the Royal College of Veterinary Surgeons for accreditation of veterinary degree programs². Recently, an AVBC Competency Framework was developed for use in its updated Accreditation Standards³. This framework largely mirrors the CBVE Competency Framework, but modifications and additional competencies were included to address the Australasian context and requirements.

The AVBC Competency Framework

The competency framework developed by the AVBC and incorporated into the 2024 Veterinary Schools Accreditation Advisory Committee (VSAAC) accreditation standards, has 9 domains of competence (see Figure 1) that cover the spectrum of activities expected of graduates from Australian veterinary schools. Organised under these domains are 40 competencies, which describe the expected observable ability of the graduate. Although these competencies describe the expected abilities of veterinarians at graduation, they can be easily adapted to outline the progression that would be expected of both new veterinarians as well as more experienced ones. In this way, it is envisioned that this competency framework could form the basis for a whole-of-career CPD plan. The expectation for Australian CPD is that the competencies from all the domains of competence should be included in the CPD plans over time. In addition, the AVBC Competency Framework provides more explicit statements for the competencies in each domain, helping the veterinarian to more specifically target their desired learning outcome.

² file:///C:/Users/jenni/OneDrive/Documents/AVBC%20&%20VSAAC/Accreditations%20Standards%20and%20Methods/Review%20-%20Day%20One%20Competencies/RCVS-day-one-competences-2022-edition.pdf

³ <https://avbc.asn.au/veterinary-education/day-one-competencies/>

A major benefit of adapting the 9 domains for a whole-of-career CPD framework is that the language about CPD is consistent pre-graduation and throughout the veterinary career, helping to embed concepts around CPD principles and provide clarity about the model.

Because it provides explicit statements regarding the expectations for the learning outcomes, the AVBC Competency Framework will be very useful in helping graduate veterinarians to continue developing these important attributes in all the Domains of Competence.

Figure 1: Domains of Competence in the AVBC Competency Framework

	1. Clinical Reasoning & Decision Making
	2. Individual Animal Care & Management
	3. Animal Population & Management
	4. Veterinary Public Health
	5. Communication
	6. Collaboration
	7. Professionalism & Professional Identity
	8. Financial & Practice Management
	9. Scholarship

Embedding Non-Technical Skills Training

It is important to note that in the AVBC Competency Framework, the Domains of Competence, as well as the competencies included in these domains, incorporate abilities that are commonly referred to as Technical Skills and Non-Technical Skills. Non-technical skills are defined as the social (teamwork, leadership, communication), cognitive (situational awareness, decision making, cognitive readiness and task management) and personal management (stress and fatigue management) necessary for safe and effective performance, and they are particularly important in any teamwork situation. Poor non-technical skills contribute to poorly performing teams. Ultrasafe industries (the airline industry, mining, rail and freight) have mandated training in non-technical skills for decades, underlining that they are complimentary to technical skills. Non-technical skills training is now mandatory in some medical training programs⁴. Explicitly mapping professional competencies to non-technical domains allows these skills to be refined throughout a veterinary career.

Figure 2a: An example from the Anaesthetists' Non-Technical Skills System (ANTS) v1.0, highlighting specific NTS that are focused on in the training of human anaesthetists⁷.

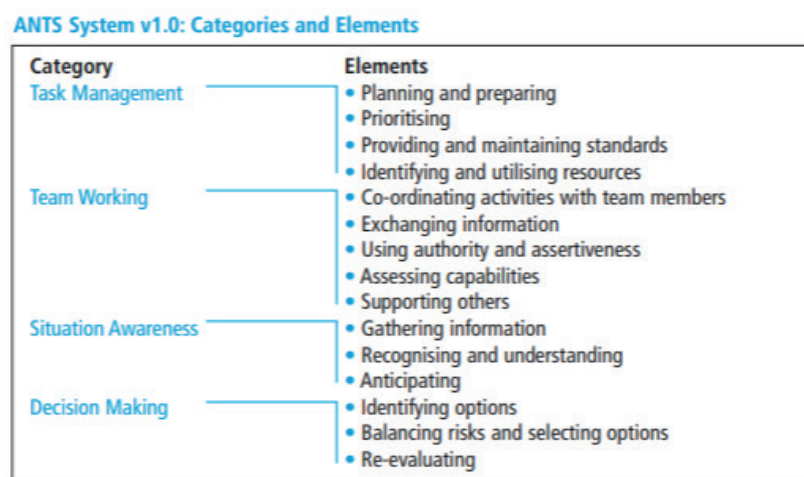


Figure 2b: An example from the ANTS framework outlines examples of good behaviour and poor behaviour markers for each skill in their appropriate clinical context.

Situation Awareness: Skills for developing and maintaining an overall awareness of the work setting based on observing all relevant aspects of the theatre environment (patient, team, time, displays, equipment); understanding what they mean, and thinking ahead about what could happen next. It has three skill elements: gathering information; recognising and understanding; anticipating.

Gathering information – actively and specifically collecting data about the situation by continuously observing the whole environment and monitoring all available data sources and cues and verifying data to confirm their reliability (i.e. that they are not artefactual).

<i>Behavioural markers for good practice</i> • obtains and documents patient information pre-operatively • conducts frequent scan of the environment • collects information from team to identify problem • watches surgical procedure, verifying status when required • cross-checks information to increase reliability	<i>Behavioural markers for poor practice</i> • reduces level of monitoring because of distractions • responds to individual cues without confirmation • does not alter physical layout of workspace to improve data visibility • does not ask questions to orient self to situation during hand-over
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⁴ Framework for Observing and Rating Anaesthetists' Non-Technical Skills. Handbook v1.0. University of Aberdeen, Scottish Clinical Simulation Centre. <https://www.jeehp.org/upload/media/jeehp-13-44-supple1.pdf>

2. CPD should be adaptable for Career Stage

CPD for New Graduate Veterinarians

The new graduate “transition to practice” phase is acknowledged as a “make or break” period for graduates (Gilling et al, 2009). For example, it has been reported that young veterinarians exhibit the highest stress levels as they move from the relative safety of university supervision to the independent decision-making of clinical practice (Bartram et al, 2009; Gardner & Hini, 2006). New graduates require specific support and guidance to link the theory and practice of veterinary medicine and develop the skills needed for successful and healthy careers.

Often encouraged by the employer, CPD for recent graduates in the veterinary sector has tended to emphasise the importance of clinical knowledge and technical/procedural skills during the new graduate phase without sufficient emphasis on the professional competencies (i.e., in the domains of communication, collaboration, professional identity formation, financial and practice management) required to navigate a veterinary career. Further, the CPD programs in Australia also do not have bespoke CPD requirements for this vulnerable cohort.

The importance of these professional competencies in graduates has been highlighted by various studies. A recent study from the UK found that self-care, conflict management, and client communication were perceived as the most important professional skills for success (Reinhard et al, 2001). An Australian study by Haldane et al. (2017) found that while veterinarians and students ranked verbal communication and interpersonal skills as the most important skill set for an entry-level veterinarian, veterinarians considered many new graduates to be deficient in these skills, and students felt they lacked confidence in this area. This finding emphasises the necessity for veterinarians to continue developing these skills while in practice.

The goal of CPD in the first year of practice is to build confidence and competence as the new graduate becomes part of the veterinary profession. The transition from a training program, with on-hand supervision, to clinical practice where there is increased emphasis on individual practice requires the new graduate to continue to develop a strong foundation in both veterinary medical knowledge and procedural skills as well as the professional competencies. In order for the new graduate to be able to build these competencies, a safe working environment must exist (see Foundation 5) as well as the development of a mentoring relationship (see Foundation 3). As noted earlier, the Australasian CPD model for new graduates should be based on the CPD model developed in New Zealand. In this model, guidance is provided to the new graduate to create and complete their CPD plans, with examples of what a successful new graduate CPD program might look like.⁵ In addition, more specific guidance is provided on the following topics for the new graduate, striking a balance between development and accountability:

1. Orientation and support as a foundation for success
2. Developing clinical competence
3. Patient Safety and Capability

Defining career stage; CPD for Experienced Veterinarians

The goal of CPD is to ensure the continued effectiveness of the veterinarian throughout their career. There is currently no accepted definition of veterinary career stages beyond transition to practice⁶. A simple framework to demonstrate career stage is illustrated in Figure 3. Acknowledging career stage would allow CPD to be tailored appropriately as professional identity changes significantly with each stage. A similar description by Gates⁷ outlines different career stages. Acknowledging career stage is important to foster career progression and engagement. Additionally, regulators need to consider that veterinarians may pause, re-enter, or change career trajectory and shift between clinical and non-clinical careers

⁵ https://vetcouncil.org.nz/Web/Web/Veterinarians/Continuing_Professional_Development.aspx

⁶ Mansfield C. Summary of Continuing Professional Development Options and Recommendations for the Future. Jan 2022.

⁷ Gates MC, McLachlan I, Butler S, Weston JFJJJoVME. Building Veterinarians beyond Veterinary School: Challenges and Opportunities for Continuing Professional Development in Veterinary Medicine. 2021:e20190148.

(Figure 4). Tailoring CPD to career stage, not career length, allows veterinarians to significantly change their veterinary career path and develop an appropriate and individual CPD plan.

Explicitly defining career stage allows a shared language for both practitioners and regulators, acknowledging that practitioner performance is informed by career stage. The recognition that certain timepoints in a veterinary career correspond to higher rates of attrition allows an understanding of how CPD may be adapted to better support veterinarians through periods of stress and minimize attrition and burnout.

Figure 3: Proposed definition of career stage

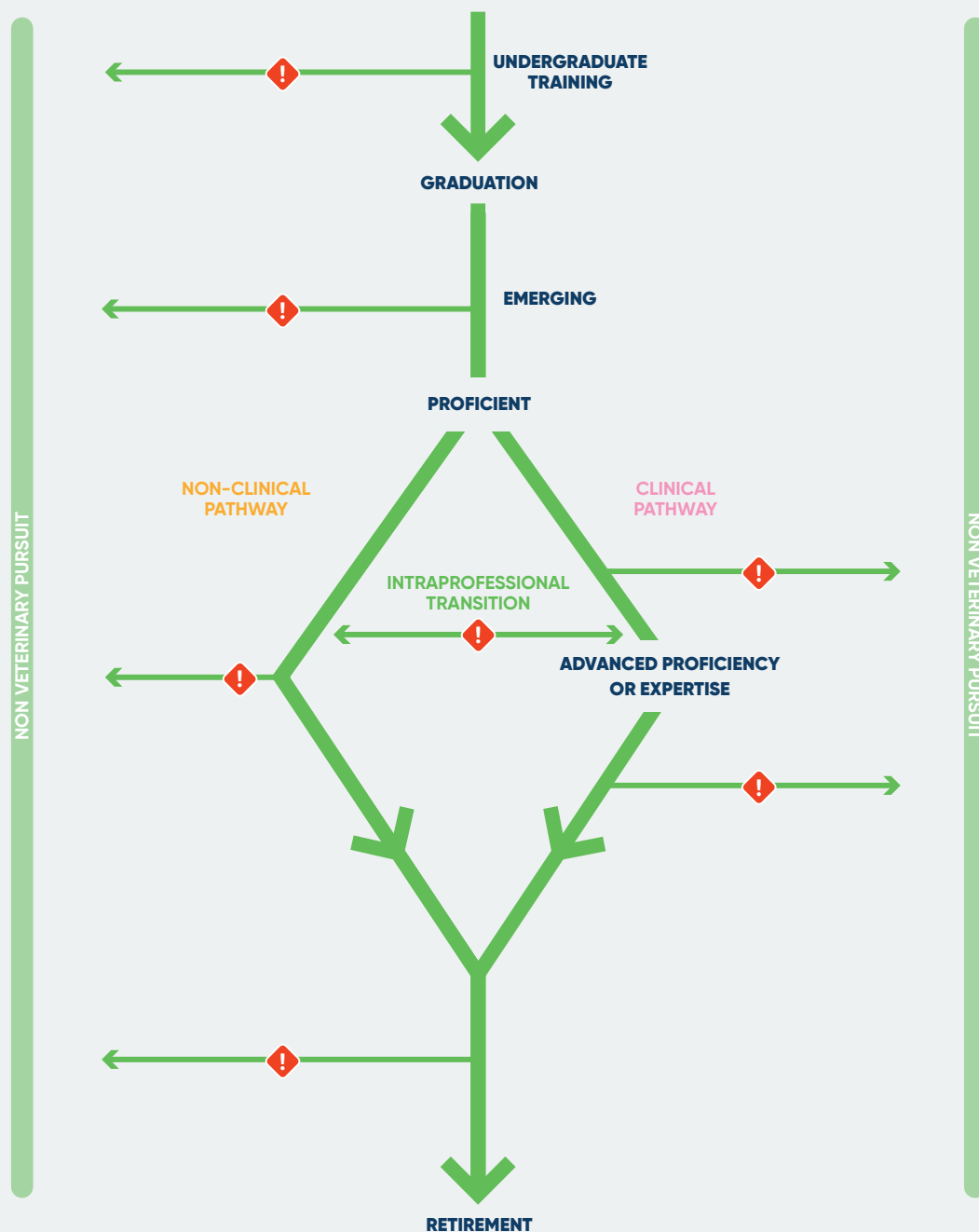


The Veterinary Council of New Zealand notes "Competence is a necessary prerequisite for appropriate veterinary performance and hence there is an expectation that veterinarians will maintain their competence, including through CPD." As such, each year when veterinarians apply for an Annual Practicing certificate (APC) in New Zealand, they must declare their competence and fitness to practice. The NZ CPD Model has additional recommendations for experienced veterinarians in their guidance documents⁸, including recommendations around reflection, mentoring and/or informal discussions with colleagues. These requirements could also be included in Australian models of CPD, informed by career stage.

⁸ https://vetcouncil.org.nz/Web/Web/Veterinarians/Continuing_Professional_Development.aspx

Figure 4: A Veterinary Career. This flowchart highlights different pathways offered to veterinary graduates, both clinical and non-clinical. Veterinarians are known to leave their veterinary career with increased frequency at certain stages (points of attrition) because of burnout or dissatisfaction. This contributes to workforce shortage. Providing additional, career-stage specific support (through CPD) at a point of potential stress may limit attrition.

Points of Attrition in a Veterinary Career



! POINTS OF ATTRITION

3. Reflective and Self-Directed Learning

Reflective practice is a process of critical evaluation and self-assessment whereby one (or more) deeply explores an event in order to learn from experiences and consequently change perception or behaviour⁹. This outcome allows for personal and professional growth and fosters engagement with professional identity.

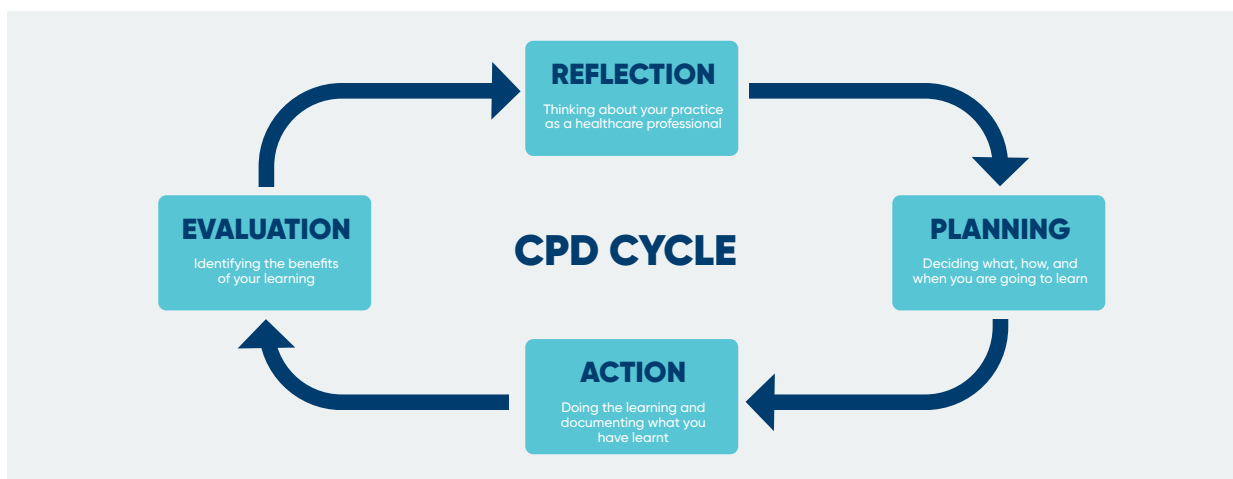
The capability of reflective self-evaluation has been shown to be a consistently important requirement for employability both in the veterinary context as well as for other professions (Cake et al, 2021). In their paper, Cake and colleagues describe reflective self-evaluation as a veterinarian who “is aware of their own strengths and limitations, reflective and learns from experience; is self-aware of emotional responses and behaviours”. In this way, a reflective practitioner is able to reflect on personal capabilities, actions and experiences to support lifelong, independent learning. This ability for self-directed learning (SDL) can facilitate the transition to practice¹⁰ and will help graduates continue to develop and sustain required competencies throughout their careers, thus enhancing career success. Beyond the transition phase, self-directed learners maintain engagement with their profession through understanding their drivers and goals.

Self-Directed Learning (SDL) and the Reflective Cycle: Inclusion in CPD

Many different approaches have been described for the cycle of reflective practice and SDL (Sternlieb, 2015), however, the model used in Nursing (Ausmed) is recommended as it is easy to follow and adopt (see Figure 2). This model also aligns with the requirements for Plan, Do, Record and Review outlined in the VCNZ CPD Model.

In these recordings, reflective feedback has to extend beyond merely “what I learned” to “what I will change in my practice” or “how I will change my work process” so that the end-user is the one that ultimately benefits.

Figure 2: The Reflective Cycle for CPD¹¹



It is important that the veterinarian recognises CPD as a worthwhile undertaking, as an opportunity to enhance competence as a veterinarian and adding value to one's life. This is particularly important as truly reflective thinking, required by good CPD portfolio, takes time to develop as an essential skill. It should be noted that reflective practice and SDL comprises a core curricular theme in the veterinary program at Murdoch University where each Year of the program has a module focused on development of these competencies in their students. This early introduction of these essential skills helps ease their transition to practice and promotes lifelong learning in their graduates.

⁹ <https://www.theveterinarynurse.com/content/education/the-role-of-reflective-practice-in-professional-development/>

¹⁰ Freeman D, Hodgson K & Darling M. (2022) Mentoring new veterinary graduates for transition to practice and lifelong learning. J Vet Med Educ 49(4): 409–413.

¹¹ <https://www.ausmed.com.au/guide-to-cpd>

4. Guidance: Supervision, Mentoring and Coaching

It is well understood that at key times in a veterinary career, the veterinarian may need professional supervision (for example, in the transition to practice). Many other industries evolve this concept further, to require professionals to undertake professional guidance throughout their career. This encompasses areas of reflective practice (what is going well, what could improve), mentoring and coaching for individual or team performance. An ideal CPD system would encourage the seeking of professional guidance regardless of career stage, as part of a healthy reflective practice.

Any professional guidance should reference evolving both technical and non-technical skills. The opportunity to reflect on decision making, leadership, communication, teamwork, situational awareness, and task management can provide valuable insight into an individual's performance and their role within the team.

Mentoring is an intentional, consistent, collaborative process where experienced colleagues can appropriately support the development of their mentees¹². The skills of the mentee and mentor are based on their confidence, competence, candor, commitment, and clarity with each other. During the mentoring process it is important to understand the roles of the mentor and mentee, where a mentor is a facilitator, not an authority, nor an auditor. A mentor should more often ask rather than tell, listen more than speak, and empower not direct. Conversely, the mentee is responsible for initiating and driving or guiding the mentoring relationship. The mentee must proactively request, solicit, and ask for advice, insights, and expertise from the mentor. In this way mentoring helps colleagues take responsibility for their own initiatives.

Traditional models of mentoring assume the more experienced person has increased knowledge, and therefore can be primarily focused on knowledge exchange, rather than a truly generative partnership. "Reciprocal mentoring" is a two-way learning dialogue, and a powerful tool for bringing about systemic change in organisations, as it encourages mentors and mentees individually and collectively to work together and learn from one another (Haddock-Millar et al., 2023; Clutterbuck, 2023). This approach aligns with the te ao Māori concept of "ako", which means both "to teach" and "to learn" and recognises the knowledge that both teachers and learners bring to learning interactions.¹³

Mentoring for experienced veterinarians

Participation in a mentoring program should be a requirement for new graduates and a strong recommendation for more experienced veterinarians, whose role in these instances may be either a mentor or a mentee.

The role of the veterinarian in the mentoring process will vary depending on career stage but everyone should have a role.

Approaching mentorship as a reciprocal activity allows mentors to use participation as a reflective CPD activity in their portfolio, which may help to promote more widespread acceptance of the CPD program. Ideally, mentoring would be embedded into the regular working day of a veterinarian, and not shifted to an after-work-hours function. It may take a mindset change to make time for, and recognize, mentoring, as a priority CPD activity.

For more experienced veterinarians, planned or unplanned activities that involve interactive peer-to-peer learning e.g. in-house training, peer discussion and review activities, supervision and mentoring, journal and study groups, case presentations, QA activities, on-line discussion forums, could be used as CPD and involve a form of mentoring/collaboration. Ideally, the process of mentoring should be considered a whole of practice program, as the whole practice should be committed to development of the team, with team plus individual goals considered. Team-based activities can be very much focussed on developing awareness of the importance of non-technical skills and how these can improve team performance.

¹² Hodgson K, Freeman D & Darling M. (2022) Developing Mentee Skills: A curriculum guide. J Vet Med Educ. 49(4): 423–431. DOI: 10.3138/jvme-2021-0037

¹³ <https://altlab.aut.ac.nz/guidance-for-teaching/embedding-ako-into-teaching#:~:text=What%20is%20ako%3F,in%20the%20shared%20learning%20experience.>

5. Work and Culture

Worldwide, the veterinary profession continues to lose caring, passionate, and competent people who either move from one clinical practice to another in search of an environment that will fulfill their needs and desires or leave clinical practice altogether for what they hope are greener pastures. A number of recent studies in the US have shown that at any given moment 30% of veterinary practice team members are considering leaving their current clinical practice, with up to 34% of vets planning to leave (Anon, 2024). A similar situation is likely to exist in Australia. A 2021 workforce survey by the AVA found that of those planning to leave a veterinary role, 33% cited disillusionment with the profession as the main reason (AVA Veterinary Workforce Survey 2021)¹⁴.

To better understand some of the factors contributing to this situation, in 2022 the American Animal Hospital Association (AAHA) conducted a survey of 133,259 people working in veterinary clinics (Anon, 2024). Of the 14,414 respondents the major driver for people staying in the veterinary workforce was a positive team environment (40% of respondents), with meaningful work, appreciation for work, and support of wellbeing and career development also playing a role (32%, 25%, 17% and 14% respectively). These responses emphasise the importance of the working environment for the veterinarian as part of a CPD program.

Patient Safety Culture and Team-Based Veterinary Healthcare

Integral to a positive team environment and work culture is the concept of Patient Safety. Over the past 2 decades, patient safety has become an established priority in human healthcare (Low & Wu, 2022). There is a large body of research in human medicine on harm caused by healthcare, its impact, and interventions to prevent it. There are also numerous guidelines, policies, and regulations to improve safety. Similar approaches to patient safety are only in their infancy in veterinary practice but are gaining increasing traction as important drivers of quality veterinary practice (Hofmeister and Love, 2023).

Patient safety incidents can involve “near misses” as well as medical errors. Empathetic handling of safety incidents can have positive effects on both the wellbeing of providers and their care of patients. An essential element in patient safety is the creation of a “culture of safety” within the health care team, where key qualities of a strong culture of safety include:

- People who are comfortable speaking up, asking for help and reporting errors regardless of their position in the practice i.e., veterinarian, veterinary nurse/technician
- An environment where it is safe to learn, grow and ask questions
- People are supported when things go wrong. Culture is non-judgmental and non-punitive (psychologically safe environment)
- Errors/events are dissected and discussed by all in the veterinary healthcare team in order to prevent future errors (Low *pers comm*).

Based on these qualities, it would be reasonable to envisage that these criteria should be encouraged in a CPD model to address not only the growth of competence and confidence for the individual veterinarian, but also that of the entire veterinary team.

Non-Technical Skills training is embedded in several human medical training programs^{15 16}, including anesthetist, surgeon and obstetrician training. Beyond just the medical practitioner, NTS typically focusses on the whole medical team (inclusive of doctors, nurses and other technicians) recognizing good non-technical skills prevent medical adverse events and improve patient safety outcomes. NTS training has a dual beneficial effect, both in improving patient safety as well as improving team culture.

¹⁴ <http://www.ava.com.au/siteassets/news/ava-workforce-survey-analysis-2021-final.pdf>

¹⁵ Scrub Practitioners List of Intraoperative Non Technical Skills: March 2019: chrome-extension://efaidnbmninnibpcapjpcgclcfndmkaj/https://research.abdn.ac.uk/wp-content/uploads/sites/14/2019/03/SPLINTS-V1-0-Handbook-1.pdf

¹⁶ Anaesthetists Non-Technical Skills Handbook V1.0: June 2012. chrome-extension://efaidnbmninnibpcapjpcgclcfndmkaj/https://www.jeehp.org/upload/media/jeehp-13-44-supple1.pdf

Team-based Veterinary Healthcare

An important realisation in human patient safety culture has been the recognition that the same errors that harm patients can also harm members of the healthcare team and are usually the result of multiple errors occurring in tandem (Hofmeister & Love, 2023). Therefore, there has been a shift from blaming the individual for medical errors to embracing a just culture, which balances accountability of individuals and organisations, and applies systems-thinking principles to allow fair and just responses to adverse patient safety events.¹⁷ If a similar shift is to occur in veterinary practice, this increased focus on patient safety and improved patient outcomes must involve not only the individual veterinarian, but all in the veterinary healthcare team. Any effort to improve positive practice culture, therefore, must allow veterinary teams to improve their non-technical skills.

Practice Leadership

One critical aspect of a safety culture within a veterinary practice is the attitudes and behaviours of the practice leader(s). It has been shown that leaders who are approachable and easy to talk to, who provide support and who encourage people to speak up when things go wrong are crucial for patient safety culture and adverse event reporting (Low and Wu, 2023). This culture can also flatten the prevailing hierarchy in veterinary medicine, encouraging veterinarians and nurses/technicians to speak openly with one another about patient concerns.

Current literature shows an approachable leader is essential to creating “an open and honest culture” (Swani & Isherwood, 2020). This type of culture supports people when they have input, concerns, and questions. It also supports them when a medical error occurs. Swani and Isherwood found that key qualities of an approachable leader include friendliness, openness, honesty, and calmness, where the impact of the practice leaders on healthcare teams should not be underestimated, particularly during times of adversity.

Team-Based Veterinary Healthcare

While strong leadership is essential in developing a culture of safety, the behavior of all team members plays a critical role. As noted by Gartrell and White in their observations about veterinary practice in New Zealand, each individual needs to accept the mistakes of other team members and focus on preventing them as a team (Gartrell & White, 2020). An essential element to a strong safety culture is ensuring that all team members have a voice and are encouraged to speak up when they see safety concerns. A focus on strengthening team communication, using specific communication tools, may help this process and has been shown to decrease the risk of medical error in veterinary practice (Cummings *et al*, 2022). A final important point regarding safety culture is that organisations/practices must allocate resources and time to allow team members to create and implement safety solutions¹⁸.

VCNZ CPD Model:

The VCNZ CPD Model recommends a CPD program should have a process for identifying any unmet needs for clinical, social, and emotional support of the veterinarian. To this end, it is recommended that veterinary practices start by finding a safe environment for conversations and consider developing checklists to work through. Effective feedback forums for addressing patient safety and quality improvement competencies include:

- Professionally conducted Morbidity and Mortality (M&M) Rounds,
- Informal case reviews and feedback, and
- Clinical record reviews.

Lastly, VCNZ notes that there are a number of established medical programs that address patient safety culture such as the Schwartz rounds¹⁹ and Balint Groups²⁰. These groups provide environments for the positive de-briefing of critical incidents and may be joined by any healthcare professional.

¹⁷ <https://www.safercare.vic.gov.au/sites/default/files/2022-08/Just-Culture-in-adverse-event-reviews-factsheet.pdf>

¹⁸ <https://psnet.ahrq.gov/primer/culture-safety>

¹⁹ <https://www.theschwartzcenter.org/programs/schwartz-rounds/>

²⁰ <https://balintanz.org/>

Conclusions

The framework outlined above presents a comprehensive approach to CPD for veterinarians in Australia and New Zealand, built on five key foundations:

- Building upon Day One Competencies and non-technical skills
- Adaptability for career stage
- Reflective Practice & Self-Directed Learning
- Mentoring & Professional Guidance
- Positive Practice Culture.

Regulators need to carefully consider each element of this framework to ensure the effectiveness and relevance of CPD requirements for their registrants. The challenges of implementing such meta-change are not to be underestimated. However, by approaching these changes with a light-touch approach, allowing for flexibility and adaptation to local contexts while addressing the five pillars, regulators can support the ongoing professional development of veterinarians, while enhancing the quality of veterinary care and contributing to the sustainability of the profession.

By evolving CPD to incorporate all five foundations, regulators can uphold the standards of a modern profession, protecting both the public and animal welfare. Providing clear guidance as to how to maintain competence beyond technical skills training, and encouraging support of the entire veterinary team, will allow our profession to face the challenges of a moderate veterinary career. A whole-of-career framework needs to be agile to account for the different paths of veterinary careers, but simple enough to be adaptable across different jurisdictions. This framework provides a starting point for developing resources to support veterinary CPD.

Many elements of what different jurisdictions already do may fit specific foundational principles. By considering these 5 foundations together, it is hoped that this framework provides guidance to regulators to continue to strategically evolve CPD, thereby supporting the public by maintaining veterinary standards.

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Resources

Example of a CPD framework utilizing 5 foundations.

Evolving CPD to encompass all 5 foundations (Building upon Day One Competencies and non-technical skills; Adaptability for career stage; Reflective Practice & Self-Directed Learning; Mentoring & Professional Guidance; Positive Practice Culture) need not be prescriptive and should be flexible to account for specific differences for different jurisdictions individual circumstance. It is not expected that all 5 foundations will be addressed with every CPD engagement. It is suggested that different jurisdictions provide their registrants with guidance and resources for incorporating all 5 foundations.

A suggestion for incorporating all 5 pillars is as follows:

	Foundation	Example resources
1.		
• Note your career stage	Adaptability for career stage	AVBC White Paper
• Using the AVBC Domains of Competence, review learning needs and goals. Reflect on your current performance and what you could change or improve.	Reflective Practice and Self-Directed learning. Building Competence	Guidance sheets (new graduates vs other career stage).
• Reflect on your current professional situation. Using the VCNZ template, map out learning plan, specifically referring to competence.	Building Competence Adaptability for career stage	VCNZ program template
2.		
• Review NTS and select one area to work on	Building Competence	VCNZ CPD program ANTS or SPLINTS framework AVA Thrive
• Schedule a regular team-based or group activity • Journal club • Morbidity or Mortality rounds • Case discussion • Clinical NTS assessment	Building Competence Positive Practice Culture Reflective practice Guidance	VCNZ CPD program ANTS or SPLINTS framework Journal club guide Case discussion guide
3.		
• Identify a guide or mentor that may help you reflect on your goals, or • Identify someone to help mentor	Mentoring and Guidance	Mentoring Guidance AVA Thrive AVA Graduate mentoring program VCNZ mentoring: https://vetcouncil.org.nz/common/Uploaded%20files/Web/Publications/NewGradVetsCPDGuidance.pdf https://nzva.org.nz/assets/Mentoring_Manual.pdf
4.		
• Periodically review your plan • Note your actions & reflections • Amend your plan. • Consider your career stage and next steps	Positive Practice Culture Reflective practice Guidance Adaptability for career stage	

Non-Technical Skills Training

Medical training in many human disciplines has recognized the importance of specific, clinically directed non-technical skills training to improve team performance, improve patient safety culture and provide constructive guidance for feedback and improvements. Several relatively simple, observational tools have been introduced in many areas of medicine, which are based in specific clinical disciplines. Some outline specific competencies that improve social, cognitive and personal management skills in their discipline.

Whilst there are currently not validated veterinary NTS frameworks, many of the validated human frameworks may be useful in supporting NTS training and awareness.

- Framework for Observing and Rating Anaesthetists' Non-Technical Skills. Handbook v1.0. University of Aberdeen, Scottish Clinical Simulation Centre. <https://www.jeehp.org/upload/media/jeehp-13-44-supple1.pdf>
- Scrub Practitioners List of intraoperative Non Technical Skills (SPLINTS) Handbook V1. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://research.abdn.ac.uk/wp-content/uploads/sites/14/2019/03/SPLINTS-V1-0-Handbook-1.pdf

Journal Club

Open access has improved the ability for veterinarians to find and read quality scientific literature. Many journals provide a regular Review of current topics, allowing practitioners to keep up to date. Resources listed here help to facilitate skills in analytical review of research with steps for leading a journal club.

- Journal Club: Faculty Facilitator's Guide: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.upstate.edu/pmr/pdf/Toolkit_Journal_Club_Facilitator_Guide.pdf
- Ten Tips for Scientific Journal Clubs: <https://www.stemcell.com/efficient-research/journal-club>
- A Guide to Leading a Journal Club: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://monashhealth.org/wp-content/uploads/2018/11/A-Guide-to-Leading-a-Journal-Club.pdf

Teamwork and Team building

- Teams in Medicine

<https://postgraduateeducation.hms.harvard.edu/trends-medicine/teamwork-core-value-health-care>

The VCNZ CPD Model: more detail.

The Veterinary Council of New Zealand (VCNZ) has developed and implemented a CPD model consisting of 5 domains that balance an individual's technical and non-technical skills (Gates et al, 2021), has a requirement for reflective practice, and has recommendations regarding mentorship. The model was developed to be applicable across the range of areas in the veterinary profession, have limited prescriptive requirements, and have low compliance and administrative costs.

The CPD requirements for New Zealand veterinarians are outlined on the following website: https://vetcouncil.org.nz/Web/Web/Veterinarians/Continuing_Professional_Development.aspx.

This website provides specific information regarding the program including links to the relevant documents. This information on this website broadly includes:

1. Specific CPD requirements for NZ veterinarians

As is the case for current CPD requirements for Australian veterinarians, the previous CPD requirements for NZ veterinarians focused on using points to quantify time spent on CPD activities, categorizing activities and setting quotas that had to be met. Their new framework departs from this approach and instead focusses on the process of planning, taking part in and evaluating learning.

In simple terms, the model uses a planning and learning cycle that involves:

1. Preparing a CPD plan (i.e., What do I need to learn?)
2. Doing CPD
3. Recording their CPD (i.e., What did I learn?)
4. Reviewing the CPD plan (i.e., What will I do differently now?)

It is expected that these processes of Plan, Do, Record, and Review are then repeated in a cyclical fashion and these principles of planning remain consistent through the VCNZ CPD program.

A link to a document outlining the details for each of these four CPD requirements is provided on the information page of the website, including the specific requirements for new graduates in their first year of practice as well as the requirements for more experienced veterinarians. It should be noted that these requirements are simple and flexible enough to adapt to meet the diverse and changing needs of veterinarians.

The broad areas (loosely termed domains) that veterinarians can include in their CPD plans include: Clinical Reasoning, Clinical Knowledge, Technical Skills, Professional Identity and Personal Wellbeing. The expectation for NZ veterinarians is that their CPD plans, over time, will cover all these domains. It is understood that every domain will not be covered every year, but the CPD plans for subsequent years will need to incorporate any gaps in the current CPD plan.

Templates for planning and recording CPD are available on the information page that include examples for both new graduates as well as experienced veterinarians.

2. Mentoring

New graduates in their first year of practice must have a mentor, and other veterinarians can choose to have one. A mentor can be a colleague in the workplace, but the Veterinary Council of New Zealand also offers a service that connects mentors with independent mentees.

3. Guidance

Guidance on planning and recording CPD is provided, including specific guidance for new graduates as well as experienced veterinarians. Additional guidance is provided regarding what can be counted as CPD.

4. Audits

The VCNZ carries out compliance reviews (audits) each year. However, instead of focusing on whether enough points have been earned in each category, the audits focus on the quality of planning, learning and recording. The compliance reviews are not about punishing poor compliance but focus on helping veterinarians ensure they are doing good quality, relevant CPD.

Mentoring

Mentoring Models in CPD

There are a number of mentoring models in veterinary CPD including the VetGDP program in the UK, the VCNZ CPD Model, and the Western College of Veterinary Medicine Model. These models could be adapted by the regulatory authorities in Australian states and territories for their CPD.

Veterinary Graduate Development Program (VetGDP)

VetGDP²¹, provides an effective period of workplace-based support for all veterinary graduates as they begin their first role in practice. This program recognises that while graduates are qualified vets, a period of structured support in the workplace can help their professional development, reduce anxiety and

²¹ <https://www.rcvs.org.uk/lifelong-learning/vetgdp/>

build lasting confidence. Under this program, practices or other workplaces wishing to employ veterinary graduates must become an RCVS Approved Graduate Development Practice to ensure that graduates receive the developmental support required. In order to fulfil the VetGDP requirements, the graduate must complete a series of Entrustable Professional Activities (EPAs) and demonstrate that they can perform all activities within their role without support i.e., that they have become a competent, confident vet.

The VCNZ CPD Model

Like the VetGDP, the VCNZ CPD Model for new graduates is based around mentorship and support within the workplace, but the requirements are less demanding. In this model, employers must ensure they set realistic expectations and workloads to ensure that the new graduate is not overwhelmed. Activities such as Morbidity and Mortality (M&M) Rounds, informal case reviews and feedback, and clinical record reviews are encouraged in the clinical environment to provide effective forums for addressing patient safety and quality improvement competencies. The new graduate can also be matched with an external mentor via the NZVET Mentoring Support programme, which was developed by the Veterinary Council of New Zealand (VCNZ), in partnership with the New Zealand Veterinary Association.²² Participants can take part in a free online mentoring training course which has been developed with Crampton Consulting Group. Training is advised but not compulsory. A planning session with the mentor and mentee is encouraged within the first few weeks of work. The plan is recorded and tracked using a provided Excel spreadsheet²³. There are regular progress reviews (minimum once per month first three months, then every other month until the end of first year). A scoring/feedback mechanism is encouraged so that the new graduate's current level of development, including their achievements, objectives, and accountability can be tracked. The VCNZ does random audits to check on compliance.

Western College of Veterinary Medicine

The Western College of Veterinary Medicine developed a mentee training program for their veterinary medical curriculum that could be also utilised in CPD (Freeman et al, 2022). As they noted, both CPD and self-directed learning are cyclical processes involving professional reflection and self-assessment to identify areas for improvement, establish learning goals and objectives, actively engage in learning activities, reflect on results, and refine learning needs (Freeman et al, 2022). Mentoring supports all stages of these cycles. This mentee training program incorporates a number of practical tools to support self-directed learning with a mentor (Hodgson et al, 2022). These tools are highly adaptable to working with a mentor throughout the CPD cycle using the 4Rs of reflections, recommendations, resources and referrals.

Share Reflections

The mentee shares their thoughtful, professional reflections on learning plans; their different development activities, outcomes, and impacts of their learning; or their gap analysis process to identify and prioritise learning opportunities.

Solicit Recommendations

After sharing professional reflections and exploring the implications, mentees solicit recommendations and insights from the mentor. The mentee asks effective, open questions to invite the mentor to share their experiences, expertise, and insights. The ability to ask effective, open questions and to solicit and accept advice is the primary skill of a good mentee. Appropriate recommendations may come from a relevant query: What have you considered in a similar situation? What have other colleagues in a similar practice found? How might that apply to me? What other options or approaches have you considered in this type of situation?

²² https://vetcouncil.org.nz/Web/Web/Veterinarians/About_mentorloop.aspx

²³ https://vetcouncil.org.nz/Web/Web/Veterinarians/Continuing_Professional_Development.aspx

Request Resources

Mentors have an extensive list of relevant resources to offer and recommend to mentees including references (hard copy and electronic), educational workshops, skill-building techniques, and practical tricks and tips from the reality of practice. The mentee may ask the mentor to share resources or references or even provide a demonstration.

Explore Referrals

After an exploratory discussion, the mentee and mentor may recognise or determine that the complexities of the mentee's questions are topics that need to be addressed by another colleague with specific expertise. In those cases, the mentor may be invited and encouraged to refer the mentee's questions or requests to another mentor or colleague.

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