On the right track?

Citation for published version:

Link:
Link to publication record in Edinburgh Research Explorer

General rights
Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.
On the right track?
Specialisation in veterinary education and practice
Andrew Gardiner

‘Not only is the organisation of veterinary specialisation confusing and opaque, but the profession’s concept of specialisation is inward-looking and oriented towards fellow professionals rather than aimed at informing the customer. The customer is not even given the reassurance that someone who claims a specialism is professionally sanctioned to do so’.
The Lowe Report, Unlocking Potential, BVA, 2009

SPECIALISATION IN PRACTICE
Who counts as an eye specialist? You choose!

- ‘Mr A in our practice, who does most of our small animal work…’
- ‘Ms B in our practice, who has a special interest in eyes…’
- ‘Ms C in our practice, who has the RCVS Ophthalmology Certificate…’
- ‘Mr D, who has the RCVS Ophthalmology Certificate and has an excellent reputation for taking local referrals…’
- ‘Ms E, who has a European Diploma in Ophthalmology and works at a multi-disciplinary referral centre…’
- ‘Dr F, who has an RCVS Diploma in Ophthalmology, a PhD and works as an academic clinician…’

How veterinary specialisation has developed

The medical model – ‘formal’ specialism
- Specialist training involves exams and memberships
- Disciplines created by developing new clinical areas or removing them from remit of general practice
- Expertise is divided and formal referral structures developed
- GPs (as in Medicine) may be prevented from treating certain conditions or accessing certain drugs (not currently enforced in veterinary medicine)
- Produces a ‘top-down approach’ which gives clinical specialists an elite status within the profession and education
- Has been prominent in small animal medicine & surgery

The practice model – ‘experiential’ specialism
- Arises within general practice as ‘veterinary societies’ (see above)
- Often mediated by species-based interest groups operating outwith academia
- Focuses on experiential learning and informal structures/networks of expertise, which are based on peer recognition, not necessarily qualifications
- Historically, the veterinary profession has resisted formal division of expertise
- Has been prominent in farm animal practice

Some educational issues
- Does the medical model of specialisation fit veterinary medicine?
- Who enforces specialisation, where, and how?
- Can a small profession sustain a high degree of specialisation?
- Should specialisation in the form of ‘tracking’ be introduced into undergraduate training?
- We cannot consider postgraduate specialisation without also considering undergraduate ‘specialisation’

Reference
Gardiner, A., Lowe, P. & Armstrong, J. ‘Who or what is a veterinary specialist?’ Veterinary Record 2011; 169: 354-356