System-wide analysis of the European System of Evaluation of Veterinary Training (ESEVT)

Period 2016-2019

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1. Introduction

The history of the European System of Evaluation of Veterinary Training (ESEVT) is accessible at http://www.eaeve.org/esevt/history-of-the-esevt.html

In summary, the ESEVT started in 1985 with pilot evaluations completed in several European Veterinary Education Establishments (VEEs). In 1992, a permanent system was set up and implemented in most European VEEs. This system was assessed on a regular basis (2000, 2007, 2011, 2016) and subsequently improved by amendments of the Standard Operating Procedure (SOP) by the EAEVE General Assembly (2008, 2009, 2011, 2012, 2016, 2019) (see: https://www.eaeve.org/esevt/sop.html).

Furthermore, based on the recommendations made by the European Association for Quality Assurance in Higher Education (ENQA) external review in 2017, several improvements were implemented (see: 'Follow Up Report After External Review by ENQA, 2020').

The objective of the current report is to complete a system-wide analysis (SWA) of ESEVT for the period 2016-2019, in order to propose recommendations for improvement of ESEVT in general and of veterinary education in Europe in particular, and to identify the main challenges for the future.

This report was first drafted by Petr Horin (ESEVT expert and ex-chairperson of EAEVE's Committee on Internal Quality Assessment, CIQA) and Pierre Lekeux (Director of ESEVT). It was then amended both internally (by the Coordinators' Group, CIQA, European Coordinating Committee on Veterinary Training (ECCVT), European Committee of Veterinary Education (ECOVE), EAEVE Executive Committee (ExCom)), and externally (by stakeholders, inter alia Federation of Veterinarians of Europe (FVE), Union of European Veterinary Practitioners (UEVP), European Association of State Veterinary Officers (EASVO), European Veterinarians in Education, Research and Industry (EVERI), Union of European Veterinary Hygienists (UEVH), Veterinary Continuous Education in Europe (VetCEE), European Board of Veterinary Specialisation (EBVS), International Veterinary Students' Association (IVSA)).

2. Follow-up of the System-wide analysis of ESEVT for the period 2011-2015

The previous SWA of ESEVT (for the period 2011-2015) is available on the EAEVE website at : https://www.eaeve.org/esevt/system-wide-analysis.html
It included several recommendations.

2.1. Recommendations for the ESEVT Standard Operating Procedure (SOP)

The twelve recommendations for the ESEVT SOP were analysed and implemented by decisions of the General Assembly (GA) and/or the Executive Committee (ExCom), i.e.:
-) Merging of stage 1 & 2 in order to make QA evaluation compulsory for all VEEs:
This has been completed in the SOP 2016 (since QA was added as Standard 11) and further improved in SOP 2019 (since QA was included in all Standards).

-) QA Standards in full agreement with the Standards and guidelines for quality assurance in the European Higher Education Area (ESG 2015) and integrated within all aspects of the evaluation procedure:
Done (see SOP 2019 Chapter 3 and Annex 3).
-) Reduced period (7 *versus* 10 years) between two full Visitations:
Done (see SOP 2019 Chapter 2).

-) Interim Reports in order to monitor the progress in the correction of Minor Deficiencies and to identify the occurrence of potential new issues:
Done (see SOP 2019, Chapter 2 and Annex 14).

-) Training for all experts, e.g. by E-learning and by seminars for continuing education:
Done. An E-learning course has been implemented and has been regularly amended. Furthermore, an onsite training by the ESEVT Coordinator has been implemented for all new experts during their first Visitation.
More information is available on the website:
https://www.eaeve.org/fileadmin/downloads/Experts/ESEVT_Expert_Application_and_Acceptance_Procedure_approved_by_ExCom_on_31_January_2019.pdf

-) Standardisation of the SER and Visitation Reports:
Done (see SOP 2019, Annexes 6 and 8).

-) Visitation Report based on the SER drafted before the start of the Visitation:
Done (see SOP 2019, Chapter 2 and Annex 8).

-) Revised Indicators with clear definition of all parameters:
Done (see SOP 2019, Annex 4).

-) Better collaboration with stakeholders (FVE/IVSA, ..) for the selection of the practitioner/student of the Visitation Team:
Done.
Based on regular contacts with the FVE board and with IVSA board, a formal procedure has been agreed in order to improve the selection of the Visitation Team Members (see EAEVE/IVSA Memorandum of Understanding 2020).

-) List of Day One Competences (D1C) amended with input from stakeholders (e.g. through the ECCVT):
Done (see SOP 2019, Annex 2).

-) Harmonisation of SOP with worldwide veterinary accreditation agencies:
The SOP 2019 has been harmonised with that of the Royal College of Veterinary Surgeons (RCVS, UK), which is also a member of ENQA. A potential harmonisation with the other worldwide veterinary accreditation agencies (North America, Oceania, South Africa) will be discussed during a seminar in June 2020.

-) Tracking system for all documents:

Done.

As suggested in the previous SWA, a permanent SOP Working Group was created in December 2019 and includes the ESEVT Coordinators, the EAEVE Office, an ESEVT expert, and representatives of stakeholders (FVE, UEVP, UEVH, EVERI & EASVO, EBVS,) and students.

Furthermore, in order to better help the Candidate Members for preparing the first ESEVT Visitation, a facultative 'Information Visit' has been created and the 'Consultative Visitation' has become compulsory (SOP 2019, Chapter 2).

2.2. Recommendations for Veterinary Training in Europe
Four recommendations were put forward by the previous SWA.
These recommendations have been discussed during the last 4 EAEVE Educational Days (2016, 2017, 2018 and 2019). The complete programmes and the presentations are available on the EAEVE website:
https://www.eaeve.org/ga/ga-presentations.html

-) QA procedures in higher education at all levels (education, research, services):
Nine workshops (one in each EAEVE geographic region and one in Vienna) were organised by EAEVE in 2016 and 2017 on Quality Assurance in Veterinary education, research and services.

-) Biosecurity and biosafety requisites in veterinary education:
A model example of a manual for Biosecurity and biosafety in a VEE has been developed and made available on the EAEVE website:
https://www.eaeve.org/fileadmin/downloads/publications/Manual_of_biosecurity_Liege_2019.pdf

-) Planning for future upgrades to facilities:
An Educational Day was organised in 2016 on this topic.
Visits of state of the art facilities for veterinary education have been organised for members before or after each GA.

-) E-learning, Massive Open Online Courses (MOOC) and IT as a support to face-to-face education and hands-on training:
An Educational Day was organised in 2018 on this topic.
Upon recommendations from EAEVE, up-to-date skill labs have been developed in most VEEs and some of them were visited in-depth after some GAs.
A working group has been created recently to propose an E-leaning/MOOC on Artificial Intelligence in Veterinary education and in Veterinary Medicine (Digital Health).

Additional documents are available for members on the EAEVE website:
https://www.eaeve.org/publications.html
https://www.eaeve.org/publications/externalpublications.html

3. System-wide analysis of ESEVT for the period 2016-2019
3.1. Analysis of the ESEVT procedures
3.1.1. General aspects
Facts

Assessment of ESEVT activities for the period 2016-2019 has been made by CIQA, which analyses all Post-Visitation Questionnaires (PVQ). These surveys are systematically completed after each Visitation and cover various aspects of the system, i.e. logistics of the Visitation, team cooperation, experts´ skills and performance, Coordinator and EAEVE Office support. They are completed both by the visited VEE's Head and Liaison Officer, and by all members of the Visitation Team (Visitors).

After having analysed the PVQ, CIQA makes proposals to the ExCom, which analyses their relevance and decides to amend or not the procedures.

When the criticism concerns one individual, the latter is personally contacted by the ESEVT Director.

The list of comments and suggestions for improvement from PVQ from both Visitors and visited VEEs is provided in Annex 1. It concerns Visitations performed under SOP 2016. Most comments/suggestions are related to the ESEVT SOP, pre-Visitation preparation, training of ESEVT Visitors, duties of the ESEVT Visitors, Visitation Programme and Visitation Report.

Several Consultative Visitations and full Visitations have been completed in non-European VEEs, e.g. in Asia and North Africa. Although the ESEVT SOP is based on EU Directives and ESG, and therefore not adapted to the peculiarities of these countries, the completion of these Visitations did not cause any specific problem for both the visited VEE and the Visitors, as suggested by the very positive comments in the PVQ.

Comments

The collection of the feedback from different activities of ESEVT has proved to be helpful in terms of its upgrade and improvement. Some modifications of the time schedule were made based on this QA loop. However, the format and content of the current PVQ was considered as not optimal by CIQA, the Coordinators' Group and the EAEVE Office, since it did not provide enough information on the performance of the experts.

Since the implementation of the SOP 2016, the ESEVT was much better appreciated by both the visited VEEs and the Visitors. Most criticisms were minor. Some were linked to an insufficient knowledge of the SOP or provided by one single person.

Suggestions

The format and content of the PVQ should be amended in order to gain more accurate information (e.g. from the way of working of ESEVT, the teamwork, the individual performance of the experts) and subsequently to improve the QA loop.

Some suggestions of improvement should be addressed by the permanent SOP Working Group.

3.1.2. Visitation Teams and experts

Facts

The current system of nominating and approving experts as well as the system of nominating teams are available at http://www.eaeve.org/esevt/experts.html.

The main steps are:

-) analysis of the curriculum vitae and expertise of the candidate experts;

-) compulsory E-learning course for candidate experts;

-) onsite training and assessment by the Coordinator during a one-week ESEVT Visitation.

Upon receiving a positive appraisal from the Coordinator, the candidate is formally included in the list of ESEVT Experts.

Since each student takes part in a maximum of two Visitations, a specific E-learning has been developed for them.

A formal procedure for observers during ESEVT Visitations has also been adopted (see SOP Annex 18).

Comments

The training of the experts has been largely improved and formalised. However, the current E-learning course is solely devoted to teaching and assessing the knowledge of the ESEVT SOP, EAEVE Strategic Plan and Code of Conduct. It does not contain any framework of competences requested for an expert.

The current list of experts includes representatives of all requested disciplines, i.e. quality assurance, basic sciences, clinical sciences in companion animals, clinical sciences in food-producing animals, food safety and quality, practitioner, student. However, the number of experts in clinical sciences in food-producing animals and in food safety and quality is quite low, taking into account the increasing number of Visitations per year.

The number of experts in each Visitation is considered as appropriate for a classical VEE. However, it may be insufficient in several cases, e.g. two campus and/or several extramural veterinary teaching hospitals (VTH); two different study programmes (e.g. in different languages); feeder universities which provide additional undergraduate students for the master degree.

Suggestions

The E-learning course for experts should be further developed and should also focus on the core competences requested for being an efficient expert, e.g. Demonstrating professional ethics, Mastering Standard Operating Procedure implementation, Mastering Quality assurance and European Standards and Guidelines, Communicating effectively, Persuading and collaborating, Critical thinking, Mastering audit delivery.

The number of experts available in the ESEVT list should be adapted to the increasing number of ESEVT Visitations.

The possibility of adapting the number of experts to the peculiarities of the visited VEE should be provided.
Information on how individual teams are composed and approved should be available.

3.1.3. Logistics of visitations
Facts
The programme and timing for Visitations are formally described in the SOP (Chapter 2 and Annex 7).

Comments
The SOP 2016 and the SOP 2019 have corrected the deficiencies identified in the previous SWA, e.g. insufficient harmonisation of the time schedule, inefficient organisation of social events, reasons behind splitting teams during the onsite Visitations, delayed arrival of experts and premature departures, absence of insurance for experts. The rules are now clearly defined and respected by the visited VEEs and the Visitors.

Some problems may occur when there are too many extramural sites to be visited (see item 3.1.2).

Suggestions
The Visitation programme should be flexible in specific situations, such as in case of too many extramural sites to be visited.

3.1.4. Quality Assurance
Facts
Since the implementation of the SOP 2016, QA is an integral part of all ESEVT Visitations, is included in Standard 11 and is evaluated by a QA expert who has followed a specific training.

Since the implementation of the SOP 2019, QA has been integrated in all ESEVT Standards.

Comments
QA is now a formal part of all Visitations. However, all experts (and not only the QA one) should be fully concerned with QA procedures.

Suggestions
All experts should be aware of the principles and practice of QA in higher education. This should be ensured through the E-learning course for the experts. If the Coordinator, Chairperson and/or the QA expert deem it necessary, a harmonization in the interpretation of QA standards for the particular VEE could be made during the first team meeting before the Visitation.

Furthermore, the QA loop should be fully implemented in all activities of EAEVE.

3.1.5. Decision-making processes
Facts
ECOVE is the body which makes decisions on the outcome of evaluations and meets twice a year, i.e. in June and in December. Voting members are nominated both by EAEVE and by FVE. The President and Director of EAEVE and FVE take part in the meetings as observers without voting rights.

The decision is based on the Visitation Report and on rules defined in the SOP by the ExCom and by the General Assembly. The Chairperson and the Coordinator of the Visitation are available during the meeting if further information is needed.

The decision is immediately sent to the VEE and the final Visitation Report (together with the Self Evaluation Report, SER) is published on the website of EAEVE and of the VEE.

One single appeal process was initiated by a visited VEE during the period 2016-2019 and was stopped after its consideration by ECOVE.

Comments
Based on the current number of Visitations, the number and duration of ECOVE meetings per year seems to be sufficient.

Although disappointment is understandable in the case of a non-accreditation by ECOVE, the decision-making procedure seems to be well accepted by the visited VEEs, considering the very low number of appeal processes (1) and complaint processes (0).

Suggestions
The number and/or duration of ECOVE meetings must be adapted to the increasing number of Visitation Reports to be analysed.

3.2. Analysis of the results of the evaluation of the veterinary training in Europe
Facts
During the period 2016-2019, five full Visitations were completed based on the 2012 SOP, 27 full Visitations based on the 2016 SOP and one full Visitation based on 2019 ESEVT SOP respectively.
21 Re-visitations, 14 Consultative Visitations and two Information Visits were also completed. Precise information on the date and location is available on the website (http://www.eaeve.org/esevt/visitation-programme.html).

The system of evaluation was based on the assessment of the compliance of the visited VEE with the ESEVT Standards described in the SOP, leading to the identification of commendations and recommendations.
Major Deficiencies (i.e. a non-compliance with a Substandard) are deficiencies that significantly affect the quality of education and the VEE's compliance with the ESEVT Standards. The majority of Major Deficiencies equate to a non-compliance with a single

Standard, although a few Major Deficiencies equate to a non-compliance with several Substandards or several Minor Deficiencies focusing on one Substandard.

The VEE's status is decided by ECOVE, i.e. Accreditation in case of no Major Deficiencies, Conditional Accreditation in case of a single Major Deficiency, and Non-Accreditation in case of several Major Deficiencies.

In most cases, ECOVE has concurred with the recommendations made by the Visitation Team. In few cases, ECOVE has decided to switch a Minor Deficiency into a Major one (non-compliance with the Standard).

Minor Deficiencies (i.e. a partial compliance with a Substandard) are deficiencies that do not significantly affect the quality of education or the VEE's compliance with the ESEVT Standards. They are also identified by the Visitation Team but do not affect the status of the VEE. However, it is strongly recommended that the VEE initiates a strategy in order to correct as soon as possible these Minor Deficiencies. Further, the way in which the VEE has addressed/corrected these Minor Deficiencies must be described in the Interim Report (see SOP 2019, Chapter 2 and Annex 14).

In case of Conditional Accreditation or Non-Accreditation, a Re-visitation may be organised when the VEE provides evidence that the Major Deficiencies identified during the Visitation have been corrected and that an on-going process is in place to correct the Minor Deficiencies.

Most Interim Reports were in agreement with the SOP and were endorsed by ECOVE. In few cases, ECOVE has sent a letter to the VEE to draw their attention to the date of the next ESEVT Visitation or to the negative value of some ESEVT Indicators (SOP 2019 Annex 4).

The complete list of the Major and Minor Deficiencies identified by ECOVE for the period 2016-2019 is provided in Annexes 2 and 3 respectively.

The list of the ESEVT Substandards (SOP 2016) concerned with the highest frequency of non- or partial compliance for the period 2016-2019 is given in Annex 4.

Comments

The comparison with the previous SWA suggests that Major Deficiencies are reported less and less frequently, most visited VEEs having between 0 and 3 Major Deficiencies. This can be considered as a positive effect of the evaluation system. However, a few visited VEEs did show a significant list of Major Deficiencies, which was often linked to an absence of QA policy.

The most frequently identified Major Deficiencies are less and less linked to inadequate facilities and more and more linked to inadequate procedures, e.g. biosecurity, QA loops, the role of students and stakeholders in the VEE's management, as well as formal training of staff to teach and to assess. Teaching material of animal origin, caseload and hands-on clinical training in its various forms represent a permanent problem identified by ESEVT. It is a reflection, at least partly, of increasing difficulties to teach on live animals due to several reasons (species distribution in the area, animal welfare, biosecurity etc.). This situation emphasises the necessity of developing alternative but equivalent approaches, such as clinical skills labs.

Based on the SERs and Visitations Reports, Major Deficiencies for the concerned VEEs were most commonly associated with the following challenges:

-) improving the biosecurity procedures and the QA loops;
-) being sufficiently supported by public funding;
-) convincing the staff and funding bodies of the importance of the requested changes;
-) adapting specific cultural and/or regional peculiarities;
-) assessing the acquisition of Day One Competences;
-) increasing patient-caseload in some species.

Suggestions

Retrospective analyses of SERs, Visitation Reports and decisions of ECOVE proved to be an important feedback tool for further improvement of the accreditation system. EAEVE should contribute to help the VEEs to correct their deficiencies and to anticipate the threats, e.g. through educational days, sharing experiences between members, providing relevant documents on the website, encouraging the joint development and use of interactive tools devoted to the improvement of Veterinary education (videos, E-learning, MOOC, skill-labs).

4. Recommendations for the future
4.1. Recommendations for the ESEVT SOP
Based on the above analysis, the major recommendations are summarised as follows:
-) More precise definition of several items of the current SOP, i.e.:
- Standards versus Substandards;
- supervised self-learning;
- difference between academic clinical training and External Practical Training (EPT);
- status (compulsory or not, included in the core curriculum or not), format (pre-clinical and clinical) and minimal duration of EPT;
- minimal training to teach and to assess for academic teachers and practitioners involved with teaching;
- calculation of ESEVT Indicators I4 to I7 in case of tracking system in the last year of the curriculum;
- recommendations on the minimal requirements for the practical training in pig production and diseases;
- ways to advertise before a Visitation the Session in Confidence ("Open-hour" session);
- request of a hard copy of the SER and appendices for all experts.
-) Necessity to add a Substandard in the SOP devoted to the minimal requirement about the organisation and management of a VEE.
-) Necessity to review the terminology used by ECOVE regarding the VEE's status, because of the current inequity between 1 and 2 Major Deficiencies (Conditional Accreditation and Non-Accreditation respectively).
-) Increased number of Visitors in case of increased workload for the team (e.g. multiple extramural facilities to be visited).
-) Better definition of the participation of Associates members in the functioning of EAEVE and ESEVT.

-) Improve the format and content of the current PVQ.
-) Improve the E-learning course for candidate and current experts.
-) Enhance the training of all experts on QA in higher education.
-) Recruit additional experts in the under-represented disciplines.
-) Improve the functioning of QA loops in ESEVT activities, e.g. by introducing a mechanism for a continuous adaptation of post-Visitation questionnaires, aiming to retrieve maximally useful feedback.

Some recommendations have already been taken into account in the last amendment of the ESEVT SOP (SOP 2019 unanimously approved by the May 2019 EAEVE General Assembly) and in the functioning of ESEVT.
The other recommendations should be discussed in the permanent SOP Working Group.

4.2. Recommendations for Veterinary Training in Europe
Based on the most frequently identified Major Deficiencies, several recommendations should be made to the VEEs. EAEVE could take an active part by contributing to efforts designed to correct these deficiencies, to anticipate their occurrence and to better harmonise veterinary training in Europe, e.g. by organising conferences/seminars/guidelines for the VEEs on several items, e.g.:
-) More formal definition, communication and implementation of the procedures for:
- biosecurity, biosafety and welfare;
- training to teach and to assess;
- assessment of D1C.
-) Full implication of academic staff in extramural clinical training.
-) Better awareness and training of staff and students on Artificial Intelligence in education and veterinary medicine, including digital health and numeric medicine.
-) More efficient use of skill labs, E-learning and MOOC for the acquisition of knowledge, skills (practical, clinical, soft ones) and competences.
-) Better collaboration between VEEs for the development and sharing of pedagogical tools.
-) Promotion and implementation of the One Health concept throughout the curriculum.
-) More formal definitions of possible alternative approaches allowing a VEE to cope with its specific limitations (species availability, regional/cultural specificities, national legislation)

These recommendations must be taken into account in the activities of EAEVE, e.g. through the initiation of Working Groups, organisation of Education Conferences and sharing of relevant documents/data/tools via the EAEVE website.

5. Challenges for the future
5.1. Challenges for ESEVT
The main challenges for ESEVT in the near future are:
-) to implement the recommendations provided in this report;
-) to collaborate with the Directorate General GROW of the European Commission in order to amend the Annex 5.4.1 of the EU Directive 2013/55/EU (by inclusion of the list of Day One Competences as approved by ECCVT);

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-) to further integrate QA procedures in the functioning of ESEVT;
-) to deal with the increased number of Visitations and its worldwide expansion.

5.2. Challenges for Veterinary Training in Europe

Based on the results of the recent ESEVT Visitations and on formal and informal discussions with heads of VEEs, staff, students and stakeholders, most threats which have been identified by the previous SWA remain on the agenda, i.e.:

-) When compared to other disciplines, the very high cost of the veterinary education in general and clinical training in particular;

-) Occurrence of the 'distributed model' (absence of in-house Veterinary Teaching Hospital) in public and private VEEs, with an associated risk of insufficient research-based clinical training performed by well-trained academic staff;

-) Insufficient/inadequate staff, facilities and/or caseload (in all major species and disciplines) for the number of admitted undergraduate students;

-) Insufficient acquisition by all students of all Day One Competences (i.e. basic competences in all domestic species and all disciplines), as a consequence of excessive tracking/electives for undergraduate students;

-) An overloaded study programme for undergraduate students, with a risk of burnout and insufficient time for self-learning, EPT and social activities;

-) Insufficient understanding of the importance and benefits of QA, and consequently insufficient QA loop implementation in all areas and at all levels of teaching, research and clinical activities.

Furthermore, when preparing the study programme and learning outcomes, the VEEs have to anticipate the drastic and quick changes which are occurring in the veterinary profession and in the expectations of the society, e.g. the implementation of One Health interdisciplinary education throughout veterinary education.

These threats need to be discussed both internally (mainly through EAEVE ExCom and General Assembly) and externally with stakeholders (mainly through ECCVT).

Glossary

Abbreviations
CIQA: Committee on Internal Quality Assurance (of EAEVE)
D1C: Day One Competences
EAEVE: European Association of Establishments for Veterinary Education
EASVO: European Association of State Veterinary Officers
EBVS: European Board of Veterinary Specialisation
ECCVT: European Coordination Committee on Veterinary Training
ECOVE: European Committee of Veterinary Education
ENQA: European Network for Quality Assurance in Higher Education
EPT: External Practical Training

ESEVT: European System of Evaluation of Veterinary Training
ESG: Standards and Guidelines for Quality Assurance in the European Higher Education Area
EVERI: European Veterinarians in Education, Research and Industry
ExCom: Executive Committee (of EAEVE)
FVE: Federation of Veterinarians of Europe
GA: General Assembly (of EAEVE)
HACCP: Hazard Analysis Critical Control Point
ICU: Intensive Care Unit
IT: Information Technology
IVSA: International Veterinary Students' Association
MOOC: Massive Open Online Course
QA: Quality Assurance
SER: Self Evaluation Report
SOP: Standard Operating Procedure
SWA: System-wide Analysis
SWOT: Strengths, Weaknesses, Opportunities, Threats
VEE: Veterinary Education Establishment
VTH: Veterinary Teaching Hospital
UEVH: Union of European Veterinary Hygienists
UEVP: Union of European Veterinary Practitioners

Standardised terminology
Establishment: the official and legal unit that organises the veterinary degree as a whole, either a university, faculty, school, department, institute;
Ambulatory clinic: clinical training done extra-murally and fully supervised by academically trained teachers;
Establishment's Head: the person who officially chairs the above described Establishment, e.g. Rector, Dean, Director, Head of Department, President, Principal, ..;
External Practical Training: clinical and practical training done extra-murally and fully supervised by non-academic staff (e.g. practitioners);
Major Deficiency: a deficiency that significantly affects the quality of education and the Establishment's compliance with the ESEVT Standards;
Minor Deficiency: a deficiency that does not significantly affect the quality of education or the Establishment's compliance with the ESEVT Standards;
Re-visitation: a partial focused visitation organised in agreement with the ESEVT SOP in order to evaluate whether the Major Deficiencies identified during a previous Visitation have been corrected;
Visitation: a full visitation organised on-site in agreement with the ESEVT SOP in order to evaluate if the veterinary degree provided by the visited Establishment is compliant with all ESEVT Standards; any chronological reference to 'the Visitation' means the first day of the full on-site visitation;
Visitation Report: a document prepared by the Visitation Team, corrected for factual errors by the Establishment and finally issued by ECOVE. It contains, for each ESEVT Standard, findings, comments, suggestions and identified deficiencies and may eventually also contain comments from ECOVE.

Annex 1: List of comments/suggestions from Post-Visitation Questionnaires for the period 2016-2019

A1.1. Comments and suggestions for improvement from Visitors (Visitations under SOP 2016)

Comments/Suggestions related to pre-Visitation preparation/training of ESEVT Visitors:

-) The timely pre-Visitation preparation/ training for the ESEVT Visitors is vital for the successful Visitation.

-) Guidance and support from the Coordinator before and during the Visitation is greatly appreciated both by the experienced and new ESEVT Visitors.

-) There should be more intensive and focused preliminary guidance/training for the new Visitors before the start of the Visitation to improve their efficiency and proactivity during the Visitation.

-) It would be useful to provide more information to the Visitors in advance about the time they will have to devote to pre-Visitation preparation and drafting of the Visitation Report, to facilitate planning of other commitments.

-) The E-learning course for ESEVT Visitors has led to a great improvement in the overall level of expertise. Trainings for the ESEVT experts should be repeated regularly.

-) For Visitations to Turkish Establishments, Team members should be informed in advance that most probably it will be necessary for them to travel to the Establishment on Sunday, rather than on Monday.

Comments/Suggestions related to pre-Visitation preparation of the Students:

-) An outline of the exact tasks of the student member would be useful.

-) It would be helpful if the Chairperson or the Coordinator provided more guidance to the student member before the start of the Visitation to prepare him/her for the tasks ahead and what to expect from the Visitation, i.e. talk through the overall process.

-) It would be helpful to have a student-friendly (informal) manual on the Visitation process as a whole for future student members

Comments/Suggestions related to the main duties/conduct of the ESEVT Visitors during Visitations:

-) There should be a better definition/differentiation of the tasks of the Chairperson and the Coordinator.

-) The Team members should be reminded by the Chairperson/Coordinator that the evaluation should be characterized by a spirit of collaboration and the main goal of the Visitation is to establish if the veterinary degree offered by the Establishment is compliant with the ESEVT Standards. The Visitation should not be considered as an exam for the Establishment, the staff and the students.

-) The Team members should be reminded of the importance of remaining objective and listening closely during the Visitation without providing personal/the Team's view on any topic as this may influence those being interviewed.

-) It is inevitable that the experts' assessment of an Establishment is based on their own experience and often on the practices established in their own region but they should also be aware that significant regional differences do exist in the requirements and expectations of the

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veterinary profession and education, and this should be taken into account in the training of Visitors.

Comments/Suggestions related to Visitation Programme/Timetable:
-) The FV timetable could be improved to allow for better balance/distribution of the week's workload –Wednesday and Thursday are very stressful and demanding while the beginning of the week is not so busy.
-) It is worth considering the better use of Monday (i.e. arrival on Sunday, start on Monday morning) in order to ease the very tight schedule of the next days.
-) There should be more 'team alone' meetings and time for internal discussion at the end of each day during the team work hours at the hotel in order to be able to exchange and harmonise views and reach objective final conclusions.
-) There should be only one official dinner with the Establishments' Head/representatives. Having two dinners (on Monday and Wednesday) does not leave enough time for the Team to discuss privately the difficult points of the Visitation.
-) When agreeing on the timetable/programme, it should be highlighted that the visitation of the facilities must be focused on student training and not on the research facilities.
-) It is suggested to add to the SOP the recommendation that the visit to the intra/extra-mural facilities should be organised in the most time-wise efficient way.
-) The meeting with alumni does not provide any valuable information. The meetings with the different groups of staff, academics and specially students, on the other hand, should be given more time.
-) One or two additional days should be considered for Visitations to Establishments composed of two or more universities/entities.

Comments/Suggestions related to improvement of the SOP/Visitation Report:
-) The SOP 2016 is generally good but there should be better alignment between the standards and the questions to be answered in the Visitation Report. The SER and the Visitation Report templates do not match directly to each other or to the standards and some items could be easily missed.
-) Better harmonization of the structure of the SER, Visitation Report and the Rubrics would make it easier for the Team members to reach final conclusions. It would be helpful to have a document that aligns the rubrics with the questions in the Visitation Report template.
-) A requirement concerning the SER Appendices should be added – the links provided in the document should lead either to pages that can be translated into English by the web browser, or if these are PDFs, they should be translated documents.
-) Day One Competences may be somewhat different in different countries due to the local legislation and the needs of post-graduate education that is required for working, and this should be taken into account.
-) Perhaps the SOP in the future should include a section on how to deal with multiple universities contributing to one education, and some thought must be given on how to structure the reporting mechanism accordingly.
-) Some of the longer rubrics (e.g. 4.7, 8.9) are difficult to interpret and could be interpreted in different ways. Clarification (or splitting up some of the rubrics) would help teams to be more consistent in their decision concerning partial or non-compliance.

-) It needs to be considered if some of the metrics are still relevant in modern teaching (e.g. numbers of cadavers) and if others need to be added to support the clinical skills.

-) QA should run through all the standards and add to the findings in each area; it should not be something detached from the rest of the Visitation.

-) More guidance/additional and objective criteria/a guide on QA evaluation would be helpful for all Team members.

-) A more explicit formulation of the QA components of the ESEVT Standards would enhance the assessment of the QA of the organisation.

-) The writing of the report using a Word file is not efficient enough. Other tools should be considered (e.g. an online app; Google documents; WIKI system, etc.)

-) For Establishments outside Europe, some harmonization/transformation/equation of the local units to the European system of ECTS credits should be provided.

-) Language and cultural norms can be a significant issues. It would be useful to have a member of another local faculty to observe and offer local insights as to the norms.

-) In case a translator is needed, it is advisable that this person comes from outside the Establishment, to ensure unbiased translation.

-) The contact with alumni was too limited. It would be helpful to have some rules about the alumni meeting the Team – e.g. that there should be small animal and large animal practitioners, practitioners working in food safety and animal nutrition with at least 4 years of experience.

Comments/Suggestions related to requirements to be followed by the Establishments:
-) The SER should follow the recommendations for length and format specified in the SOP.
-) It would be useful if the LO completed the E-learning training for ESEVT Visitors.
-) It is suggested to request access to the student communication platform prior to the Visitation in order to become familiar with the content and support of teaching.

A1.2. Comments and suggestions for improvement from visited Establishments (Visitations under SOP 2016)

Comments/Suggestions to SOP:
-) The SOP 2016 is recognized as a great improvement in comparison to the previous SOP.

-) Compared to the Visitations performed 10 years ago, the way of assessment and communication has improved tremendously. The Visitations now seem to be far better structured and guided by the SOP 2016.

-) The quality and accuracy of the Visitation process has improved throughout the years. The difference between Major and Minor Deficiency is very subtle and it is not easy to understand what sets the two apart. It will be good if all the items of the Rubrics could be reviewed and made clearer.

-) Although much improved, the evaluation procedure still needs to be fine-tuned to avoid or minimize the individualized evaluation process, i.e. when the particular area of expertise of the Visitors can bias the overall perception.

-) The Visitation must be made keeping in mind the legal and social framework in which each Establishment is location and compliance with the ESEVT Standards must be observed from this reality.

Comments/Suggestions related to Visitation Programme/Timetable:

-) The draft programme and the timetable for the Visitation should be approved by the Chairperson and the Coordinator not later than 2 weeks before the start of the Visitation.

-) It would be better if the Visitation started on Monday morning, with arrival of the Team on Sunday.

-) The FV timetable could be reorganized to make it more optimal based on the intensity of the tasks to be done during the Visitation week. More time for visiting the intra- and extramural facilities would be useful.

-) It would be good if more time is spent for the clinical teaching activities and the departments devoted to Basic Sciences.

-) Considering the heavy workload and the intense work done by the Team before and during the Visitation, it would be good if there was an optional extra day in the programme, to allow the Visitors to rest and visit the town, thus making the experience more pleasant and rewarding for them.

-) The timing of the meeting with alumni (lunch on Thursday) is not ideal and could be reconsidered; especially veterinary practitioners would have preferred either Wednesday afternoon or evening (a more typical time for continued education and other professional events).

-) More guidance on the main goals and the exact expectations from the visits to the different clinics and departments is needed. A template on what exactly should be included or what is essential for the preparation of the Establishment in this regards would be helpful.

-) A short meeting with the Head of the Establishment with some additional explanations before the public debriefing/ Exit presentation on Friday morning would be useful.

-) Agreeing on the travel arrangements with the Visitors can be laborious as there is no formal process about it. It would be much easier if there was a standard form to be filled in by each Visitor including preferred date/time of flight, airport, etc. to be submitted to the Establishment before a certain deadline prior to the Visitation.

Annex 2: List of Major Deficiencies (i.e. non-compliance with a substandard) identified by ECOVE for the period 2016-2019

- Inadequate Self Evaluation Report
- Insufficient practical hands-on experience provided in the clinics, despite the high bovine numbers
- No 24/7 clinical services with student participation
- Hospitalisation facilities are very limited for all species.
- Inappropriate isolation facilities
- Biosafety and worker safety procedures and safety equipment are missing.
- Low case load in pathology especially in large animals and poor facilities for large animal necropsy.
- Low caseload in companion animals and horses.
- Insufficient access to cadaver material for dissection in anatomy
- Absence of a real strategic plan
- Insufficient practical training in large animals necropsy
- Insufficient clinical training in equine medicine and surgery
- Insufficient formal pedagogical training of the practitioners involved in core curriculum clinical training
- Absence of adequate clinical data retrieval system to allow retrospective cases study (including necropsy) in all species and insufficient involvement of undergraduate students in the completion of these records in large animals clinic
- Insufficient patients and cadavers caseload, especially in large animals, and absence of a structured operational plan to overcome this, in light of the present and planned increase in student numbers
- Insufficient compulsory clinical training to ensure for every student Day One Competences in every discipline and common species
- Insufficient implementation of good clinical practices regarding biosafety and healthcare of students, staff and animals in the farm
- Insufficient number of qualified support staff in clinical services
- Insufficient hands-on clinical training, especially in horses
- Absence of funding and available time for research activities, with as a result a negative impact on research-based teaching and education to research
- Absence of relevant dissection and necropsy rooms for large animals and inadequate necropsy room for small animals
- Absence of adequate isolation boxes for large animals
- Insufficient caseload of 'real' patients
- Insufficient cadavers from sick patients in large animals
- Lack of clearly defined career progression pathways, especially for teaching staff
- Insufficient number of full-time academic teachers and insufficient training of all the staff involved in teaching including practitioners to ensure research-based education
- Insufficient number of hours of hands-on clinical training with real patients under the supervision of academic staff in both companion and food-producing animals in order to achieve Day One Competences for each individual student
- Insufficient number of hours in practical training in Food Hygiene and Food Safety and absence of practical training in anaesthesiology

- Inappropriate isolation facilities for companion and food-producing animals
- Insufficient number of healthy and diseased companion animals and of cadavers in food-producing animals
- Absence of long-term strategic plan and operational plan
- Insufficient public funding
- Inadequate communication and implementation of biosecurity procedures
- Absence of isolation facilities
- Absence of formal 24/7 emergency services for companion animals and equines
- Insufficient access of students to ad hoc diagnostic imaging and ICU facilities
- Insufficient caseload in diseased animals, especially in companion animals and equines
- Number of students admitted not consistent with the resources
- Insufficient number of academic and support staff, especially in the face of the increasing number of students
- Non availability of an explicit Establishment-related strategy for Quality Assurance
- Insufficient number of hours of hands-on clinical training under the supervision of academic staff in order to achieve Day One Competences for each individual student
- Insufficient acquisition of some of core Day One Competences in clinical sciences, due to insufficient clinical rotation under the supervision of academic staff
- Absence of compulsory training in 24/7 emergency services for all students resulting in insufficient acquisition of some of Day One Competences in clinical sciences
- Absence of relevant isolation facilities and biosecurity procedures in all clinical facilities
- Insufficient acquisition of some of the core Day One Competences in all major species
- Facilities must comply with all relevant legislation including health, safety, biosecurity and EU animal welfare and care standards. The overall provisions for safety, biosecurity and animal welfare standards were not met.
- Iinsufficient time allocated to practical clinical training for the acquisition of Day One Competences
- Students do not receive Day One Competence in emergency care on a compulsory basis
- Lack of compliance of the facilities with the appropriate legislation on biosecurity and EU animal welfare and care standards
- Need to embark on the planned development of the VTH for both large animals and companion animals
- Inappropriate management and procedures within the isolation facilities
- Insufficient caseload of equine clinical cases and equine and companion animal necropsies for practical training
- No clearly identified management structure demonstrating the lines of responsibility for the assessment strategy
- Insufficient number of support staff in both the technical and clinical areas
- Insufficient collection, analysis and use of relevant information for an effective management of its programmes and activities
- No monitoring and periodical review of the programmes to ensure that they achieve the objectives set for them and respond to the needs of the students and society
- Insufficient clinical training in common animal species, especially in equine and porcine, and in porcine food safety and quality
- Absence of bovine intramural clinical services and insufficiency of extramural bovine clinical services, especially emergency services (on-call services 24/7), which results in insufficient

hands-on clinical training in bovine patients under the full supervision of academic staff, who are formally trained to teach, to assess and involved with scientific research, and subsequently non- acquisition of some Day One Competences by all undergraduate students

- Number of hours in FSQ and VPH training far below the recommended minimal value and there is limited evidence of execution of practical post-mortem meat inspection, resulting in insufficient acquisition of some of Day One Competences in clinical sciences.
- Non-functional isolation facilities for large animals
- Insufficient medical and surgical cases in the equine species
- Insufficient number of ruminant and pig necropsies
- Learning outcomes have not being explicitly articulated for each subject
- Poor involvement of students in committees
- Absence of practical training in a slaughterhouse setting
- Insufficient implementation and control of biosecurity procedures
- Insufficient acquisition of Day One Competences resulting from 9 out of 13 Indicators being below the recommended minimum level
- Inadequacy between the number of students admitted and resources available
- Incoherent assessment regime and insufficient alignment of learning objectives with programme design.
- Poor implementation of QA procedures throughout all ESG and ESEVT Standards
- Insufficient number of clinical cases and staff linked to the number of students, and absence of certainty that the number of students will be maintained at a level compatible with the caseload and staff.
- Insufficiency with the strategy for the development and review of assessment methods, and the inability to change such assessment methods when required
- No acknowledgement of Day One Competences in all groups of subjects
- Insufficient adherence to biosecurity, safety and animal welfare legislation in some facilities
- Absence of 24/7 emergency services for companion animals and equines
- Insufficient clinical training in several species
- Absence of knowledge of Day One Competences affecting the overall process of assessment.
- Insufficient caseload and clinical training in the equine species
- No alignment, coherence or organisation of learning outcomes and there is no interdepartmental collaboration in regard to the learning outcomes for each subject.
- Insufficient regular methods developed for the revision of the curriculum and no structured and compulsory plan for lifelong staff training implemented by the Establishment
- Absence of realistic QA procedures for monitoring and overseeing the curriculum
- Insufficiency in formal correlation analysis between Day One Competences and programme learning outcomes available in the submitted documentation that would prove that professional Day One Competences have been attained by each student within the core curriculum
- Hands-on clinical skill performance by each individual student is not guaranteed as the logbook completion is based mostly on group observation of a clinical skill demonstration.
- Professional knowledge (i.e. communication skills) does not completely fulfil the Day One Competences
- Structured and species-based practical teaching of clinical subjects like propedeutics, clinical pathology, anaesthesiology and analgesia, and diagnostic imaging is not adequately delivered.

- Multiple overlapping within the curriculum. The link between basic sciences and food producing animal clinical sciences is weak due mainly to the absence of an interdisciplinary approach.
- Biosecurity procedures are deficient in several departments such as in anatomy and because of insufficient biosafety/biosecurity within some areas of the VTH (biosecurity signals, publicly available SOPs, radioprotection, cleansing, management of chemical substances and control drug policies) and necropsy room (cleansing, formalin storage).
- Deficient biosecurity, radioprotection and drug regulation procedures in several departments and in the VTH
- Inadequacy of the isolation facilities due to construction deficiencies, ventilation and maintenance issues (i.e. roof, floor) as well as inadequate medical equipment availability (i.e. disposable material, kennels)
- Inadequate number and variety of healthy and diseased animals and cadavers, below the ESEVT Indicators
- Insufficient diversity in cases and also quantitatively in certain species (equine, exotic animal)
- Students are not actively participating in the workup for patients (from history to clinical decision-making and clinical procedures)
- Absence of an efficient and comprehensive system to retrieve patient recording resulting in insufficient statistical analysis to support teaching, research and the QA process.
- Insufficiency in the systematic monitoring and revision of students' assessment strategy
- Insufficiency in a reliable assessment and quality control for the Day One Competences, particularly those related to hands-on training
- Insufficient numbers of support and technical staff in the majority of the Departments and particularly in the VTH
- Insufficient implementation of QA policy through appropriate processes
- Insufficiency in the systematic analysis and use of relevant information for the effective management of the programme and related activities
- Insufficiency with an effective monitoring and consequently reviewing system of undergraduate programmes and related activities

Annex 3: List of Minor Deficiencies (i.e. partial compliance with a substandard) identified by ECOVE for the period 2016-2019

- Lack of awareness of safety and biosecurity within the Faculty, and the Faculty does not have an Occupational Health & Safety organisation.
- Many of the laboratories used for teaching purposes are in need of maintenance and repair.
- Inter-departmental organisation and harmonisation of teaching should be focused.
- Intra-divisionary organisation of the clinical work should be improved with a strong focus on effective student training.
- Non-optimal English language skills among staff and students
- Insufficient internationalisation of young scientific staff
- Non-optimal post graduate education for clinical staff (e.g. diplomate status)
- Insufficient number of technical staff to research areas
- Insufficient number of necropsies
- Low clinical work with horses and companion animals
- Initiate/revive the ambulatory clinic including organised herd health visits
- Extramural areas, storage rooms and many areas in the farm, the clinics and laboratories should be cleared for unused, stored materials, be cleaned, maintained and kept clean and tidy.
- Insufficient visibility and autonomy of the veterinary part
- Non-optimal biosecurity and safety measures in necropsy and in some isolation units
- Absence of formal involvement of all undergraduate students in emergency services for ruminants
- Absence of emergency services for horses
- Insufficient documentation on the acquisition by all students of D1C
- Insufficient autonomy of the Establishment to adapt and develop the structures, organisation and curriculum
- Insufficient exposure of students to emergency cases
- Insufficient strategy to develop teaching models (real or digital)
- Insufficient number of full-time academic teachers to ensure research-based education
- Absence of compulsory training in modern pedagogical methods for all staff involved with teaching
- Insufficient operational plan for the recruitment of recognised clinical specialists and the development of residency programmes
- Lack of competitive salaries could mean the loss of key staff, especially in the clinical area.
- Need to increase the direct involvement of 6th year students in the clinical work during the entire 6th year, although it is noted that other years are also involved with clinical cases.
- Lack of a sufficiently developed residency programme
- Paid time free of teaching and clinical duties is needed for PhD students in order to allow them to concentrate on their research projects.
- Insufficient communication and feedback from students, especially the web-based course evaluation tool
- Insufficient English teaching in the view of the admission of an increasing number of foreign students
- Absence of an operational plan with timeframe to adapt the facilities, staff and patients' caseload to the increasing number of students
- Absence of well-defined tiered structure for the organisation of the Establishment

- Insufficient involvement of staff, students and stakeholders in the decision-making process
- Absence of correlation between the number of enrolled veterinary students and the funding allocated to the Establishment
- Insufficient autonomy of the Establishment to use the funding allocated
- Lack of continuity in subjects oversight due to continual changes of staff
- Lack of identified subjects leaders and formal exchanges between them in order harmonise the curriculum
- Insufficient practical dissection of large animals
- Insufficient exposure of students to emergency cases in all species
- Lack of prerequisites for accessing the courses at the master level
- Insufficient equipment in the equine teaching hospital
- Insufficient formal training in modern pedagogical methods for all staff involved with teaching
- Overload of staff with teaching and administrative duties, with as a result not enough time for research and continuous professional development activities
- Insufficient operational plan for the recruitment of recognised clinical specialists and the development of residency programmes
- Insufficient resources for maintenance of current facilities and purchase of new equipment
- Insufficient transversal and collaborative approach between disciplines in some areas of the curriculum
- Imbalance in the curriculum between theoretical, practical and clinical training to the detriment of the latter, because of insufficient exposure of core curriculum undergraduate students to 24/7 emergency cases, and because of insufficient hands-on training in post-mortem examination for FSQ
- Absence of extinguishers within some large lecture rooms
- Inadequate procedures for the storage of drugs in some clinical rooms
- Non-systematic implementation of biosecurity procedures in laboratories, VTH and teaching farm
- Inadequate isolation facilities and procedures for large animals
- Insufficient number of ruminants and pigs necropsy
- Insufficient autonomy of the Establishment to adapt the number of students to the available resources and to control their progression
- Insufficient number of teaching staff specialised in clinical disciplines and services
- Insufficient number and qualification of support staff, especially in clinical services.
- Insufficient formal training 'to teach and to assess' for practitioners involved with extra-mural clinical training
- Lack of support and recognition of teaching and clinical performances for progression in the career and because of insufficient personal development opportunities for staff
- Instructional integrity of the VTH resources does not take priority over financial self-sufficiency of clinical services operations
- Potential shortage of funding for firstly recruiting and then keeping academic staff, as well as for building new or renovating existing buildings
- Insufficient financial resources for maintenance of current facilities. This was especially apparent with water leakage and air conditioning. Although much has and is being done the problems are associated with the original design of the building and the Establishment will need support from the main university to fulfil these tasks.

- Although the staff are dedicated to teaching, they should have been formally trained within pedagogical issues. Courses are available at the university, but they should be mandatory.
- Insufficient number of hours of food safety and quality in VPH training in all tracks other than VPH track
- Insufficient training of the students in the field of veterinary medicine and Herd Health Management
- Insufficient input from external stakeholders in the Establishment's organisational structure
- Sub-optimal organisation of the Establishment, especially of the VTH
- Sub-optimal running of the clinical services
- Insufficient autonomy of the Establishment over the use of the resources
- Inadequate definition and communication of learning outcomes
- Insufficient planning and completion of the maintenance/upgrading of building and equipment
- Sub-optimal medical records and retrieval system
- Grading criteria for specific assessment tasks not identified in a timely manner
- Insufficient quality control of the students' logbook
- Insufficient induction and professional development of teaching staff
- Suboptimal monitoring of its programme in a way that can lead to continuous improvement of the programme
- Insufficient training on emergency cases for all students, especially in companion animals
- Inadequate monitoring and evaluation of EPT
- Insufficient signage for biosecurity and restricted areas
- Sub-optimal isolation facilities in small animals
- Sub-optimal number of necropsies in ruminants and pigs
- Sub-optimal use of the VTH companion animal patients for clinical training of undergraduate students
- Insufficient specialised academic staff in some key clinical disciplines
- Staff who participate in teaching must have received the relevant training and qualifications
- Sub-optimal presence of clear and detailed objectives, accountability and timelines in the Operating plan
- Suboptimal maintenance, fitness for purpose, husbandry, welfare and management practices in some of the distributed clinical teaching facilities
- Absence of a central policy on biosecurity
- Sub-optimal curriculum which should more explicitly address training in the scientific method and research techniques relevant to evidence-based veterinary medicine
- Insufficient autonomy to use funds
- Absence of clinical training in swine medicine
- Absence of formal agreements with EPT providers, absence of EPT logbooks and also due to incomplete covering of species while acquiring D1C
- Sub-optimal husbandry and animal welfare practices, and relevant biosecurity and bio-containment measures, and also educational and clinical research are not compliant with all ESEVT standards.
- No system to monitor attrition is in place.
- Very low numbers in support staff, especially technicians
- Absence of autonomy of the Establishment to use their funds for learning and teaching
- Not ensuring the effective alignment of all content, teaching, learning and assessment activities of the degree programme

- Herd health management teaching should be improved for Day 1 Competences acquisition by students in this area.
- Sub-optimal QA assessment of the curriculum, particularly in gathering and then evaluating feedback from students and other stakeholders
- Sub-optimal EPT, which must complement and strengthen the academic education and have effective academic oversight for its efficacy.
- Sub-optimal health, safety and biosecurity standards
- Operational policies and procedures (including biosecurity, good laboratory practice and good clinical practice must be taught and posted for students, staff and visitors
- The VTH must meet the relevant National Practice Standards
- Need to monitor progression and the rate of attrition
- Absence of a process linking assessment design to programme learning outcomes and the assessment strategy does not ensure the achievement of learning objectives.
- Insufficient quality control of the students' logbooks
- Students should be trained in scientific and research techniques relevant to evidence-based veterinary medicine.
- Concern about the delivery of the Programmes in ensuring that students are encouraged to take an active role in creating the learning process
- Sub-optimal pre-defined and published regulations covering all phases of the student "life cycle", e.g. student admission, progression, recognition and certification
- Insufficient autonomy of the Establishment for departmental restructuring and staff recruitment
- Insufficient training in functional sciences
- Insufficient housing and examination facilities for horses and pigs and the new farm not yet being built and fully functional
- Insufficient number of equine necropsies
- Insufficient caseload of horses and pigs
- Sub-optimal structure of the clinical training which does not allow the active participation of undergraduate students in the full investigation and follow-up of patients
- Sub-optimal assessment of Day One Competences
- Insufficient recruitment of junior staff and because of insufficient specialised academic staff in some key clinical disciplines
- Absence of residency programmes in most common clinical disciplines
- Insufficient involvement of external stakeholders in Quality Assurance
- Absence of a formal collection of the input from stakeholders
- Sub-optimal EPT organisation
- Sub-optimal biosecurity measures in some areas
- Insufficient training on methods to control hazards in the food chain (HACCP)
- Inappropriate facilities for gait analysis in horses
- Inadequate organisation of students' transportation for extramural activities
- Sub-optimal number of companion animal necropsies
- Sub-optimal number of healthy and diseased horses
- Absence of a visit to a poultry slaughterhouse for all students
- Non-compulsory formal training in teaching and assessment
- Insufficient number of hours of practical (non-clinical) training

- Insufficient number of rabbit, rodent, bird and exotic pet necropsies is below the ESEVT Indicators
- Low numbers of hours in non-clinical training, low number of hours in FSQ and VPH training, and low numbers of necropsies in rodents, birds and exotic pets
- Sub-optimal duration of the equine clinical rotations to enable all students to acquire their necessary D1C
- Sub-optimal equipment in some units of the VTH
- Sub-optimal good pharmacy practices, inconsistent colour coding of restricted access areas, sub-optimal procedures in dog and cat isolation unit, and sub-optimal separation of anatomical and pathological materials
- Sub-optimal provision of an equine emergency service
- Sub-optimal numbers of healthy animals for propedeutics
- Sub-optimal numbers of specialists in the VTH and of support staff for practical and clinical teaching
- Sub-optimal good pharmacy; practices and sub-optimal swine husbandry and biosecurity procedures in the teaching farm
- Sub-optimal biosecurity procedures in companion animal isolation facilities
- Sub-optimal documentation and analysis of assessment outcomes
- Sub-optimal QA procedures at the level of the veterinary department
- Sub-optimal clinical training
- Sub-optimal training in herd health management and slaughterhouse training for core students
- Sub-optimal handling of large animal carcasses after necropsy
- Sub-optimal use of examination rubrics in certain courses
- Sub-optimal formal training of teaching staff
- The size of the lecture halls is too small for the number of students.
- Absence of systematic, formal training (including good teaching and evaluation practices, learning and e-learning resources, biosecurity and QA procedures) for all staff involved with teaching and absence a cohesive program for professional growth and development of academic and support staff
- Insufficient formal involvement with external stakeholders at the faculty-level; need to establish timetable of twice-yearly meetings with the minutes available to staff and students
- Need to clarify the allocation of funds raised through clinical income, including a greater distribution of funds to those areas responsible for raising such additional income
- Requirement that programme learning outcomes must be clearly visible and all units of study should be aligned to these programme outcomes. Achievement of the programme learning outcomes must be supported by evidence.
- Sub-optimal set of committee structures involved in evaluation, identification of content overlap, and revision of the curriculum
- Need to formalise the clinical skills obtained during EPT in comparison to clinical skills obtained during the core intramural training
- Need to introduce a mandatory EPT logbook (either paper or online). Fulfilment of the logbook must also be checked after EPT
- Need to upgrade the library based at the Establishment to provide a greater number of text books, longer opening hours and an increase in study places

- Inadequate level of programme learning outcomes covering professional knowledge, skills, competences and attributes, including allowing the school to certify the students' achievements of the learning objectives
- Standardised evaluation by the EPT providers of the performance of the students is insufficient and no formal mechanism to provide feedback to the Establishment on the EPT programme is in place.
- Best husbandry, welfare and management practices are not fully promoted in the Biobase facility.
- Insufficiently completed medical records do not fully allow an effective retrieval system to efficiently support the teaching, research, and service programmes of the Establishment
- Partly insufficient implementation and control of students' access to department facilities and change to white coats, and general absence of information in English on local safety procedures
- Insufficient number of cadavers in companion animals
- Sub-optimal clinical facilities for horses
- Sub-optimal isolation facilities for large animals
- Sub-optimal clinical hands-on training in horses and in first-opinion companion animal patients
- Sub-optimal practical training in meat hygiene including meat inspection
- Insufficient pedagogical training of some of the staff who participates in teaching (for example, interns, teaching assistants, PhD students, contracted teachers, etc.)
- Sub-optimal clarity of promotion criteria for both academic and support staff
- Sub-optimal input of external stakeholders in the organisational structure of the Establishment
- Sub-optimal formal training in the handling of domestic animals
- Absence of a formal agreement with, and a formal assessment by, some EPT providers
- Absence of recording of the use of healthy animals for teaching
- Absence of visible instructions for biosecurity requirements in isolation facilities
- Insufficient formalisation of QA processes and structures
- Insufficiency in students' contribution for the development of the strategic plan
- Insufficient and unambiguous clear indicators for the monitoring of strategic objectives
- Increasing number of admitted students decreases the quality of practical teaching delivery and insufficiency of management and administration of medical equipment (including consumables such as blood sampling, bandaging, intravenous catheterization and other equipment).
- Sub-optimal structure and equipment of isolation facilities, consultation rooms and wards for hospitalized companion animals
- Inadequacy of radioprotection policies and procedures and radio-safety measurements of the radiology room (e.g. inadequate door radio safety)
- Insufficient e-learning platform

Annex 4: List of ESEVT Sub-standards concerned with the highest frequency of non- or partial compliance for the period 2016-2019 (in order of decreasing frequency)

19 times: Substandard 3.5. The curriculum must include the subjects (input) listed in Annex V of EU Directive 2005/36/EC and must allow the acquisition of the Day One Competences (output)

15 times: Substandard 5.1. The number and variety of healthy and diseased animals, cadavers, and material of animal origin must be adequate for providing the practical training (in the area of Basic Sciences, Clinical Sciences, Pathology, Animal Production, Food Safety and Quality) and adapted to the number of students enrolled.

13 times: Substandard 4.7. The Establishment's livestock facilities, animal housing, core clinical teaching facilities and equipment must be sufficient in capacity and adapted for the number of students enrolled in order to allow hands-on training for all students, be of a high standard, well maintained and fit for purpose, promote best husbandry, welfare and management practices, ensure relevant biosecurity and bio-containment, be designed to enhance learning.

11 times: Substandard 5.2. It is essential that a diverse and sufficient number of surgical and medical cases in all common domestic animals and exotic pets be available for the students' clinical educational experience and hands-on training.

10 times: Substandard 4.13. Appropriate isolation facilities must be provided to meet the need for the isolation and containment of animals with communicable diseases. Such isolation facilities must be properly constructed, ventilated, maintained and operated to provide for animal care in accordance with updated methods for prevention of spread of infectious agents. They must be adapted to all animal types commonly handled in the VTH.

9 times: Substandard 4.6. Facilities must comply with all relevant legislation including health, safety, biosecurity and EU animal welfare and care standards.

9 times: Substandard 4.12. Operational policies and procedures (including biosecurity, good laboratory practice and good clinical practice) must be taught and posted for students, staff and visitors.

9 times: Substandard 9.2. The total number, qualifications and skills of all staff involved with the programme, including teaching staff, 'adjunct' staff, technical, administrative and support staff, must be sufficient and appropriate to deliver the educational programme and fulfil the Establishment's mission.

7 times: Substandard 4.8. Core clinical teaching facilities must be provided in a VTH with 24/7 emergency services at least for companion animals and equines, where the Establishment can unequivocally demonstrate that standard of education and clinical research are compliant with

all ESEVT Standards, e.g. research-based and evidence-based clinical training supervised by academic staff trained to teach and to assess, availability for staff and students of facilities and patients for performing clinical research and relevant QA procedures. For ruminants and pigs, on-call service must be available if emergency services do not exist for those species in a VTH. The Establishment must ensure state-of-the-art standards of teaching clinics which remain comparable with the best available in the private sector.

7 times: Substandard 9.3. Staff who participate in teaching must have received the relevant training and qualifications and must display competence and effective teaching skills in all relevant aspects of the curriculum that they teach, regardless of whether they are full or part time, residents, interns or other postgraduate students, adjuncts or off-campus contracted teachers.

6 times: Substandard 3.3. Programme learning outcomes must be communicated to staff and students and underpin and ensure the effective alignment of all content, teaching, learning and assessment activities of the degree programme, form the basis for explicit statements of the objectives and learning outcomes of individual units of study, be regularly reviewed, managed and updated to ensure they remain relevant, adequate and are effectively achieved.

6 times: Substandard 4.3. Lecture theatres, teaching laboratories, tutorial rooms, clinical facilities and other teaching spaces must be adequate in number, size and equipped for the instructional purposes and must be well maintained. The facilities must be adapted for the number of students enrolled.

6 times: Substandard 8.9. Methods of formative and summative assessment must be valid and reliable and comprise a variety of approaches. Direct assessment of clinical skills and Day One Competences (some of which may be on simulated patients), must form a significant component of the overall process of assessment. It must also include the quality control of the students logbooks in order to ensure that all clinical procedures, practical and hands-on training planned in the study programme have been fully completed by each individual student.

5 times: Substandard 1.5. The organisational structure must allow input not only from staff and students but also from external stakeholders.

5 times: Substandard 2.5. The Establishment must have sufficient autonomy in order to use the resources to implement its strategic plan and to meet the ESEVT Standards.

5 times: Substandard 5.5. Under all situations students must be active participants in the workup of patients, including physical diagnosis and diagnostic problem oriented decision making.

5 times: Substandard 11.1. The Establishment must have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders must develop and implement this policy through appropriate structures and processes, while involving external stakeholders.

5 times: Substandard 11.7. The Establishment must ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

5 times: Substandard 11.9. The Establishment must monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews must lead to continuous improvement of the programme. Any action planned or taken as a result must be communicated to all those concerned.

4 times: Substandard 3.2. The learning outcomes for the programme must be explicitly articulated to form a cohesive framework.

4 times: Substandard 3.4. The Establishment must have a formally constituted committee structure (which includes effective student representation), with clear and empowered reporting lines, to oversee and manage the curriculum and its delivery. ..

4 times: Substandard 3.8. The EPT providers must have an agreement with the Establishment and the student (in order to fix their respective rights and duties, including insurance matters), provide a standardised evaluation of the performance of the student during their EPT and be allowed to provide feedback to the Establishment on the EPT programme.

4 times: Substandard 3.10. Students must take responsibility for their own learning during EPT. This includes preparing properly before each placement, keeping a proper record of their experience during EPT by using a logbook provided by the Establishment and evaluating the EPT. Students must be allowed to complain officially or anonymously about issues occurring during EPT.

4 times: Substandard 5.6. Medical records must be comprehensive and maintained in an effective retrieval system (preferably an electronic patient record system) to efficiently support the teaching, research, and service programmes of the Establishment.

4 times: Substandard 9.1. The Establishment must ensure that all staff are appropriately qualified and prepared for their roles, in agreement with the national and EU regulations. A formal training (including good teaching and evaluation practices, learning and e-learning resources, biosecurity and QA procedures) must be in place for all staff involved with teaching. Most FTE academic staff involved in veterinary training must be veterinarians. It is expected that greater than 2/3 of the instruction that the students receive, as determined by student teaching hours, is delivered by qualified veterinarians.

Tracking system

System-wide analysis of ESEVT for the period 2016-2019

	Prepared by:	Reviewed by:	Approved by:
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Date:	Between 02/01/20 and 21/02/20	Between 01/03/20 and 01/04/20	18/06/2020