

**European Association
of Establishments for Veterinary Education**



VISITATION REPORT

To the Veterinary Faculty of the University of Las Palmas de Gran Canaria, Spain

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Introduction

The Faculty of Veterinary Medicine (called the Establishment in this report) was founded in 1986 as a Faculty of the University of La Laguna (ULL) in Tenerife. The Establishment was later re-assigned to the University of Las Palmas de Gran Canaria (ULPGC) which was created in 1989.

Initially, the Establishment was located in the city of Las Palmas de Gran Canaria and was later moved to its current location on the Arucas Campus (7km from Las Palmas) in 1995.

The Establishment is the only Veterinary Faculty in the Canary Islands (2.2 million inhabitants).

The first ESEVT Visitation of the Establishment took place in 2000, resulting in Non-approval status. The second ESEVT Visitation took place in 2009, resulting in full Approval status.

The main developments since the last Visitation are:

-) review of the study programme which was based on the standards required by the European Higher Education Area (EHEA), approved by The National Agency for Quality Assessment and Accreditation of Spain (ANECA) and implemented from 2010;
-) development of additional master degrees (i.e. Animal Health and Food Safety (IUSA), Marine Farming (ECOAQUA) and Sustainable Management of Fisheries Resources (ECOAQUA));
-) development of additional doctorate degrees (i.e. Research in Biomedicine (IUIBS), Animal Health and Food Safety (IUSA), Sustainable Aquaculture and Marine Ecosystems (ECOAQUA));
-) implementation of a Quality Assurance (QA) system;
-) reorganisation of the Veterinary Teaching Hospital (VTH) resulting in a significant increase of its caseload;
-) development of new diagnostic services, e.g. in Toxicology, Parasitology, Preventive Medicine and Infectious Diseases.

The major problems currently encountered by the Establishment are:

-) Insufficient public financing due to the economic crisis;
-) limitation of the horse population of Gran Canaria (1,345 horses according to the Official Census of 2016).

The ESEVT SOP 2016 is valid for this Visitation.

1. Objectives and Organisation

1.1. Findings

1.1.1. Brief description of the strategic plan

The Mission statement was included on page 109 of the SER. General Objectives were included on page 110 of the SER. Current Quality Policy and General Objectives are also published on the Establishment's website. This Policy (including Mission Statement, Vision Statement and Values) and the General Objectives are revised on an annual basis.

According to the SER (page 8), the ESEVT Standards for Accreditation were used as the basis for the design of the Strategic Plan. The Diamond model for the design of the Plan with the definition of ESEVT Substandards as vectors of the Strategic Plan was used for a detailed SWOT analysis in 2015-2016. Therefore, the list of SWOT is described by the Strategic Plan.

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After this Substandard SWOT analysis one or more strategic actions were proposed for every ESEVT Substandard. A total of 5 Strategic Challenges were defined, which included 45 proposed strategic actions (described in the SER, pages 9-12).

During 2015 and 2016, after a thorough SWOT analysis which was carried out over several workshops, the Faculty of Veterinary Medicine completed the current Strategic Plan which was designed for the period 2016-2020 (this period coincides with the mandate of the current governing body of the Faculty). Using the Diamond model, the Faculty promoted the full participation of all Faculty members (academic, support staff and students), and external stakeholders were also invited. EAEVE standards for the ESEVT were used as the basis.

1.1.2. Brief description of the Operating Plan

Five Strategic Challenges, were included in the Action Plan (Operating Plan):

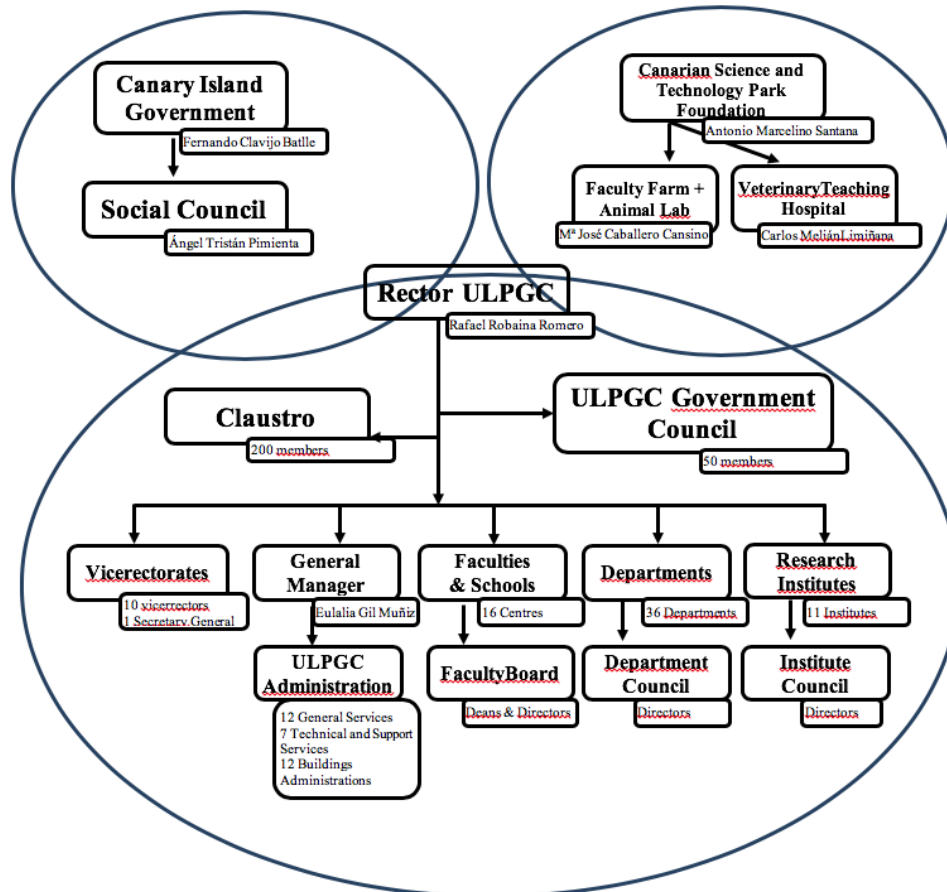
1. To improve the objectives and organisation
2. To improve the learning processes in undergraduate and postgraduate degree programs
3. To improve the facilities and equipment
4. To improve the learning resources
5. To promote the improvement of academic and support staff

These strategic challenges were further divided into 45 Strategic Actions listed in details on pages 9-12 of the SER.

Every academic year, the Dean's Executive Team must complete a report related to the achievements of the Specific Objectives. This Annual report is presented to the Quality Assurance Committee and, after its approval, it is presented to the Faculty Board for definitive approval. Therefore, all Faculty members have been informed about the results of the strategic objectives.

1.1.3. Brief description of the organisation of the Establishment

The Faculty of Veterinary Medicine has been part of the University of Las Palmas de Gran Canaria (ULPGC) since September 1989. The organisational chart below expresses its relationships with the University and with related institutions:



The Faculty of Veterinary Medicine is headed by the Dean, the Dean’s Executive Team, and the Faculty Board. The Dean’s Executive Team is composed of three Vice-Deans with delegated functions for Academic Affairs, Students Affairs, Exchange Programmes and EPT, and for Quality, Communication and Institutional Coordination and the Secretary of the Faculty. The Faculty Board is the Managing and Governing Body of the Establishment. It is composed of representatives from all areas of the Institution. According to the Statutes of the ULPGC and the Rule of Procedure for the Faculty of Veterinary Medicine, the Faculty Board is composed of the Dean, the Secretary, the Building Administrator, the Librarian and a 62% of the academic staff (all tenured lecturers registered in the Faculty of Veterinary Medicine are members of the Faculty Board, constituting at least 85% of the academic staff represented on the Board, with the remaining 15% corresponding to a representative sample of the non-permanent Academic Staff), 33% of undergraduate students and 5% of support staff. The representatives for the non-civil servant academic staff, undergraduate students, and support staff are elected by suffrage within the given area. Elected members hold the seat for a four-year term except for the representatives of the undergraduate students who hold the seat for two years. The renewal of vacancies is done annually.

There are eight departments in total:

Department of Animal Pathology, Animal Production, Food Hygiene and Food Technology, Department of Morphology, Department of Clinical Science, Department of Biochemistry, Molecular Biology, Physiology, Genetics and Immunology, Department of Biology, Department of Chemistry, Department of Physics, and Department of Mathematics. In addition, a Veterinary Teaching Hospital (VTH) and an Animal Farm and Lab represent separate units within the University. The departments are in charge of teaching specific subjects of the

veterinary curriculum as defined by their division of tasks available in Tables on pages 15 and 16 of the SER.

The Veterinary Faculty is competent in the definition of the profile of the degree, assignment of the subjects to the departments (areas of knowledge), propose the number of groups in agreement with the Department, produces the timetable and organises the allocation for theoretical and practical training activities, and finally ensures the compliance of the academic planning.

The Departments are competent in the design of the subjects (academic activities and methods for teaching, evaluation design, etc.). This information is completed in the Subjects Syllabus. Also, the Departments are competent in the Academic Staff issues, such as staffing, and in the financing of the teaching activities, such as the ordinary expenditures of the practical training activities.

The VTH provides the needs for the clinical activity, however the teaching planning is completed with the coordination of the Veterinary Faculty and the Departments.

Independently of this, the ULPGC regulates the academic activity of non-academic staff, such as Researchers or Clinicians with a ULPGC Regulation for the “Venia Docendi”. This regulation describes the requisites, limitations and the administrative procedures corresponding to academic activity permitted by the applicants.

Twelve “Delegated Committees” have currently been appointed by the Faculty Board: Committee for Academic Affairs (CAD), Committee for the Tutorial Action (CAT), Committee for the Library, Committee for Animal Collectives, Committee for Compensatory and Academic Recognition, Committee for Quality Assurance, Committee for the Veterinary Teaching Hospital, Committee for the Faculty Labs, Committee for the Practical Training Subjects, Committee for the Exchange Programme and Academic Recognition (CPIRA), Committee for the Curriculum, Committee for the Final Degree Project.

1.1.4. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the Strategic Plan and organisation of the Establishment

All the competences related to the design and coordination of the Strategic Plans of the University have been delegated by the Rector of the ULPGC to the Vice-Rector of Coordination and Institutional Projects. The Vice-Rector has a specific Director for Strategic Planning who is the person that advises the Dean in the design and development of the Strategic Plan. The Vice-Dean of Quality Assurance analyses different sources of information, including international, national or regional legislations, the Strategic Plan of the ULPGC, the Vice-Rectorate of Quality Requirements, the last Annual Report of the Faculty, the internal and external reports for the monitoring of the curriculum, reports from stakeholders such as the Official Veterinary Colleges, veterinary associations, EAEVE reports, Agriculture and Livestock official institutions etc. Based on this analysis made by the Vice-Dean of Quality Assurance and the Dean, the Dean’s Executive Team elaborates a proposal for defining the Policy of the Faculty and it is presented to the Quality Assurance Committee for amending and approval. All the documents of the QAS are public and can be consulted on the Website of Quality Assurance. Student representatives are actively involved in the meetings for the design of the Strategic Plan. Besides internal committees, an “External Consultative Committee” has been created. It is composed of representatives of external stakeholders from different professional bodies. The Committee members act as external advisors for the Faculty. External reports, documents and references provided by stakeholders were included in the analysis and elaboration of the Strategic Plan.

1.2. Comments

Mission statement, vision and general objectives

Based on the Spanish legislation, the role of the processes of quality assurance (QA) is strong in Spanish universities. This is probably the reason why the mission statement, vision and general objectives were explicitly listed in Chapter 11, in the context of QA, rather than in Chapter 1, as it is usual in SERs of many other Establishments. However, the mission, vision as well as general objectives are clear and cover all ESEVT Standards. Besides general statements, they also reflect specific situation, position and role of the Establishment in the country and region.

The Establishments has a Strategic plan. The procedure for producing the Strategic plan is well established within the University as a whole and it reflects specificities of the Establishment within the University. It involves feedback from different sources, including external stakeholders. Staff and students are involved through internal reports and through representatives (one for students) in the approving body, the Quality Assurance Committee.

Organisation

The Establishment is part of a university in terms of Standard 1 of the SOP. Complex relationships between the VTH, faculty farm and animal lab (organised within the „Canarian Science and Technology Park Foundation”), the Faculty and the departments leads to a situation of a “dual leadership”, when a single person belongs to two different units. According to the Rector and Vice-Rectors of the University, this is based on Spanish legislation, aiming for an efficient management of universities as a whole. According to the Faculty, this arrangement may cause some problems for some processes (travelling, providing equipment), but they can cope with it and do not complain about this situation, especially because within these legal limitations, there is little flexibility for the Faculty to change it. Nevertheless, according to the Establishment, the coordination of different activities within the specific campus could be optimised by establishing a specific body/committee competent to address issues related to the campus as a teaching, research and clinical unit.

As persons located in the campus of the Faculty of Veterinary Medicine are the only teachers of the veterinary programme, the distribution of academic staff among departments within the Faculty corresponds to their importance for teaching the veterinary curriculum. Altogether, the structure of the Establishment as a whole thus corresponds to a standard veterinary teaching establishment, despite specific differences in its organisation.

Many different committees mainly driven by the rules of QA cover the whole area of the Establishment’s activities.

1.3. Suggestions for improvement

A body competent to address issues related to the campus activities as a whole would be beneficial. However, its composition and competencies have to be discussed and decided within the University.

1.4. Decision

The Establishment is compliant with Standard 1.

2. Finances

2.1. Findings

2.1.1. Brief description of the global financial process of the Establishment and its autonomy on it

Two revenue allocations are calculated annually by ULPGC for the Veterinary Establishment:

(1) the structural support endowment, based on a proportionality calculation and (2) the endowment from an evaluation of objectives achievements. Staff salaries, services and work contracted out to external companies (maintenance services, waste collection and others) are paid directly by the ULPGC.

After the ULPGC budget is approved, every Faculty Board/Department Board approves the Dean/Director's proposal for how the Faculty/Department budget will be implemented. Research Grants and contracts are managed directly by the Academic Staff (Researchers) with the support of several Management Units of the ULPGC and by a private Foundation (FULP: The University of Las Palmas Foundation (Outsourcing manager)).

The Veterinary Teaching Hospital, the Faculty Farm and the Experimental Animals Research Centre are managed by a public foundation (the Canarian Science and Technology Park Foundation of the University of Las Palmas de Gran Canaria (FCPCT-ULPGC)). The ULPGC contribute to the budget of the VTH Faculty Farm and Animal Labs, and pays the expenditure related to electric power, water, communication, security, gardening, and others.

2.1.2. Brief description of the budget (expenditures, revenues, balance) of the last 3 years

Personnel, operating, maintenance and equipment costs are presented in the SER.

The ULPGC revenues include public funding, registration fees, public or private revenues for research work, revenues from the Veterinary Teaching Hospital, diagnostic services and the Farm and Experimental Animal facilities. Public funding from the Canary Island Government represented about 70% of the total income for ULPGC during the last academic years (Table 2.1.2, page 28). In addition, around 5,8M€ were obtained on average each year by the ULPGC in response to a successful application to a call for tenders published by the Ministry of Education or the Canary Island Government. Annual tuition fees and other public revenues (certificates, examination prices, etc.) represent approximately 15% of the ULPGC budget. Research grants represent around 6M€ per year (5% of total revenues) for ULPGC.

The VTH (Veterinary Teaching Hospital) has around 1M€ in revenue every year, of which 2/3 are provided by the clinical income. The VTH and the Faculty Farm pay an overhead of 3% of their income to the Canarian Sciences and Technology Foundation Park, which is in charge of the management of the VTH.

The ULPGC is a highly centralised University in terms of budget and many of the ordinary expenditures are paid by the General Budget. The revenues available cover the ordinary expenditures. If an extraordinary expenditure is needed, the Dean/ Department Directors can ask for extraordinary revenues to the rectorate and general manager of the ULPGC.

2.1.3. Brief description of the projected budget (expenditures, revenues, balance) of the next 3 years

Due to the fact that national government will change, the provisional budget for the next three years is not presented.

2.1.4. Brief description of the planned or on-going investments

Investments are planned in 2019 and 2020 with a total budget of 554,000€. In order to acquire higher investment, the ULPGC participates in the Annual Call for Scientific Infrastructure published by the Ministry of Science, Innovation and Universities (formerly the Ministry of Education).

2.1.5. Brief description of the process and the implication of staff, students and stakeholders in the

development, implementation, assessment and revision of the budget of the Establishment

The budget is approved by every Faculty Board/Department Board according to the Dean/Director's proposal. Every Faculty Dean and every Department/ Research Institute Director is the responsible for its Expenditure Unit.

The Dean, with the help of the Dean's Executive Team and the Building Administrator, is in charge of the design of the provisional budget. The proposal is based on several sources, including requests communicated by the Staff and Stakeholders.

The management and the revision of the expenditures, monitoring of the legal requirements of the invoices and documentation, and control/revision of the budget are made with the help of the Administrative Support Staff in the Faculty and the ULPGC Central Economic Service.

2.2. Comments

The annual endowment for the financial support of the ULPGC, as public service, is permanently guaranteed by the public funding coming from the National and Regional Governments.

Revenues exceed the expenditure, allowing the sustainability for the Establishment in meeting its missions and achieving its objectives. If an extraordinary expenditure is needed, the Dean/ Department Directors can ask for extraordinary revenues to the rectorate and general manager of the ULPGC. In order to acquire higher investments, the ULPGC participates in annual grants at National level.

ULPGC is a highly centralised institution and mainly in its financial management. Management and revision of the expenditures and revision of the budget are made on an annual basis and with the help of the Administrative Staff support of the ULPGC. The Establishment has a global budget which gives the Dean's Office some flexibility in the setting of priorities.

The Canarian Science and Technology Park Foundation of the University of Las Palmas de Gran Canaria (a public foundation) is in charge of the management of the Veterinary Teaching Hospital, the Faculty Farm and the Experimental Animals Research Centre. This gives some flexibility to the Establishment for enrolment of more support staff.

Due to the Spanish economic crisis, endowment has been reduced since 2011. An additional increase in the ULPGC budget would depend on extra income from the Canary Islands Government.

2.3. Suggestions for improvement

A linear increase of the forthcoming budgets would be desirable to improve the veterinary education program and allow the enrolment of more academic and support staff. This is particularly important given the peculiarities of the Degree in Veterinary Medicine.

2.4. Decision

The Establishment is compliant with Standard 2.

3. Curriculum

3.1. General curriculum

3.1.1. Findings

3.1.1.1. Brief description of the educational aims and strategy in order to propose a cohesive framework and to achieve the learning outcome

According to the Spanish legislation, specific definitions of Competence that have to be included in the curriculum design are defined for regulated professions, including that of Veterinary Surgeon. For Veterinary Medicine, it is mandatory to meet certain ‘minimum training requirements’ as described in Article 38 of the Directive 2013/55/EU.

The Veterinary Medicine curriculum at the ULPGC ensures that all graduates acquire the following knowledge and skills:

- (a) adequate knowledge of the sciences on which the activities of a veterinarian are based and of the European Union law relating to those activities;
- (b) adequate knowledge of the structure, functions, behaviour and physiological needs of animals, as well as the skills and competences needed for their husbandry, feeding, welfare, reproduction and hygiene in general;
- (c) the clinical, epidemiological and analytical skills and competences required for the prevention, diagnosis and treatment of the diseases of animals, including anaesthesia, aseptic surgery and painless death, whether considered individually or in groups, including specific knowledge of the diseases which may be transmitted to humans;
- (d) adequate knowledge, skills and competences for preventive medicine, including competences relating to inquiries and certification;
- (e) adequate knowledge of the hygiene and technology involved in the production, manufacture and putting into circulation of animal feedstuffs or foodstuffs of animal origin intended for human consumption, including the skills and competences required to understand and explain good practice in this regard;
- (f) the knowledge, skills and competences required for the responsible and sensible use of veterinary medicinal products, in order to treat the animals and to ensure the safety of the food chain and the protection of the environment.

The competences are listed and defined in a special document “Nuclear, Transversal and Specific competences” (Annex X of the SER). All these competences were included in the subjects of the curriculum (Annex IV).

The ULPGC Veterinary Medicine curriculum was designed according to the ULPGC Regulation for the design of Curricula and submitted for approval to the Faculty Board. After an internal procedure within the ULPGC, the new curriculum was sent to the Canary Islands Government and, later, to the Ministry of Education of the Spanish Government. The design of the curriculum must agree with the ANECA (the national QA agency) protocol for the design of curricula (VERIFICA program). The ANECA protocol includes a general description of the degree, its justification based on scientific experience, objectives appropriate for the development of the competences defined, a clear system for admissions of new students, a structured and coordinated study plan, adequate academic and support staff, appropriate facilities and material resources, expected academic results, a Quality Assurance System, and a schedule for its application and revision.

3.1.1.2. Brief statement if all EU-listed subjects are taught in the core curriculum to each student (independently of the tracking system)

According to information provided in Table 3.1.2., there are no gaps and all EU-listed subjects are taught to all students.

3.1.1.3. Brief description of how curricular overlaps, redundancies, omissions and lack of consistency, transversality and/or integration of the curriculum are identified and corrected.

The curriculum is internally monitored every year, externally monitored every 3 years (MONITOR program) and completely externally revised after every 6 years (ACREDITA program) to prevent overlapping, redundancies and omissions, as well as to ensure a suitable integration of the curriculum is studied by the Committee. Institutional procedures of the QA for the Measurement of Satisfaction and for the evaluation of the teaching activity of the academic staff include feedback from main stakeholders: students, teachers, departments and faculty (DOCENTIA program). Using the results from these surveys the ULPGC prepares a report sent to the Faculty for the improvement of their teaching activities. This information is then used for an analysis of every-year achievements of the Faculty.

In terms of QA, the Faculty has a procedure describing different activities and a timeframe for every stakeholder. Every year, Departments must send to the Faculty a Subject Guide for every subject. The Vice-Dean of Academic Planning checks every subject and writes a report including legal requirements, assignment of competences, expected learning outcomes, assessment procedures, etc. After this revision procedure, the report is sent to the subject coordinator and the project is sent to the Committee of Academic Affairs. The Committee must approve the Subject Guides before May 20th of the current year. Vertical coordination aiming to prevent overlapping, redundancies and omissions, as well as to ensure a suitable integration of the curriculum is checked by the Committee. Horizontal coordination of the subjects is made during the process of completion of timetable for every current year. Subject Guides are communicated to students, staff and external stakeholders by their publication on the ULPGC website.

3.1.1.4. Description of the selection procedures of the Electives by the students and the degree of freedom in their choice (e.g. what happens when too many students select one specific track)

Two electives (6 ECTS), Small Animal Clinical Rotation and Large Animal Clinical Rotation, are offered in clinical sciences. As for intramural teaching, no other electives can be chosen by undergraduate students. As for EPT, “Clinical Specialty” and “Food Industry Specialty” are offered.

There is no selection procedure in case of excess demand. According to information on page 43, the Establishment has addressed this issue by reducing the numbers of electives to two, to avoid selection of “most popular subjects” by students and considering the limitations of the academic staff workload in compulsory subjects.

3.1.1.5. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the curriculum

The Faculty has a Committee for the Curriculum with representation of Departments and Students. Although the legal requirements for the design of the curriculum introduce many limitations to its structure, stakeholders (professionals and employers such as the Veterinary Colleges, scientific associations and others) are invited to participate. Both internal and external evaluation of the proposed curriculum, all subsequent procedures as well as the processes of monitoring and harmonising the curriculum were described above.

The local Quality Assurance Systems include procedures allowing systematic analysis of relevant institutional performance indicators throughout self-evaluations. Self-evaluation reports give information on what has been done and allow the Faculty to detect weaknesses, strengths and make recommendations regarding the quality of the programmes. In accordance with the procedures of the Quality Assurance System for compiling and analysing the

programme results, every year the Faculty is required to complete a revision of the academic activities in the form of the Annual Report or the Faculty Results.

3.1.2. Comments

The process of designing, implementing and monitoring the curriculum has been standardised at the national level, reflecting the EU legislation and EAEVE standards. Taking into consideration the QA processes implemented at the level of the University as well as of the Faculty, the process of evaluating and amending the curriculum on a regular basis is adequate. There is a Curriculum committee in the Establishment where staff members and students are represented. Although the national legislation imposes some limitations to the process of designing a curriculum, the Establishment does not feel it as an issue. There is only little information about the real role of alumni and other stakeholders; however, at least formally they are involved.

The curriculum contains all EU-listed subjects taught to all students and ensures that graduates can comply with the EU-directives. The teaching load in terms of the total numbers of hours including self-learning is rather high. The benefits of self-learning could be better explored. Tracking and electives are reduced in this curriculum. The Faculty's argument that it was unable to cope with unbalanced demands of "popular subjects" and shortage of staff can be challenged when compared to other European schools. Teaching in some areas, such as equine medicine, within the core curriculum (taken by all students) is limited.

The proportions between groups of subjects and of theoretical vs. practical clinical and/or non-clinical work are generally adequate, at least based on indicators (I4-I6). The animal production subjects are mostly taught by veterinarians and they are veterinary-oriented.

Learning objectives, outcomes including DOCs, and the definition of their assessment are defined and communicated. However, some skills (perhaps up to 25%) are assessed based on watching practice rather than on hands-on practice.

The extramural training under academic supervision is adequate in terms of hours and its organisation, as well as the organisation of EPT.

3.1.3. Suggestions for improvement

The Establishment is strongly recommended to re-think the concept of tracking and electives, including its consequences and necessary follow-up negotiations with the University and ANECA (staff and personnel issues).

The Establishment still can reduce the direct teaching load by a more intensive use of self-learning, especially in selected non-clinical subjects.

3.2. Basic sciences

3.2.1. Findings

3.2.1.1. Brief description of the theoretical and practical education in basic sciences

Information on theoretical and practical education in basic subjects and basic sciences is summarised in the following table, some more detailed information can be retrieved from the Annexes.

Table 3.1.2. Curriculum hours in EU-listed subjects taken by each student

Subjects :	A	B	C	D	E	F	G	H
Basic subjects								
Medical physics	25		56.5	28			3	112.5
Chemistry (inorganic and organic sections)	25		56.5	28			3	112.5
Animal biology, zoology and cell biology	24		35.5	6	6		2	73.5
Feed plant biology and toxic plants	62	5	65.5	24	2		5	163.5
Biomedical statistics	28		56.5	26			2	112.5
Basic Sciences	A	B	C	D	E	F	G	H
Anatomy, histology and embryology	117	20	262	39	67		20	525
Physiology	83		175	56			3	317
Biochemistry	49	4	93.5	34			7	187.5
General and molecular genetics	61	27	128	54			11	281
Pharmacology, pharmacy and pharmacotherapy	75	48	95	8			9	235
Pathology	183	51	234	46			18	532
Toxicology	36	10	49	26			2	123
Parasitology	30		46	18			5	99
Microbiology	56	22	100.5	16			9	203.5
Immunology	15	6	31	5			1	58
Epidemiology	24		30	18			3	75
Professional communication	5	5	15	4	2			31
Professional ethics	9	3	13				1	26
Animal ethology	6		6				1	13
Animal welfare	21	5	24.5				2	52.5
Animal nutrition	53	7	75.5	44	3		5	187.5

3.2.2. Comments

All EU subjects are taught; the total numbers of hours are rather high, in general due to high numbers dedicated to C: supervised self-learning.

The proportion between practical and theoretical teaching is adequate. Practical teaching and assessment of skills (practical examinations) are done in a standard way.

The caseload indicators of necropsies I17-I19 show that the teaching material is sufficient for small animals and equines, while I18 (necropsies of ruminants and pigs) is slightly below the minimum recommended value.

Although teaching of basic sciences largely depends on the Departments belonging directly to the University, the programme is reflecting their veterinary context and future use. Changes in the composition of teaching staff in favour of veterinarians over the last years are due to the fact that originally basic sciences were taught by staff from the medical faculty.

Laboratories and other room for practical teaching are concentrated in departmental buildings and sometimes shared by several subjects. Their equipment and use are adequate.

There are some biosecurity issues related to processes currently implemented in Anatomy and Pathology. Formalin is still used for preserving samples, although the proportion of fresh and frozen samples is increasing over time. Samples for Anatomy and Pathology are not always

stored separately and there is not a complete separation of pathways between these two building sectors.

Related to the processes of horizontal and vertical harmonisation and integration declared in part 3.1, interactions between basic sciences, clinics, animal production and food hygiene occur mostly at the level of the Curriculum committee. However, they also occur on a personal basis, when persons teaching different subjects adapt their programmes to changes made by their colleagues. However, this is not always the case. For example, more specific interactions between the programme of Pathology and clinical subjects would allow the presentation of a really integrated concept of animal diseases to students and enable them to better understand their practical context. On the other hand, there are examples of well-developed collaboration, such as that between anatomists and clinicians in the field of clinical anatomy. Interactions and information between teachers of individual subjects at different Spanish schools exist, but there is no formal harmonisation.

3.2.3. Suggestions for improvement

The use of formalin should be reduced and eventually completely stopped as soon as possible. Despite the use of measures reducing the risk of its use (extractors and concentration measurements), alternative ways should be sought.

A complete physical separation between the sectors of Anatomy and Pathology should be established. Samples for teaching Anatomy and Pathology must be stored in separate freezers and rooms.

In addition to formal processes of vertical and horizontal integration, better harmonisation between basic sciences and other subjects would be beneficial for students' understanding of integrated concepts of veterinary medicine. This recommendation applies across the entire curriculum.

3.3. Clinical Sciences in companion animals (including equine and exotic pets)

3.3.1. Findings

3.3.1.1. Brief description of the theoretical, practical and clinical education in Clinical Sciences in companion animals

The veterinary curriculum comprises a total of 300 ECTS or 7500 hours (Tab3.1.1.). For the competences of clinical sciences 99,3 ECTS or 2842 hours are assigned (Tab 3.1.2.). Additionally 150 hours clinical sciences as electives can be taken by the students.

In the general table of curriculum hours taken by all students (Tab. 3.1.1.) the amount of teaching hours spent in clinical animal work in the 3rd, 4th and 5th year sums up to 758 hours. Within clinical sciences the lectures amount of 445 hours, lab and desk-based work 102 hours, non-clinical animal work 8 hours and clinical animal work 729,5 hours.

3.3.1.2. Description of the core clinical exercises/practicals/seminars in companion animals prior to the start of the clinical rotations

Clinical propaedeutics include 16 hours (nr 42520) of practice in bovine, equine or small animal modules. Further practicals and seminars are given in the subjects physiopathology, radiology, pathology, infectious diseases, parasitology, marine mammals and fish, anaesthesiology and surgery, preventive medicine, reproduction and obstetrics.

3.3.1.3. Description of the core clinical rotations and emergency services in companion animals and the direct involvement of undergraduate students in it

Clinical rotations are scheduled during the 5th year and last 240 hours. During this time students rotate in the VTH mainly in small animal services and short time (25 hours) in large animal (ruminants 17 h, equine 8 h) services. Ambulatory services amount for 25 hours farm animals. Emergency service lasts 90 hours (small animals). This clinical training in groups of 6-8 is scheduled as internal medicine I and II. The 8 hours for horses are given mainly on the farms and sometimes intramurally. Students are participating in the diagnostic work-up and management of the patients. Students have to complete a logbook to document their activities. Additional rotations are chosen either for small or large animal medicine, being an elective of 100 hours clinical rotation in the fifth year.

3.3.2. Comments

The curriculum offers all relevant topics for clinical sciences. The learning outcomes are prepared and published in the various courses and the portfolio of the first day skills. Propaedeutic practical training is short and is trained mainly in patients. Clinical rotations in small animals are adequate in the different parts of the small animal hospital. Large animal rotations are short and mainly offered as mobile clinics on cattle farms and equine stables. Obligatory clinical rotation in horses amounts only for 8 hours, which does offer very few opportunities to train all basic clinical skills in general and special clinical examinations, clinical decision making and treatment of horses. An emergency service is offered, however due to the actual case load, mainly small animals.

3.3.3. Suggestions for improvement

It would be advantageous to increase the duration of the clinical rotations to ensure sufficient training of the various clinical skills.

3.4. Clinical Sciences in food-producing animals (including Animal Production)

3.4.1. Findings

3.4.1.1. Brief description of the theoretical, practical and clinical education in Clinical Sciences in food-producing animals.

Theoretical, practical and clinical education in food-producing animals is an important component in several subjects in basic and clinical sciences (3rd, 4th, and 5th year). In the 3rd year, physiopathology, general pathology, infectious diseases, infection diseases II and ichtiopathology, parasitic diseases, marine mammal health and fish pathology.

In the 4th year, food producing animals, practicals/clinics are part of two subjects: special pathology and preventive medicine. In the fifth year, clinical/practical education is carried out mostly within the subjects Reproduction and Obstetrics I and II. Clinical rotations start in year V.

3.4.1.2. Description of the core clinical exercises/practicals/seminars in food-producing animals prior to the start of the clinical rotations

Prior to start the clinical rotation (year V) clinical practical exercises are part of the following subjects/years:

In the 3rd year, students are familiarised with the collection and evaluation of different samples (blood, urine) in physiopathology and they perform necropsy techniques in domestic species in general pathology. Herd health checks, application of treatments, vaccinations and mastitis tests in ruminant farms are carried out in infectious diseases I. In infection diseases II and ichtiopathology, students visit an intensive poultry farm; perform fish necropsy, sample collection and characterisation of the pathogens (bacterial, viral and fungal), visit the aquaculture farm and apply on-site health programs. In parasitic diseases, students visit four

different farms, evaluate the characteristics of each individual farm (infrastructure, management, sanitary status of the animals) and collect and evaluate samples. In the subject “Marine mammals health and fish pathology“, students perform necropsy techniques in marine mammals and fish, and prepare histologic preparations, leading to pathology diagnosis in those species.

In the 4th year, food producing animal–practical/clinics are part of several subjects such as special pathology and preventive medicine. In preventive medicine students assess the location and surroundings of the farm, the biosecurity measures, audit livestock facilities, hygienic-sanitary-zoo-technical measures to increase the sanitary status. Students are required to define a complete vaccination program.

In the 5th year, clinical/practical education is carried out mostly within the subjects Reproduction and Obstetrics I and II, involving special activities as: collection and evaluation of the semen, oestrus control and detection, artificial insemination, pregnancy diagnostic in ovine, bovine, birds, rabbits in faculty and external farms.

3.4.1.3. Description of the core clinical rotations, emergency services and herd health visits in food-producing animals and the direct involvement of undergraduate students in it

Clinical Rotation starts in the 5th year. Students rotate in groups of different size in different areas: Internal Medicine I (25h/ student) divided in 6 sessions. Practical activities consist of medical care of ruminants, equines and other large animals on different farms or intramurally (VTH). A total of 100 hours are allocated for Clinical Practices; 75 h are completed in the VTH rotating in the different clinical services. 240 hours are allocated for Intramural Clinical Training being part of two subjects (External Practices and Mobile Clinics I and External Practices and Mobile Clinics II).

In these subjects there are 4 blocks of rotation:

- Large Animals Mobile Clinics at the VTH (25h)
- Emergency Service at the VTH (90h),
- Slaughterhouse (25h)
- External Practical Training (EPT) (100h).

The students participate in the diagnostic protocols and management of patients in the clinical services. The activities completed by the students are described and assessed using the Portfolio in order to guarantee that the day-one skills are completely evaluated. The student’s portfolios are collected by the Faculty Administration Office before the presentation of the Final Degree Project.

Intramural clinical rotations under the supervision of academic staff have a total duration of 8 hours for equines divided between 2 days.

A total of 25 hours per student is scheduled in the VTH Mobile Clinics. Private veterinarians using their private vehicles having a capacity of 3 students/clinician/day. A visit to a poultry farm (1 vet), a visit to a porcine farm (1 vet) and three visits to Ruminant farms (mainly dairy cattle) (3 vets), with five different veterinarians are completed.

3.4.1.4. Brief description of the theoretical and practical education in Animal Production

All EU-listed subjects are enclosed into the Establishment’s curriculum in sufficient number of theoretical and practical hours. Parts of the subject (herd health management are taught in relation with others (preventive medicine).

3.4.2. Comments

The core curriculum covers all group of Animal Production EU-listed subjects in a sufficient duration. The use of mobile clinic covers the necessity of the acquisition of day one

competencies for students in Production Animals.

3.4.3. Suggestions for improvement

None.

3.5. Food Safety and Quality (FSQ)

3.5.1. Findings

3.5.1.1. Brief description of the theoretical and practical education in FSQ

The topics belonging to Food Safety and Quality are taught within the framework of the core curriculum of the Establishment, according to the EU-listed subjects in Directive 2013/55/EU. FSQ covers 549.5 hours (including 64h in State veterinary services and public health and 187.5h in Food technology) out of a total of 7,500h for 5 years. Among these 549.5hours, 181 constitute lectures and seminars (including 38h for State veterinary services and public health).

Curriculum hours in FSQ are:

State veterinary services and public health 64h (28h lectures and 10h seminars)

Inspection and control of food and feed 204h (85h lectures)

Food hygiene and food microbiology 42h (9h lectures)

Food technology 187.5h (49h lectures and seminars)

Practical work in places for slaughtering and food processing plants 52h

The difference in time between the total and the taught hours is made up of supervised self-learning, laboratory and desk-based work, non-clinical animal work, tutorials and assessments

3.5.1.2. Description of the teaching in slaughterhouses and in premises for the production, processing, distribution/sale or consumption of food of animal origin

FSQ is included in the curriculum from the 4th semester and the main workload of FSQ is during the 8th semester. In the 2nd year, 33h of practical training in Food Technology (meat products, milk, honey and flours) are given intramurally and 9h are dedicated to visits to food industries.

The intramural practical training during the 4th year relates to Food Hygiene and Protection (14h) (microbiological analysis of food, water and surfaces, labelling for food, water analysis) and Food Hygiene, Inspection and Safety (1h): quality control and fraud detection in food (milk and dairy products, oils, fish, eggs, and preserves).

Extramural activities during the 4th year include 7h practical activities in collective catering establishments, 13h for the inspection and hygiene control of agri-food industries and food markets and 5h ante and post-mortem inspection in slaughterhouses (cattle, goats, swine, poultry and rabbits).

During the 5th year, students have a one-week (25h) Slaughterhouse rotation at the Gran Canaria Slaughterhouse.

The time in slaughterhouse is directly supervised by the Official Veterinary Inspectors along with part-time academic staff. The average number of students in groups is 1 to 3 in slaughterhouses and 8 to 9 for laboratory practical training. The slaughterhouse activities during the 5th year completed by the students are described and assessed using the Portfolio.

There is no possibility for students to choose food safety as an Elective in the 5th year.

Students can choose Food Industry Specialty to complete their EPT during the 5th year in companies within the food sector or in public institutions. In the case of companies not having a

veterinarian, the student carries out the practicum under the supervision of a technician who will act as ‘company/institutional tutor’.

3.5.2. Comments

Extramural practical activities are organised in small groups and undertaken by trained academic staff and in various places or companies, including the slaughterhouse. These activities are very demanding in terms of academic and support staff. Specific emphasis on welfare teaching is made at the slaughterhouse.

Students are exposed to inspection of fish products during the market visitations.

Masters and PhD degrees developed since the last Visitation allow the involvement of students in research projects in topics related to Food Safety and Quality and Sustainable Management of Fisheries Resources.

3.5.3. Suggestions for improvement

The “One Health” concept could be more explicitly developed in the curriculum and linked to the health of ecosystems (i.e. risk assessment and management of environmental risks linked to human activities and possible consequences on biodiversity).

3.6. Professional knowledge

3.6.1. Findings

3.6.1.1. Brief description of the theoretical and practical education in professional Knowledge:

Professional ethics & behaviour 26.5hrs (6hrs lectures and 5 hrs seminars);

Veterinary Legislation 170hrs (24hrs lectures and 15 seminars);

Veterinary certification and report writing 72hrs (14hrs lectures and 10hrs seminars);

Communication skills 51.5hrs (10hrs lectures 19hrs seminars);

Practice management & business 45hrs (20hrs seminars).

The difference in time between the total and the taught hours is made up of supervised self-learning, laboratory and desk-based work, clinical animal, tutorials and assessments.

Professional Knowledge is taught within many subjects of the course which are contained in the above headings. Evaluation takes place by way of theoretical examinations, assessment of student participation in the classroom, the practical training note book and group work presented as a final work project.

3.6.1.2. Brief description of the organisation, selection procedures and supervision of the EPT

Students have to undertake 100 hours in their chosen elective in the 5th year. The subject is chosen by the student and may be based on any interest of the student within the veterinary profession. Clinical activities should be based in the Canary Islands or with a veterinary surgeon registered within the Canary Islands. Food Industry EPT is undertaken in companies with a veterinarian on their staff or a technician having competencies in hygiene, inspection and control of food.

EPT is supervised and monitored by ULPGC in contractual agreements with 4100 companies or institutions.

The student is assessed by the external (EPT) tutor against the portfolio designed by the Faculty, a report provided by the EPT tutor and the student’s own report presented to the ULPGC tutor. Marks are awarded when the student is evaluated by the ULPGC tutor (10%), the portfolio which will contain a presentation if the student was an intern within a company (80%) and the report of the EPT tutor (10%).

3.6.1.3. Description of the procedures used to ascertain the achievement of each core practical/clinical activity and professional knowledge by each student (independently of the tracking system).

The portfolio is a comprehensive document detailing the practical activities and clinical skills of the student obtained during clinical, ambulatory clinics and EPT. It lists and evaluates the student as they acquire Day One Competences. A template portfolio and current portfolios supplied by students were examined.

3.6.2. Comments

The findings for Professional Knowledge are in agreement with the Standards.

3.6.3. Suggestions for improvement

None.

3.7. Decision

The Establishment is compliant with Standard 3 except for Substandard 3.5.

The Establishment is partially compliant with Substandard 3.5, because the duration of the equine clinical rotations is not optimal to enable all students to acquire their necessary D1C.

4. Facilities and equipment

4.1. Findings

4.1.1. Brief description of the location and organisation of the facilities used for the veterinary curriculum

The Veterinary Faculty is located on the Arucas Campus (approx. 35,000 m²) in the north of the island, some 8km from the capital, Las Palmas de Gran Canaria city. It consists of 10 modules with a total area of the buildings of 13.580 m². Several departments are located on three further campuses (basic sciences, pharmacology, aquaculture and others) with up to 17km distance.

4.1.2. Description of the adequacy for the veterinary training of the premises for:

-) lecturing, group work and practical work
-) housing healthy, hospitalised and isolated animals
-) clinical activities, diagnostic services and necropsy
-) FSQ & VPH
-) study and self-learning, catering, locker rooms, accommodation for on call students and leisure

There are 7 lecture halls with capacities between 60 and 196 students. Additionally seminary and computer rooms (40 places) are available. Several laboratories for student training are available.

Housing for healthy animals is available on a faculty farm for small ruminants, 3 bovines, hens, rabbits and 8 pigs.

The VTH is divided in a small and a large animal building. For small animals 6 examination rooms, 2 surgery theatres, a radiology and CT room are available. The large animal clinic offers only 1 examination room for all large animals, 1 surgery room and radiology room as well as an induction/recovery box. Flooring in the examination room is damaged.

Boxes and places for 20 dogs, 8 cats, only 3 horses and 2 cows and 1 pig are available in the VTH (Table 4.1.3.).

Isolation is possible for 9 dogs, 6 cats and 2 small ruminants. The canine and feline isolation

units had the correct protocols, equipment and signage. The area available for changing into protective clothing was contained within the room and could provide a potential risk for transmission of infection. Access to the canine unit used the same corridor as that used by animals going to other consulting rooms and posed a potential transmission risk.

Restricted areas are designated by yellow strips on the floor in the VTH and red strips in the laboratories.

No isolation is available for bovines and horses, however, a new isolation stable for 2 horses is under construction.

A dedicated experimental animal house offers space for small ruminants and rabbits and marine animals for various research projects.

The intensive care unit of the small animal clinic was a small room containing two controlled environment cages suitable for small dogs, rabbits and cats. Larger dogs were treated in the normal hospitalisation cages adapted with sheeting covers. No ICU is available for large animals.

The pharmacy is contained in a locked room with the key held by a technician near the registration desk. A second key is kept within a secure cupboard in the reception area. There is no locked cupboard for controlled drugs. Levels were checked daily by the technician, but there was no cross checking of controlled drugs dispensed against the client records.

Several laboratories offer services for the diagnostic services (Table 4.1.4.).

Rooms for dissections and practical training of student in Anatomy and Pathology are in the same building. There are separate entrances for Anatomy and Pathology; however a direct communication between the two tracts is possible. For Pathology, a large necropsy room is available. Some freezers used for storing materials are shared by Anatomy and Pathology.

There is one slaughterhouse in Las Palmas.

For the self-study of the students one room with 139 places is offered in module 6. Some small rooms are available in the library and other parts of the university. The library is not opened on weekends. There is a cafeteria in module 4, locker rooms in module 6. A small room for students and intern during the night is available.

Leisure activities are offered by the university sports service.

4.1.3. Description of the adequacy for the veterinary training of the vehicles used for student transportation, ambulatory clinic, live animals and cadavers transportation

Extramural activities use private transport companies, or public transport. One vehicle is available for equine mobile clinic. Private cars from the veterinarians/practitioners are used for mobile clinics for ruminants (3 vets), porcine (1 vet) and poultry (1 vet).

One vehicle is available for small animal transportation from and to the shelter.

4.1.4. Description of the adequacy for the veterinary training of the equipment used for teaching purposes and clinical services

Lecture halls are equipped with a computer, a multimedia projector and Wi-Fi coverage.

The VTH offers the standard clinical equipment, especially in the small animal clinic (including radiology and CT), the surgical unit have basic standard anaesthetic and surgical equipment (including arthroscopy); however, no fluoroscope is available.

The large animal clinic has its own radiology unit and portable ultrasound equipment. The surgical facilities are very basic and do not equate modern standard.

Standard equipment of the necropsy room is available.

4.1.5. Description of the adequacy of the biosecurity rules in the Establishment

Biosecurity rules are approved by the Faculty Board and proposed by the Biosecurity Committee. The Biosecurity Committee is advised by the ULPGC Central Service responsible for the Occupational Risk Prevention Office. All the documents and the information are published on the Faculty's website. Students and Staff are trained in the Biosecurity Manual and Rules.

4.1.6. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of facilities, equipment and biosecurity rules of the Establishment

The supervision of the general maintenance of the buildings corresponds to the Building Administrator who is part of the administration office of the Faculty. She acts under the direction of the ULPGC General Manager and in coordination with the Dean. The Dean is responsible for the QAS procedure related to the management of material resources (facilities and equipment). The renewal and acquisition of equipment and facilities depend on budget availability.

4.2. Comments

The faculty farm offers no space for equids and sufficient number of cows. No facilities for healthy small animals are provided.

The small animal clinic provides a sufficient and adequate number of examination rooms. The room used for ophthalmology could not be darkened adequately to enable a thorough ophthalmic examination to take place. The ICU does not offer state of the art standards and equipment for small and big dogs. There are two surgery theatres, but they are not dedicated and handled for different purposes like a septic and aseptic theatre. No dedicated rooms for changing surgery clothes are available in the restricted surgery area. There is no fluoroscopy in the VTH for bone surgery.

There are separate isolation units for dogs and cats. However, there is a common access to the general examination rooms and the contagious patients. The isolation rooms for both groups are very small and offer no separate space for changing into isolation clothes before the borders into restricted area.

The color-coding of the restricted areas in the isolation area, surgery rooms and research laboratories is inconsistent yellow or red. There are only Spanish warnings and instructions for restricted areas and biosecurity measures present at the respective locations.

The pharmacy is one small room for the whole VTH with variable access to the key. No extra dedicated locker is available for the controlled drugs like methadone. Additionally there is no sufficient cross checking of the use of the drugs in the patient records.

Several drugs of multiple use did not have the date of first use.

There is one intern and two students available at the VTH for emergency cases. Veterinarians for small animals and equine are on call. However, no equine surgical specialist is available for abdominal, joint or fracture surgery.

There is no functional isolation area for large animals. One building for isolation is under construction. The equine clinic and especially the surgical facilities and equipment deserve an upgrading of diagnostic and therapeutic equipment.

In the anatomy and pathology buildings there is no strict separation of the pathways and storage, especially on the weekends, between anatomic and pathologic material. Possible communication between anatomy and pathology and sharing freezers are a biosecurity issue.

4.3 Suggestions for improvement

The room used for ophthalmology should be provided with blinds to reduce the light level during examinations.

The designation of infectious and non-infectious areas/ pathways should be consistent.

Change to protective clothing should take place before entry into the unit with the “infected clothing” left in a designated waste bin in the unit.

Access to the canine isolation unit should be via a different route to that used by “non-infectious” animals. Instructions in English should be provided for all relevant locations.

A secure lockable dangerous drug cabinet should be provided and protocols established to show in the clinical records to which animal-controlled drugs were administered and these levels cross checked against the manual check already in place.

Signing the date of first use has to be written on all drugs with multiple use.

When introducing the isolation area of the large animals, attention should be kept on the proper construction, ventilation, and operation procedures of the unit, including means for examination and therapy of isolated horses, and waste management.

Measures should be taken to ensure a complete physical separation between anatomy and pathology. Materials for anatomy and pathology should always be stored separately.

4.4. Decision

The Establishment is compliant with Standard 4 except for Substandards 4.3, 4.7, 4.8 and 4.13. The Establishment is partially compliant with Substandard 4.3, because of sub-optimal equipment in some units of the VTH.

The Establishment is partially compliant with Substandard 4.7, because of 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.

The Establishment is partially compliant with Substandard 4.8, because of sub-optimal provision of an equine emergency service;

The Establishment is not compliant with Substandard 4.13, because of non-functional isolation facilities for large animals.

5. Animal resources and teaching material of animal origin

5.1. Findings

5.1.1. Brief description of the global strategy of the Establishment about the use of animals and material of animal origin for the acquisition by each student of Day One Competences

The EAEVE list of Day One Competences was introduced in the design of the curriculum. A portfolio was designed and has been used for the final evaluation of competences in the 5th year subjects: Clinical Practice, Mobile Clinics and External Practical Training I and II, Small Animal Clinical Rotatory and Large Animal Clinical Rotatory. The EAEVE Indicators have been introduced in the Annual Report. These indicators are revised annually and resulting strategies are included in the Annual Objectives of the Establishment.

5.1.2. Description of the adequacy for the veterinary training of the enrolled students of:

-) the number and diversity of cadavers and material of animal origin used in anatomy, necropsy and FSQ

A large variety of anatomical pieces (bones, organs) of different species are offered for anatomical training. 40 dogs are offered as fresh material and another 15 dogs are available as fixed material.

A large number of diverse species are used in necropsy. Most of them are companion animals (average 532) and poultry/rabbit (163,7). Other species used are: cattle (7,3), small ruminants (27,3), pigs (24,3), equine (8,3), exotic pets (22) and others (98,3). Formalin is still in use for the conservation of various anatomic specimens.

-) the number and diversity of healthy live animals used for pre-clinical training

There is a high number of small ruminants (average 77) used in pre-clinical training. Poultry and rabbits are also used (average 30/60). Only one cow and 8 pigs (for research purposes) were present at the time of the Visitation and there were no healthy horses or small animals available.

-) the number of visits in herds/flocks/units of food-producing animals

There are several mobile clinics. Students are transported by veterinary surgeon's cars when visiting units of food-producing animals/ small ruminants (average 52,3), cattle (45) poultry/rabbits (21,3) and pigs (24,3). In addition, there are 55 visits to aquaculture farms and 20 to marine mammal establishments.

-) the number and diversity of patients examined/treated by each student

The average number of patients seen intramurally is very low, in cattle (3.6), pigs (2.6), and equine (24). Other species are present in larger amounts intramurally, companion animals (3396.6), small ruminants (110.5) and exotic pets (118.6). The average number of animals examined/treated by each student intramurally is: cattle 0.058; pigs 0.041; equine 0.387; companion animals 54.744; small ruminants 1.78 and exotic pets 1.9. The average number of patients seen extramurally is greater: 41.6 cattle; 514.3 small ruminants; 150.3 pigs; 148 companion animals, 341.3 equine, 159 poultry/rabbits. Each student may examine/treat extramurally 0.67 cattle, 8.3 small ruminants, 2.42 pigs, 2.39 pets, 5.5 equine and 2.57 poultry/rabbits. No information is given for the diversity of the cases for equids and ruminants, neither for intramural nor extramural patients. The description in the table of the activities shows mainly small animal activities. The surgical equine cases are restricted to basic procedures (e.g. castration, wounds), no standard abdominal, joint or bone surgery is performed.

-) the balance between species, between clinical disciplines, between first opinion and referral cases, between acute and chronic cases, between consultations and hospitalisations, between individual medicine and population medicine

Information about first opinion or referral cases is given only for companion animals with 48% of animals seen being first opinion. No information is available about the surgical procedures in patients seen by students.

5.1.3. Description of the organisation and management of the VTH and ambulatory clinics

The VTH is open 24 hours/7 days a week. It is organized in two components: Small Animal Clinical Services and Large Animal Clinical Activities. In small animal clinical services, consultation appointments are made from Monday to Friday (8:30-13:30). During this time slot, the practical training included in 3rd and 4th year subjects is programmed from 8:30 until 12:30 hours and until 13:30 for the 5th year students.

The Large Animal (Equine, Ruminants, Porcine and Avian) Clinical Activities are mostly extramural and are scheduled during the mornings from Monday to Friday (usually 8:30-13:30).

A vehicle is used for transportation of students to farms. Minibuses provided by a specialised company are also available. These activities are scheduled to be included in the subjects: 'Internal Medicine I', 'Clinical Practices' and 'Large Animal Rotatory Clinic'.

5.1.4. Description of the group size for the different types of clinical training and of the hands-on involvement of students in clinical procedures in the different species.

The group size differs according to the type of activities intramural/extramural and subject. For Intramural activities the average group size is between 4.8 (Surgery II) and 6.4 (clinical training). 2 students are scheduled for emergency services during nights and weekends.

For extramural activities, the average group size varies from 6.4 (parasitic diseases) and 8.3 (infectious diseases). For mobile clinics/ slaughterhouse, the average is 2.6/2.5.

5.1.5. Description of the patient record system and how it is used to efficiently support the teaching, research, and service programmes of the Establishment

Gestorvet™, online veterinary hospital management software program is used as the recording system. It integrates a clinical and administration database with specific user profiles for the administration, technician, students and veterinarians. Gestorvet can be accessed from any computer or portable device with a personal username and password. The program Gestorvet allows multiple-ways for information search. It is used by both students in preparing for their exams and academic staff in preparing scientific reports and presentations. Student access is under the supervision of VTH staff.

5.1.6. Description of the procedures developed to ensure the welfare of animals used for educational and research activities

The use of animals for Research and Teaching purposes respects the Directive 2010/63/EU of the European Parliament and of the Council of 22 September 2010. All the procedures performed on animals at the Establishment must be approved by the Animal Research Ethical Committee accredited by the Spanish Ministry. The suitability of the procedure in relation to the objectives of the study is considered. Three facilities are accredited at the Establishment for animal experiment purposes. Those are managed by the ULPGC General Experimental Animal Research Service. The veterinarians are responsible for Animal Welfare during the experimental procedures carried out.

5.1.7. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the number and variety of animals and material of animal origin for pre-clinical and clinical training, and the clinical services provided by the Establishment

The academic staff propose, during April and May, the number and variety of animals and material of animal origin for pre-clinical and clinical training, based on the syllabus contents. Their proposal is discussed and approved by different governing bodies such as the Department Councils, Faculty Committees and the Faculty Board. All the information is studied annually by the Committee for Academic Affairs and it is later submitted for the approval of the Faculty Board. All the stakeholders (academic staff, support staff and students) are represented on the governing bodies. The Annual Faculty Report includes references to the ESEVT Indicators in order to be able to revise and promote improvement in the case of low quality or deficiencies detected in animals and material of animal origin. This information is used for writing-up the Specific Annual Objectives in the QAS as described in the (PEC01) procedure related to the writing and revision of the Quality Assurance Policy and Objectives. Also, the QAS (PAC02) procedure, which is related to the management of the material resources, includes the identification of needs, demands or requests given by any of the stakeholders. In the case of demands of animals, the application is forwarded to the SGIAE and/or to the VTH director.

5.2. Comments

The Establishment is to be commended on its collaboration with the local Animal Rescue Centre. This provides valuable learning in “hands-on” shelter care and offers surgical experience in the neutering of dogs and cats.

Training in small ruminant production and medicine offers a real opportunity to the students to develop more practical/clinical skills. Strong involvement in environment issues and marine veterinary sciences offers a huge potential to develop didactic/clinical/research abilities for the students and academic staff.

The number and diversity of healthy animals provided intramurally for pre-clinical and clinical training is suboptimal. Especially the availability of sufficient healthy equids might serve as solid basis for equine nursing and clinical skills. The number of medical and surgical cases in equine patients is insufficient. There is a severe shortage of surgical cases in horses. While students work actively in the ambulatory clinic, all aspects of pre-anaesthetic care, general anaesthesia, the various surgical procedures and post-surgical intensive care are not trained on a regular basis for all students.

Free access of academic staff and students to the VTH record system is needed to provide an accurate source of information for their professional development

5.3. Suggestions for improvement

It is suggested that the Establishment significantly increases the number and diversity of healthy animals on the teaching farm to be used for didactic/clinical purpose.

It is strongly suggested that the number of medical/surgical cases in equine teaching hospital is increased. All possible cooperations with private equine clinics and other veterinary faculty partner institutions should be evaluated.

A replacement of formalin as conservation agent in anatomy and pathology is recommended.

5.4. Decision

The Establishment is compliant with Standard 5, except for Substandards 5.1 and 5.2.

The Establishment is partially compliant with Substandard 5.1, because of sub-optimal numbers of healthy animals for propaedeutics.

The Establishment is not compliant with Substandard 5.2, because of insufficient medical and surgical cases in the equine species.

6. Learning resources

6.1 Finding

6.1.1. Brief description of the main library

The main library (BUPLGC) is located on the Tafira Campus, the Veterinary Faculty is located on the Arucas Campus and contains all the veterinary related sources. BULPGC is part of a university purchasing group which subscribes to e-resource and e-learning platforms.

The Faculty library occupies 550 square meters on three floors in module 6 of the Faculty.

It is composed of:

- the library itself with a computer room (12 computers, 25 laptops, 2 tablets, 1 printer/scanner)
- 4 group work rooms (one of them with TV) (6 sits each)
- 1 study room (139 sits, 64 electrical sockets).

The staff consists of one qualified librarian and two technicians who undertake regular training courses. The library is open Monday to Friday from 08:15 to 20:45. The study room is open all week from 07:30 to 24:00. The allocated budget for the Faculty has fallen from €22500 in 2015 to €8600 in 2017. E-resources and E-journals are allocated in the main BUPLGC budget which has increased by around €140000 in the same period.

Lists of numbers of veterinary books, periodicals and e-publications are found in 6.1.1 as is the software offered. FARO is the software used for databases and other electronic resources. AccedaCRIS system has also been developed to manage the repository. IT support staff are available on the Arucas campus.

Central IT support (located on the San Cristobal Campus) operates 24 hours a day, there is a remote service online offering quick technical support.

6.1.2. Description of the available electronic information and e-learning courses, and their role in supporting student learning and teaching in the core curriculum

An Office Package is offered to students as well as a Cloud for the academic staff. Various software for specific subjects such as statistical analysis or herd health management are also available.

The Faculty uses Moodle as a teaching platform (online learning support).

Patient record management is by a commercial software programme – GestorVet, with which students, under supervision, can practice writing clinical records. There is currently no student read-only access.

Online courses are also offered to students to improve their digital competences.

6.1.3. Description of the accessibility for staff and students to electronic learning resources both on and off campus

Most students have their own personal computers, laptops or tablets.

On the campus, students and staff can use the computers (12, two of which can access the online public access catalogue), laptops (25) and tablets (2) of the library, the computers (40) of the free access computer room, or their own through free Wi-Fi and the Eduroam network. The study room has electrical connections for laptops (64).

Off campus, students can loan laptops (10 for weekly loans, 15 for daily loans) and access the e-learning resources of the BULPGC via a remote access system (EZProxy).

Students and staff have a specific identification number and password enabling access to the UPLGC website and BUPLGC website remotely.

6.1.4. Description of how the procedures for access to and use of learning resources are taught to students

Students attend a welcome day at the start of their course when the Chief Librarian gives information on a compulsory e-learning activity which is required if the student is to borrow books or use library services. Other tutorials and learning materials are published on the BUPLGC website.

6.1.5. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of learning resources

The Faculty, academic staff and students, make suggestions/proposals to the Library Committee (includes students) for new learning resources of all types. The Chief librarian has some

autonomy if funds allow. The use of resources is monitored annually and subscriptions continued or stopped depending on usage.

The IT department receives requests for specific software annually for installation in the following academic year.

6.2. Comments

The Establishment is to be commended on its provision of a wet lab giving students early hands-on experience in dealing with suturing and other techniques on animal tissue.

6.3. Suggestions for improvement

The provision of a clinical skills lab containing large animal manikins and other models would improve the learning experience of the students.

6.4. Decision

The Establishment is compliant with Standard 6.

7. Student admission, progression and welfare

7.1. Finding

7.1.1. Brief description of the admission procedures for standard and for full-fee students

Up-to-date information regarding the veterinary degree programme is provided on the website of the Ministry, the ULPGC and the Establishment (cf. PCC08), in an information leaflet for would-be students, and at different events such as open days. The admission requirements and numbers are determined legally by the Ministry of Science, Innovation and Universities and the Education Department of the Government of the Canary Islands, and the admission procedure is carried out centrally, and is administered by the ULPGC based on the procedures PI10 and PCC01.

Students' admission is solely based on the grade of the EBAU, once the students have completed a Baccalaureate or a Professional Training course. For veterinary training more weight is attached to chemistry and biology at the entrance examination. Since there are much more students applying for admission to the veterinary programme, only the best are selected and enrolled.

There are mechanisms in place for asking for a revision of the entrance examination.

The Establishment is not playing an active role in the admission of students.

There are no full fee students enrolled at the Establishment.

Some reciprocal agreements have been signed for overseas and EU students. Students without reciprocal agreements must follow specific admission procedures.

7.1.2. Description of how the Establishment adapts the number of admitted students to the available educational resources and the biosecurity and welfare requirements

The number of veterinary students admitted for the first year is determined on the basis of the availability of teaching capacity in terms of facilities and staff, and the demand on the labour market. There is a limit of 72 new admissions per year approved by ANECA. The Establishment has the right to suggest modification of the number of students admitted on the basis of the Establishment's capacity, but at present they agree with the *numerus clausus*.

Transfer of students from other veterinary or health science universities is possible. This usually represents 3 to 5 people each year.

7.1.3. Description of the progression criteria and procedures, the available remediation and supports, the rate and main causes of attrition

Progression criteria are clearly regulated and made public in detail on the ULPGC website. Besides, there is an orientation day at the beginning of the studies when students are informed about these, among others. A Student Orientation Plan is made available to all students, covering their academic life. There is a QA procedure (PCC03) describing the guidance offered for students. A Tutorial Action Plan is elaborated annually, and the results are presented to the Tutorial Action Committee for the continuing assessment of the programme and results in different subjects.

Students must complete at least 50% of the credits in subjects they have enrolled for to be able to continue their studies. Students have to enrol for subjects in which they had failed up to the limit of 60 ECTS for full-time and 24–36 ECTS for part-time students. This may be increased up till 78 or 36 ECTS, or decreased to 42 or 18 ECTS respectively depending on the student's performance.

There are 6 possibilities for passing a subject, i.e. 2 possibilities in every calendar year. However, students are offered three opportunities every year, then the student must elect between December or July. The Establishment has asked for the modification of regulations: if a student did not sit for an examination, it would not count as an examination session (retake). (Now it is the case only for exams in subjects with an Academic Success Rate of less than 30% of the average rate.)

In case the student is not able to meet the above requirements, it is possible to ask for an extension of studies once during the programme.

Students who have a third exam session in a subject are offered participation in a Subject Tutorial Plan elaborated by the Subject Coordinator and confirmed by the Committee for Tutorial Action. Students must sign a commitment document for being included in the programme. Also educational and psycho-pedagogical support is offered by ULPGC to students with disabilities or learning difficulties. Detailed information is available on the website.

Procedure PAC06 regards the resolution of academic incidents, which can be submitted (also anonymously) to the Dean who is responsible for finding the proper remedy. Complaints, suggestions and praises are registered and considered by the Vice-Dean for Quality Assurance. There is a University Community Defender responsible for mediation of unsolved problems, both academic and other.

There are two different appeal procedures: one related to the admission process (entrance examination), and another related to academic incidents.

In the case of the admission process the applicant may request a revision within three working days from the date of the publication of marks. The revision may be a simple revision or a double correction, which have to be performed within five days.

The other appeal procedure is regulated by PAC06, and refers to academic incidents. If the student does not agree with the final grade, he/she may submit a claim to the Dean. In this case the examiner has to write a report on the case, and a “tribunal”, consisting of three department

members can reassess the documents, and suggest the proper solution. If the student does not agree with the result of this process, an appeal can be submitted to the Rector of the ULPGC.

The rate of attrition is not high, and is calculated as percentage of students in year X not continuing their studies in the coming two courses divided by the total number of students in year X. Thus attrition rate for the last five years was 5.23%. The main causes are a) changing for another course (not considered as drop-out) at beginning of the programme, and b) financial problems occurring in the family (even though there is possibility to become a part-time student).

7.1.4. Brief description of the services available for students

Students are offered a comprehensive introduction to academic life on their first day at the Establishment covering their studies (regulations: Learning Assessment Regulation, and the Academic Progress and Permanence Regulations; subject descriptions (according to PCC02); presentation of softwares to be used during to their studies; the library's services; administrative duties; and General Behaviour and Biosecurity Rules of the Faculty). Biosecurity presentations are held every year for each subject.

In accordance with the procedure PI09, ULPGC operates a Support Service for Social Action and Psychosocial Attention which aims at assisting students with social or personal problems. There is a mobile application (Estu ULPGC) offered for unusual or unexpected events when the Vice-rectorate of Students and Sports can be contacted.

The services offered for students provide for their needs, or provide psychological aid or recreational opportunities. The first category – partly bound to the library –includes lockers, scrubs, stethoscope, e-book reader, laptop loan services, group rooms for study, support for those with disabilities, risk prevention, scholarships and financial aid, accommodation, while the second consists of mediation, conflict resolution, intervention, and family preservation as well as sports facilities. Accommodation is offered by ULPGC for several hundreds of students, however most of them live in apartments or at home. A small student hostel is under construction at the campus. A minibus is taking students up and down between the campus and the bus stop.

At the end of their studies students get help (via events, conferences, website, etc.) for professional orientation and in entering the labour market provided by FULP and the professional college.

7.1.5. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the admission procedures, the admission criteria, the number of admitted students and the services to students

The Establishment is not involved directly in the admission procedure, and most of the services to students are provided by ULPGC.

7.2. Comments

The Establishment has little influence on the admission of students, especially at undergraduate level. The Conference of Deans of the Spanish Veterinary Establishments suggests the reform of the admission of vet students that would be more in harmony with the possibilities and needs of the labour market. However, since there is much interest in veterinary studies, the best of the applicants become enrolled.

The Establishment is elaborating plans regarding the re-introduction of a clinical Master Degree.

The progression criteria are communicated clearly, and extensive assistance and ample services are provided for students with learning problems, disabilities, or other difficulties including the possibility of continuing studies part time.

7.3. Suggestions for improvement

The practice of considering missed exams as retakes should be changed.

Prerequisite studies should be fulfilled before students can enrol in new courses.

Provision of biosecurity warnings also in English could improve the safety of students. First-aid kits and eyewashes should preferably be kept on a standard place in all rooms, and their contents filled up.

7.4. Decision

The Establishment is compliant with Standard 7.

8. Student assessment

8.1. Findings

8.1.1. Brief description of the student's assessment strategy of the Establishment

There are several regulations and procedures (PCC05, PAC06, PCC02) governing the assessment practice of the Establishment.

It is the academic staff responsible for the subject who decides which method or technique is most suited for the assessment of the attainment of learning outcomes, let them be theoretical knowledge, competences or attitudes. A diversity of assessment methods are used (oral, written, online, practical, etc.) both for continuous and for summative evaluation. If attendance is at least 50% for theoretical and 90% for practical activities, it is possible that students who receive good positive continuous assessment do not have to sit for a final examination. In general, 50–70% of the maximum points has to be achieved in order to pass.

There is a weighing system for the assessment of teaching and learning activities for every core subject determining the significance of knowledge, skills, and attitudes-values elements in the given subject.

The following grades are used: P (Absent), S (Failed – less than 5), A (Passed), N (Good), E (Outstanding), M.H. (Highest Honours).

The assessment method, criteria and the grading system are made public in the teaching guide officially approved for each course. The teaching guides for courses can be found on the homepage of the Establishment, which include in detail the assessment methods and the grading criteria for each of them.

8.1.2. Description of the assessment methodology to ensure that every graduate has achieved the minimum level of competence, as prescribed in the ESEVT Day One Competences

The competences (divided into nuclear, transversal and specific competences) expected from a graduating students by law, and the ones specified in the ESEVT Day One Competences are associated with the subjects in the curriculum on the one hand, and on the other hand there is a so-called portfolio for 5th year students which is entitled “Objective structured examination for

the assessment of essential competences at graduation” ensuring that students have acquired Day One Competences by the time of graduation.

As detailed in the SER, the Establishment uses a great variety of assessment methods.

8.1.3. Description of the processes for providing to students a feedback post-assessment and a guidance for requested improvement

Examination results are communicated in 10/15 days depending on the number of students enrolled for the subject, and there are at least two appointments for the revision of results, which is actually a discussion of results with the individual student. Examination or test documents are archived for one academic year.

Students, who have a third exam session in a subject, are offered participation in a Subject Tutorial Plan (see 7.1.5.). The success of the Tutorial Action Plans is supervised by the Vice Dean for Academic Affairs. Educational and psycho-pedagogical aid is also offered to those with learning difficulties.

Academic success is evaluated from the point of view of subjects as well. The Subject Tracking Program focuses on the Success and Efficiency Ratio of subjects, and if they were below 70% or 60% respectively, the possibilities for improving the ratios would be sought by the Tutorial Action Committee, the Subject Coordinator, and responsible members of the academic staff. Students are also involved in this process.

8.1.4. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the student’s assessment strategy

The selection of assessment methods, and the elaboration of assessment tools is the responsibility of the teaching staff, but the main principles of evaluation are stated in law and in the regulations and procedures valid for the ULPGC and the Establishment. Department Boards, the Committee of Academic Affairs and the Faculty Board approve annually the teaching guides which include detailed information regarding assessment. The Final Degree Project Committee has designed a portfolio (a planned e-portfolio) including criteria and objectives for every competence expected, and the Final Degree Project also greatly contributes to the development of competences.

8.2. Comments

The assessment practice of the Establishment is rich and transparent. The use of a diversity of assessment methods is also favourable for students for whom one or the other approach may be more convenient.

The use of the portfolio ensures that the development of Day One Competences is monitored. Its revision together with the development of a computer application which will be used instead of a printed booklet is underway. It is expected to be more realistic on the one hand, and very easy to use on the other.

The Tutorial Program (Tutorial Action Plan) as well as the Subject Tutorial Plan are good practices enhancing the involvement of all stakeholders in the development of the assessment system.

8.3. Suggestions for improvement

None.

8.4. Decision

The Establishment is compliant with Standard 8.

9. Academic and support staff

9.1. Findings

9.1.1. Brief description of the global strategy in order to ensure that all requested competences for the veterinary programme are covered for both academic and support and that they are properly qualified and prepared for their roles

Competencies of the Veterinary Degree are linked to subjects and Area of Knowledge. The recruitment procedure ensures that the staff involvement and training is done in the concordant Area of Knowledge.

The new QA system has introduced an Institutional Procedure for the recruitment and selection of Academic Staff. ULPGC protocols for the application process are clearly defined. For Academic staff, candidates should have an external Spanish accreditation for application, in addition to being involved in the same Area of Knowledge. This accreditation includes the assessment of both research and teaching experiences.

ULPGC has a Continuing Education Plan for the Academic Staff defined in the QAS. The training course “Biosecurity training” has been recently added.

The selection and recruitment of support staff directly depends on the ULPGC Rectorate. Any need to increase the number of Support Staff in Departments is detected through the QAS (Procedure for Academic Complaints) or the Annual Internal Report of the Faculty or by External Accreditation mandatory every 6 years. For recruitment, competitive examinations are organised for the different levels of responsibility.

The ULPGC has a Continuing Education Plan for Support Staff defined in QAS procedure and published on the ULPGC website.

Since 2014, the responsible unit for the management is the Canarian Science-Technological Park Foundation (FCPCT), which is dependent on the ULPGC. VTH can propose the hiring of clinical, technical and administration staff from its own budget. An authorisation named “*Venia docendi*” is used to recognise the teaching activity of clinicians involved in the VTH and contracted by the FCPCT. Therefore, the clinicians with *Venia docendi* are considered members of the Academic Staff.

9.1.2. Description of the adequacy of the number of academic and support staff in the different departments/units with the number of students to be taught

Every academic year, Departments present requests for new positions to increase and/or replace their staff to the Vice-Rectorate of Academic Planning and Academic Staff. Staff needs are based on an annual calculation of the hours given in the different subjects of the *curriculum*. If there is sufficient financial support available, the requested position must be positively approved by the Faculty Board.

The ratios (teaching staff versus students or support staff) are above the indicative ranges. An estimation of the support staff assigned to centralised university services has been included in this calculation.

The proportion of veterinarians on the teaching staff is high, 78% in 2018. Since the previous EAEVE report in 2008, 8 European specialists (following EBVS specialities) have been recruited. Among them, 1 European Veterinary Specialist in Veterinary Sports Medicine and Rehabilitation and 1 Member of the European College of Small Ruminant Health Management, have been recruited in the Area of knowledge “Animal Medicine and Surgery” and they teach in the VTH or the Animal Farm. There is no European specialist in the equine clinic.

9.1.3. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the strategy for allocating, recruiting, promoting, supporting and assessing academic and support staff

The evaluation of Academic Staff is undertaken by means of a national procedure called DOCENTIA which was designed by ANECA and further developed by the ULPGC. Every 5 years, the permanent academic staffs are assessed by the ULPGC and every 6 years the Academic Staff’s research activity is assessed by the CNEAI (ANECA). If the result is positive, this is reflected in the teacher’s salary. For their promotion, the Academic Staff has to submit to a national evaluation procedure.

For the non-permanent and part-time academic staff, an annual report is required for the renewal of their contracts. Non-permanent academic staff members have the possibility to gain a permanent position through an examination process (public, open access, and with the participation of an examining board), once they have obtained their accreditation by the national or regional agencies.

Surveys are administered to students, Faculties and Departments for the assessment of the academic staff. These assess the level of satisfaction of their teaching activity. One third of the total academic staff is randomly selected to be assessed annually. Additionally, the Faculty of Veterinary Medicine organises a programme for monitoring teaching activity, focused on those subjects with low performance rates.

9.2. Comments

Very good relationships between staff and students, an ongoing enthusiasm of the staff in delivering the education programme and commitment of the staff to continuing improvement have been observed during the Visitation.

The practical and clinical training is made with small student group size enabling efficient practical and clinical training.

There is a lack of specialists in the VTH, especially in the equine clinic. Specialists in all fundamental disciplines, like internal medicine, surgery, radiology or anaesthesiology are needed.

There are only two members of support staff within the VTH. Most tasks are completed by students or interns. There are sub-optimal numbers of support staff for practical teaching.

9.3. Suggestions for improvement

The opening of new positions for support staff involved in the VTH and practical training should be considered.

The recruitment of EBVS specialists in the VTH should be encouraged.

9.4. Decision

The Establishment is compliant with Standard 9, except for Substandard 9.2.

The Establishment is partially compliant with Substandard 9.2, because of sub-optimal numbers of specialists in the VTH and of support staff for practical and clinical teaching.

10. Research programmes, continuing and postgraduate education

10.1. Findings

10.1.1. Brief description of how the research activities of the Establishment and the implication of most academic staff in it contribute to research-based undergraduate veterinary education

Faculty research is overseen and organised by UPLGC. 12 research groups are applicable to the Faculty classified as type A+ (8 groups), type A (4 groups). None of them are classified in type B in Veterinary Medicine. There is a local regulation for recognition of those research groups based on research activity and scientific productivity. Research Group activity is monitored by the Vice-Rectorate of Research.

Students can take part in research projects on a voluntary basis, currently 7 students are involved in research projects on this basis.

Members of Academic staff are encouraged to complete research activities as part of the normal workload in a University Institution. Currently 14 members of academic staff are involved in research projects of which two are clinically based – The role of obesity and diabetes in feline nephropathy and a canine filaria study.

There is a local regulation for recognition of those research groups based on research activity and scientific productivity. Research Group activity is monitored by the Vice-Rectorate of Research. There is an internship program running in the Establishment.

10.1.2. Description of how the postgraduate clinical trainings of the Establishment contribute positively to undergraduate veterinary education and how potential conflicts in relation to case management between post- and undergraduate students are avoided

Undergraduate students can apply for collaborative scholarships (27 awarded in the last 3 years) enabling them to initiate or take part in research projects.

There is collaboration between PhD Students, interns and undergraduates in different fields of activities (research, case management). PhD Students are involved in teaching activities (max 60 hours) monitored by PhD director mostly in clinical services. Also, they are encouraged to participate in national/international scientific meetings/workshops. Students are required to present case-reports in several subjects during the last year. Students' research activities are part of the final evaluation (80%).

10.1.3. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of research, continuing and postgraduate education programmes organised by the Establishment

Undergraduate students have to make several presentations during their final year with evaluation criteria based on evidence-based medicine and bibliographical research. The library offers a course in the latter to assist students in their final assessment.

CPD is encouraged for Post graduate students. CPD courses are offered by the Faculty and are organised in cooperation with the Official College of Veterinarians of Las Palmas. Parallel to this, the Spanish Organisation of Veterinary Colleges (OCV) has a national continuing education program which is organised in Veterinary Colleges and the Spanish Faculties of Veterinary Medicine. Proposals for postgraduate offer have to be drawn up by a committee according to the Establishment's regulation (*ULPGC Regulation for the Official Offer of Degrees*). The project is then sent to the Faculty Board for approval and then to the University Government Council, later to the Canary Islands Government, and finally to the Spanish Ministry of Science. After the approval protocol, it is published on the ULPGC website and

communicated to the students, the general public and stakeholders. Additional non-official courses are organised and those have to follow the same internal procedure under specific regulation. The Establishment actively participates in the continuing education programme offered by the Official Veterinary Association and by other scientific and professional associations.

10.2. Comments

The Establishment is to be commended on IUSA – the Central Atlantic investigation unit into cetaceans and their veterinary problems.

10.3. Suggestions for improvement

Students should be trained in the reporting of evidence-based medicine and the completion of documents.

Clinical residency programmes should be instituted as soon as possible.

10.4. Decision

The Establishment is compliant with Standard 10.

11. Outcome Assessment and Quality Assurance

11.1. Findings

11.1.1. Description of the global strategy of the Establishment for outcome assessment and Quality Assurance (QA), in order to demonstrate that the Establishment:

-) has a culture of QA and continued enhancement of quality;
-) operates *ad hoc*, cyclical, sustainable and transparent outcome assessment, QA and quality enhancement mechanisms;
-) collect, analyse and use relevant information from internal and external sources for the effective management of their programmes and activities (*teaching, research, services*);
-) informs regularly staff, students and stakeholders and involves them in the QA processes;
-) closes the loop of the QA Plan-Do-Check-Act (PDCA) cycle;
-) is compliant with ESG Standards.

The Establishment is fully integrated into the Quality Assurance System of the ULPGC which was implemented in 2010 and audited by ANECA (a member of ENQA) in 2018. QA activities of the Establishment are greatly supported by the Vice-Rectorate of Quality Assurance and its offices (e. g. the Institutional Assessment Cabinet) which provide for the framework of strategic planning, for the institutional procedures (PI1–17), take care of the cyclical assessments, provide templates, etc.

There is a Vice-Dean of Quality, Communication and Institutional Coordination as well as a Committee for Quality Assurance responsible for the adaptation and development of the elements of the QAS to the Establishment's specific features (Strategic procedure (PEC01), key (PCC01–08) and support (PAC01–09) procedures), preparation of plans, communication with stakeholders, the development of the culture of quality locally, etc. Among many other duties, they elaborate the mission statement, vision and quality policy of the Establishment, and prepare annual reports on the basis of (performance, satisfaction, compliance) indicators, work out the specific objectives of the Establishment.

The regular assessment by students of the academic staff and subjects is organised by the ULPGC at least once in three years for every teacher, while research activities are evaluated by an external agency, CNEAI every 6 years. There are also (mostly online) questionnaires for the measurement of satisfaction of students and staff with services, elements of the QAS, etc.

There are training sessions for both the academic and the support staff regarding different aspects of the QAS, and they are involved in surveys with respect to their working areas. Efforts are made to develop a quality culture in the Establishment.

Procedures guarantee the handling of complaints or non-compliances, and there is also a regular revision included in them to ensure the performance of the PDCA cycle.

Beside the ULPGC public webpage for quality (<https://www.calidad.ulpgc.es/>), information regarding the QAS (http://www.fv.ulpgc.es/?page_id=47) is published on the Establishment's website, and includes the following: QA commission, quality manual, policy, general and specific objectives, procedures, accreditation certification for "grado en veterinaria", updates (revision) of procedures with evidence which form the basis of the updates, as well as related plans and regulations.

11.1.2. Brief description of the specific QA processes for each ESEVT Standards

There are one or more QA procedures for each ESEVT standard in place, as well as related regulations. Procedures are revised every two years by the responsible persons and committees, and corrections are made.

11.1.3. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the QA strategy of the Establishment

Strategic planning was initiated by debates in which academic and support staff, students were involved, and external stakeholders were also invited. These discussions were the basis of formulating strategic priorities, and the items of the action plan.

Every year the Faculty Board revises the Quality Assurance Policy and the main objectives of the Faculty; an annual report is presented by the Faculty Governing Body to the Quality Assurance Committee and, after revision, correction and addenda are presented to the Faculty Board for final approval.

The website of the Establishment makes the quality system transparent to all parties, but direct e-mails are also sent out to internal and external (Official Veterinary Colleges, Official Veterinary Authorities) stakeholders in important matters, such as the strategy or annual report.

11.2. Comments

The QAS of the Establishment is compliant with ESG standards.

ULPGC has a very elaborate Quality Assurance System with a fairly extensive organisation operating it both at the University and the Faculty level. The Establishment takes advantage of the central services provided in the field of QA and supplements them with the corresponding local/specific organisation, documents and actions. It is evident that the Establishment's operation has a solid background ensuring the manifestation of the PDCA cycle in all aspects of its work, and has an outstanding QAS. QA documentation is organised excellently.

Additional funds are needed for covering the costs of suggested improvements mentioned in Chapter 4.

11.3. Suggestions for improvement

None.

11.4. Decision

The Establishment is compliant with Standard 11.

12. ESEVT Indicators



ESEVT Indicators

	A	B	C	D	E	F	G	H	I	J	K	L	
1	Name of the Establishment:												
2	Date of the form filling:												
3	Calculated Indicators from raw data												
4									Establishment values	Median values¹	Minimal values²	Balance³	
5	I1	n° of FTE academic staff involved in veterinary training / n° of undergraduate students								0,260	0,16	0,13	0,134
6	I2	n° of FTE veterinarians involved in veterinary training / n° of students graduating annually								1,362	0,87	0,59	0,773
7	I3	n° of FTE support staff involved in veterinary training / n° of students graduating annually								1,350	0,94	0,57	0,784
8	I4	n° of hours of practical (non-clinical) training								997,000	905,67	595,00	402,000
9	I5	n° of hours of clinical training								758,000	932,92	670,00	88,000
10	I6	n° of hours of FSQ & VPH training								298,000	287,00	174,40	123,600
11	I7	n° of hours of extra-mural practical training in FSQ & VPH								52,000	68,00	28,80	23,200
12	I8	n° of companion animal patients seen intra-murally / n° of students graduating annually								54,154	70,48	42,01	12,145
13	I9	n° of ruminant and pig patients seen intra-murally / n° of students graduating annually								1,277	2,69	0,46	0,813
14	I10	n° of equine patients seen intra-murally / n° of students graduating annually								0,383	5,05	1,30	-0,915
15	I11	n° of rabbit, rodent, bird and exotic seen intra-murally / n° of students graduating annually								1,894	3,35	1,55	0,349
16	I12	n° of companion animal patients seen extra-murally / n° of students graduating annually								2,362	6,80	0,22	2,138
17	I13	n° of individual ruminants and pig patients seen extra-murally / n° of students graduating annual								11,282	15,95	6,29	4,987
18	I14	n° of equine patients seen extra-murally / n° of students graduating annually								5,447	2,11	0,60	4,852
19	I15	n° of visits to ruminant and pig herds / n° of students graduating annually								1,957	1,33	0,55	1,410
20	I16	n° of visits of poultry and farmed rabbit units / n° of students graduating annually								0,340	0,12	0,04	0,296
21	I17	n° of companion animal necropsies / n° of students graduating annually								8,495	2,07	1,40	7,095
22	I18	n° of ruminant and pig necropsies / n° of students graduating annually								0,941	2,32	0,97	-0,029
23	I19	n° of equine necropsies / n° of students graduating annually								0,133	0,30	0,09	0,040
24	I20	n° of rabbit, rodent, bird and exotic pet necropsies / n° of students graduating annually								4,452	2,05	0,69	3,759
25	I21*	n° of FTE specialised veterinarians involved in veterinary training / n° of students graduating an								0,239	0,20	0,06	0,176
26	I22*	n° of PhD graduating annually / n° of students graduating annually								0,394	0,15	0,09	0,306
27	1	Median values defined by data from Establishments with Approval status in April 2016											
28	2	Recommended minimal values calculated as the 20th percentile of data from Establishments with Approval status in April 2016											
29	3	A negative balance indicates that the Indicator is below the recommended minimal value											
30	*	Indicators used only for statistical purpose											

13. ESEVT Rubrics (summary of the decision on the compliance of the Establishment for each ESEVT Standard, i.e. (total or substantial) compliance (C), partial compliance (PC) (Minor Deficiency) or non-compliance (NC) (Major Deficiency))

Standard 1: Objectives and Organisation	C	PC	NC
1.1. The Establishment must have as its main objective to provide, in agreement with the EU Directives and ESG recommendations, adequate, ethical, research-based, evidence-based veterinary training that enables the new graduate to perform as a veterinarian capable of entering all commonly recognised branches of the veterinary profession and to be aware of the importance of lifelong learning.	X		
1.2. The Establishment must develop and follow its mission statement which must embrace all the ESEVT standards.	X		
1.3. The Establishment must be part of a university or a higher education institution providing training recognised as being of an equivalent level and formally recognised as such in the respective country.	X		
1.4. The person responsible for the veterinary curriculum and the person(s) responsible for the professional, ethical, and academic affairs of the Veterinary Teaching Hospital (VTH) must hold a veterinary degree.	X		
1.5. The organisational structure must allow input not only from staff and students but also from external stakeholders.	X		
1.6. The Establishment must have a strategic plan, which includes a SWOT analysis of its current activities, a list of objectives, and an operating plan with timeframe and indicators for its implementation.	X		
Standard 2: Finances			
2.1. Finances must be demonstrably adequate to sustain the requirements for the Establishment to meet its mission and to achieve its objectives for education, research and services.	X		
2.2. The finance report must include both expenditures and revenues and must separate personnel costs, operating costs, maintenance costs and equipment.	X		
2.3. Resources allocation must be regularly reviewed to ensure that available resources meet the requirements.	X		
2.4. Clinical and field services must function as instructional resources. Instructional integrity of these resources must take priority over financial self-sufficiency of clinical services operations. Clinics must be run as efficiently as possible.	X		
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.	X		
Standard 3: Curriculum			
3.1. The curriculum must be designed, resourced and managed to ensure all graduates have achieved the graduate attributes expected to be fully compliant with the EU Directive 2005/36/EC as amended by directive 2013/55/EU and its Annex V.4.1.	X		
3.2. The learning outcomes for the programme must be explicitly articulated to form a cohesive framework.	X		
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.	X		
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. The committee(s) must: -) determine the pedagogical basis, design, delivery methods and assessment methods of the curriculum, -) oversee QA of the curriculum, particularly gathering, evaluating, making change and responding to feedback from stakeholders, peer reviewers and external assessors, and data from examination/assessment outcomes, -) review the curriculum at least every seven years by involving staff, students and stakeholders, -) identify and meet training needs for all types of staff, maintaining and enhancing their competence for the on-going curriculum development.	X		
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) (see Annex 2). This must concern all groups of subjects, i.e. Basic Sciences, Clinical Sciences, Animal Production, Food Safety and Quality, and Professional Knowledge.		X	
3.6. External Practical Training (EPT) are training activities organised outside the Establishment, the student being under the direct supervision of a non-academic person (e.g. a practitioner). EPT cannot replace the core intramural training nor the extramural training under the close supervision of academic staff (e.g. ambulatory clinics, herds visits, practical training in FSQ).	X		
3.7. Since the veterinary degree is a professional qualification with Day One Competences, EPT must complement and strengthen the academic education by enhancing for the student the handling of all common domestic animals, the understanding of the economics and management of animal units and veterinary practices, the communication skills for all aspects of veterinary work, the hands-on practical and clinical training, the real-life experience, and the employability of the prospective graduate.	X		
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.	X		
3.9. There must be a member of the academic staff responsible for the overall supervision of the EPT, including liaison with EPT providers.	X		
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.	X		
Standard 4: Facilities and equipment			
4.1. All aspects of the physical facilities must provide an environment conducive to learning.	X		
4.2. The veterinary Establishment must have a clear strategy and programme for maintaining and upgrading its buildings and equipment.	X		

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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.		X	
4.4. Students must have ready access to adequate and sufficient study, self-learning, recreation, locker, sanitary and food services facilities.	X		
4.5. Offices, teaching preparation and research laboratories must be sufficient for the needs of the academic and support staff.	X		
4.6. Facilities must comply with all relevant legislation including health, safety, biosecurity and EU animal welfare and care standards.	X		
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.		X	
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.		X	
4.9. The VTH and any hospitals, practices and facilities (including EPT) which are involved with the curriculum must meet the relevant national Practice Standards.	X		
4.10. All core teaching sites must provide dedicated learning spaces including adequate internet access.	X		
4.11. The Establishment must ensure students have access to a broad range of diagnostic and therapeutic facilities, including but not limited to: pharmacy, diagnostic imaging, anaesthesia, clinical pathology, intensive/critical care, surgeries and treatment facilities, ambulatory services and necropsy facilities.	X		
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.	X		
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.			X
4.14. The Establishment must have an ambulatory clinic for production animals or equivalent facilities so that students can practise field veterinary medicine and Herd Health Management under academic supervision.	X		
4.15. The transport of students, live animals, cadavers, materials from animal origin and other teaching materials must be done in agreement with national and EU standards, to ensure the safety of students and staff and to prevent the spread of infectious agents.	X		
Standard 5: Animal resources and teaching material of animal origin			
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.		X	
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.			X
5.3. In addition to the training provided in the Establishment, experience can include practical training at external sites, provided this training is organised under direct academic supervision and at the same standards as those applied in the Establishment.	X		
5.4. The VTH must provide nursing care skills and instruction in nursing procedures.	X		
5.5. Under all situations students must be active participants in the workup of patients, including physical diagnosis and diagnostic problem oriented decision making.	X		
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.	X		
Standard 6: Learning resources			
6.1. State-of-the-art learning resources must be available to support veterinary education, research, services and continuing education. Timely access to learning resources, whether through print, electronic media or other means, must be available to students and staff and, when appropriate, to stakeholders. State-of-the-art procedures for bibliographical search and for access to databases and learning resources must be taught to undergraduate students.	X		
6.2. Staff and students must have full access on site to an academic library, which is administered by a qualified librarian, an Information Technology (IT) unit, which is managed by an IT expert, an e-learning platform, and the relevant human and physical resources necessary for development by the staff and use by the students of instructional materials.	X		
6.3. The Establishment must provide students with unimpeded access to learning resources which include scientific and other relevant literature, internet and internal study resources, and equipment for the development of procedural skills (e.g. models). The use of these resources must be aligned with the pedagogical environment and learning outcomes within the programme, and have mechanisms in place to evaluate the teaching value of innovations in learning resources.	X		
6.4. The relevant electronic information, database and other intranet resources must be easily available for students and staff both in the Establishment's core facilities via wireless connection (Wi-Fi) and from outside the Establishment via Virtual Private Network (VPN).	X		
Standard 7: Student admission, progression and welfare			

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7.1. The selection criteria for admission to the programme must be consistent with the mission of the Establishment. The number of students admitted must be consistent with the resources available at the Establishment for staff, buildings, equipment, healthy and diseased animals, and materials of animal origin.	X		
7.2. In relation to enrolment, the Establishment must provide accurate information in all advertisements regarding the educational programme by providing clear and current information for prospective students. Further, printed catalogue and electronic information must state the purpose and goals of the programme, provide admission requirements, criteria and procedures, state degree requirements, present Establishment descriptions, clearly state information on tuition and fees along with procedures for withdrawal, give necessary information for financial aid programmes, and provide an accurate academic calendar.	X		
7.3. The Establishment's website must mention the ESEVT Establishment's status and its last Self Evaluation Report and Visitation Report must be easily available for the public. Not applicable.	X		
7.4. The selection and progression criteria must be clearly defined, consistent, and defensible, be free of discrimination or bias, and take account of the fact that students are admitted with a view to their entry to the veterinary profession in due course.	X		
7.5. The Establishment must regularly review and reflect on the selection processes to ensure they are appropriate for students to complete the programme successfully, including consideration of their potential to meet all the ESEVT Day One Competences in all common domestic species (see Annex 2).	X		
7.6. Adequate training (including periodic refresher training) must be provided for those involved in the selection process to ensure applicants are evaluated fairly and consistently.	X		
7.7. There must be clear policies and procedures on how applicants with disabilities or illnesses will be considered and, if appropriate, accommodated in the programme, taking into account the requirement that all students must be capable of meeting the ESEVT Day One Competences by the time they graduate.	X		
7.8. The basis for decisions on progression (including academic progression and professional fitness to practise) must be explicit and readily available to the students. The Establishment must provide evidence that it has mechanisms in place to identify and provide remediation and appropriate support (including termination) for students who are not performing adequately.	X		
7.9. The Establishment must have mechanisms in place to monitor attrition and progression and be able to respond and amend admission selection criteria (if permitted by national or university law) and student support if required.	X		
7.10. Mechanisms for the exclusion of students from the programme for any reason must be explicit.	X		
7.11. Establishment policies for managing appeals against decisions, including admissions, academic and progression decisions and exclusion, must be transparent and publicly available.	X		
7.12. Provisions must be made by the Establishment to support the physical, emotional and welfare needs of students. This includes, but is not limited to, learning support and counselling services, careers advice, and fair and transparent mechanisms for dealing with student illness, impairment and disability during the programme. This shall include provision of reasonable accommodations/adjustments for disabled students, consistent with all relevant equality and/or human rights legislation.	X		
7.13. There must be effective mechanisms for resolution of student grievances (e.g. interpersonal conflict or harassment).	X		
7.14. Mechanisms must be in place by which students can convey their needs and wants to the Establishment.	X		
7.15. The Establishment must provide students with a mechanism, anonymously if they wish, to offer suggestions, comments and complaints regarding compliance of the Establishment with the ESEVT standards.	X		
Standard 8: Student assessment			
8.1. The Establishment must ensure that there is a clearly identified structure within the Establishment showing lines of responsibility for the assessment strategy to ensure coherence of the overall assessment regime and to allow the demonstration of progressive development across the programme towards entry level competence.	X		
8.2. The assessment tasks and grading criteria for each unit of study in the programme must be clearly identified and available to students in a timely manner well in advance of the assessment.	X		
8.3. Requirements to pass must be explicit.	X		
8.4. Mechanisms for students to appeal against assessment outcomes must be explicit.	X		
8.5. The Establishment must have a process in place to review assessment outcomes and to change assessment strategies when required.	X		
8.6. Programme learning outcomes covering the full range of professional knowledge, skills, competences and attributes must form the basis for assessment design and underpin decisions on progression.	X		
8.7. Students must receive timely feedback on their assessments.	X		
8.8. Assessment strategies must allow the Establishment to certify student achievement of learning objectives at the level of the programme and individual units of study.	X		
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.	X		
Standard 9: Academic and support staff			
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.	X		
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.		X	
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.	X		

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9.4. Academic positions must offer the security and benefits necessary to maintain stability, continuity, and competence of the academic staff. Academic staff should have a balanced workload of teaching, research and service depending on their role; and should have reasonable opportunity and resources for participation in scholarly activities.	X		
9.5. The Establishment must provide evidence that it utilises a well-defined, comprehensive and publicised programme for the professional growth and development of academic and support staff, including formal appraisal and informal mentoring procedures. Staff must have the opportunity to contribute to the Establishment's direction and decision-making processes.	X		
9.6. Promotion criteria for academic and support staff must be clear and explicit. Promotions for teaching staff must recognise excellence in, and (if permitted by the national or university law) place equal emphasis on all aspects of teaching (including clinical teaching), research, service and other scholarly activities.	X		
Standard 10: Research programmes, continuing and postgraduate education			
10.1. The Establishment must demonstrate significant and broad research activities of staff that integrate with and strengthen the veterinary degree programme through research-based teaching.	X		
10.2. All students must be trained in scientific method and research techniques relevant to evidence-based veterinary medicine.	X		
10.3. All students must have opportunities to participate in research programmes.	X		
10.4. The Establishment must provide advanced postgraduate degree programmes, e.g. PhD, internships, residencies and continuing education programmes that complement and strengthen the veterinary degree programme and are relevant to the needs of the profession and society.	X		
Standard 11: Outcome Assessment and Quality Assurance			
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.	X		
11.2. The Establishment must have processes for the design and approval of their programmes. The programmes must be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme must be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.	X		
11.3. The Establishment must ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.	X		
11.4. The Establishment must consistently apply pre-defined and published regulations covering all phases of the student "life cycle", e.g. student admission, progression, recognition and certification.	X		
11.5. The Establishment must assure themselves of the competence of their teachers. They must apply fair and transparent processes for the recruitment and development of staff.	X		
11.6. The Establishment must have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.	X		
11.7. The Establishment must ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.	X		
11.8. The Establishment must publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible.	X		
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.	X		
11.10. The Establishment must undergo external quality assurance in line with the ESG on a cyclical basis.	X		
<i>C: (total or substantial) compliance; PC: partial compliance (Minor Deficiency); NC: non-compliance (Major Deficiency)</i>			

Executive Summary

The Establishment was founded in 1986 as a Faculty of the University of La Laguna in Tenerife, was re-assigned to the University of Las Palmas de Gran Canaria in 1989 and moved to its current location on the Arucas Campus (7km from Las Palmas) in 1995. The Establishment is the only Veterinary Faculty in the Canary Islands.

The first ESEVT Visitation of the Establishment took place in 2000, resulting in Non-approval status. The second ESEVT Visitation took place in 2009, resulting in full Approval status.

The SER was provided on time and written in agreement with the SOP 2016, except that it was too long. Replies to the pre-Visitation questions from the experts were provided before the start of the Visitation.

The Visitation was very well organised and the Liaison Officer did a great job to adapt the schedule of the Visitation, to search for the requested information and to organise the relevant meetings.

Areas worthy of praise (i.e. Commendations):

- ongoing enthusiasm of staff in delivering the education programme;
- commitment of staff to continuing improvement;
- very good relationship between staff and students;
- a wet lab which enables students to develop their clinical skills;
- small student group size enabling efficient practical and clinical training;
- involvement of the local animal shelter in the hands-on clinical training of the students;
- training in small ruminant production and medicine;
- strong involvement in environment issues and marine veterinary sciences.

Additional commendations are given in the Visitation Report.

Areas of concern (i.e. Minor Deficiencies):

- partial compliance with Substandard 3.5, because the duration of the equine clinical rotations is not optimal to enable all students to acquire their necessary D1C;
- partial compliance with Substandard 4.3, because of sub-optimal equipment in some units of the VTH;
- partial compliance with Substandard 4.7, because of 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;
- partial compliance with Substandard 4.8, because of sub-optimal provision of an equine emergency service;
- partial compliance with Substandard 5.1, because of sub-optimal numbers of healthy animals for propedeutics;
- partial compliance with Substandard 9.2, because of sub-optimal numbers of specialists in the VTH and of support staff for practical and clinical teaching.

Additional Suggestions for improvement are given in the Visitation Report.

Items of non-compliance with the ESEVT Standards (i.e. Major Deficiencies):

- non-compliance with Substandard 4.13, because of non-functional isolation facilities for large animals;
- non-compliance with Substandard 5.2, because of insufficient medical and surgical cases in the equine species.

Glossary

DIC: Day One Competences

EAEVE: European Association of Establishments for Veterinary Education

EBVS: European Board of Veterinary Specialisation

ECOVE: European Committee on Veterinary Specialisation

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

FSQ: Food Safety and Quality

FTE: Full-Time Equivalent

IT: Information Technology

QA: Quality Assurance

SER: Self Evaluation Report

SOP: Standard Operating Procedure

ULPGC: University of Las Palmas de Gran Canaria

VPH: Veterinary Public Health

VTH: Veterinary Teaching Hospital

Standardised terminology

Accreditation: status of an Establishment that is considered by ECOVE as compliant with the ESEVT Standards normally for a 7 years period starting at the date of the last (full) Visitation;

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 academic trained teachers;

Establishment's Head: the person who officially chairs the above described Establishment, i.e. 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;

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 and finally issued by ECOVE; it contains, for each ESEVT Standard, findings, comments, suggestions and identified deficiencies.

Decision of ECOVE

The Committee concluded that the following Major Deficiencies were identified:

- Non-compliance with Substandard 4.13, because of non-functional isolation facilities for large animals;
- Non-compliance with Substandard 5.2, because of insufficient medical and surgical cases in the equine species.

The Veterinary Faculty of the University of Las Palmas de Gran Canaria is therefore classified as holding the status of: **NON-ACCREDITATION**.