



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

## **Period 2011-2015**

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## **1. Introduction**

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

In summary, ESEVT started in 1985 with pilot evaluations completed in several European Establishments.

In 1992, a permanent system was set up and implemented in most European Establishments. This system was assessed on a regular basis (2000, 2007, 2011) and subsequently improved by amendment of the Standard Operating Procedure (SOP) by the EAEVE General Assembly (2008, 2009, 2011, 2012).

As stated by its stakeholders, ESEVT has provided important information on the compliance of the Establishments with the EU Directives. However, its efficiency in terms of systematic improvement and quality assurance of veterinary education throughout Europe was not as high as it could be. The main reason could be a general lack of feedback, meta-analysis of the system and QA approaches (i.e. closing the QA loop).

As pointed out by the ENQA external Review in 2012, 'EAEVE is not conducting any in-depth analysis of its evaluations and activities, which would serve it to develop its overall policies and contribute to quality enhancement at large in Europe in the veterinary field'.

The objective of this report is to complete a system-wide analysis of ESEVT for the period 2011-2015 in order to propose recommendations for improvement of ESEVT in general and of veterinary education in Europe in particular, and to identify the main challenges for the future.

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

## **2. System-wide analysis of ESEVT for the period 2011-2015**

### **2.1. Analysis of the ESEVT procedures**

#### **2.1.1. General aspects**

##### **Facts**

Assessment on ESEVT activities for the period 2011-2015 has been made by CIQA, mainly by analysing the Post-visitation questionnaires. These surveys are systematically completed after each Visitation and cover various aspects of the system, i.e. logistics of the Visitation, team cooperation, experts' skills and performance, Coordinator and EAEVE Office support.



They are competed both by the visited Establishment's Head and Liaison Officer, and by all members of the Visitation Team.

### **Comments**

EAEVE has been collecting feedback from different activities of ESEVT, which has proved to be helpful in terms of its upgrade and improvement. Some modification of the time schedule was made and some experts were not included in teams any more on the basis of feedback. However, no systematic check of ESEVT efficiency has been operating. The major reason for this situation was probably a lack of relevant rules. Clearly, the QA loop has not been completed at all levels of ESEVT activities.

At this stage, the feedback collection and subsequent improvements have concerned mostly general principles of ESEVT and selected areas, like the Major Deficiencies encountered in the Establishments of Veterinary Education after the evaluation.

Evolution of ESEVT towards a strictly organised accreditation system with clearly defined general standards and permanently updated SOP must be a clear objective.

### **Conclusions/suggestions**

Further activities/areas of interest of the ESEVT should be addressed in QA terms. Critical points should be defined and analysed on a regular basis.

A comprehensive strategy of QA implementation in all areas of ESEVT, including a realistic time schedule should be defined. Gaps in the QA loops should be further identified and removed from the system by setting and implementing clear written rules.

## **2.1.2. Visitation Teams and experts**

### **Facts**

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

### **Comments**

The above-cited reference is a one-page document of general value. No criteria and no procedures have been formally defined either for experts or for teams. Complete QA loops have not been established, no rules and procedures regulating cancellation of existing nominations are available. CIQA has produced some recommendations on this for ExCom.

The feedback questionnaires provide useful feedback from chairpersons, coordinators or establishments, but no follow-ups have been defined nor formalised.

A definition of general principles of expert/team nominations would be helpful for setting the rules.

### **Conclusions/suggestions**



The training of the experts must be formally organised and completed before including them within a Visitation Team.

A formal and publically available document defining criteria for selection of experts, composition of evaluating teams, procedures for nominating experts and teams, responsibilities and related QA loops should be produced and approved as soon as possible. CIQA's recommendations should be taken into consideration in this context.

This formulation of the general philosophy of nominations would contribute to improving the quality of ESEVT.

### **2.1.3. Logistics of visitations**

#### **Facts**

All factual information is contained in the SOP under the annex Timetable and Guidelines for the Visitation. Several suggestions of improvement have been included in Post-visitation questionnaires and sent to CIQA.

#### **Comments**

Several issues have been raised by both CIQA and the coordinators, e.g. lack of harmonisation of the time schedule, inefficient organisation of social events (dinners), reasons behind splitting teams during the onsite visitations, delayed arrival of experts and premature departures, lack of insurance for experts.

#### **Conclusions/suggestions**

These issues need to be solved as soon as possible. In fact, the revised 'Uppsala' SOP 2016 takes these issues into account in order to improve ESEVT.

### **2.1.4. Quality assurance (ex-stage 2 visitation)**

#### **Facts**

Only a few establishments asked for a stage 2 Visitation and QA procedures were not included in the stage 1 standards (2011 & 2012 SOP).

#### **Comments**

QA approaches are necessary not only in the management of the Establishments but in all their activities, i.e. education, research and services. It makes sense to combine stage 1 and stage 2. This was also pointed out by the ENQA External Review in 2012.

#### **Conclusions/suggestions**

Stage 1 and stage 2 must merge to assure relevant QA. For all standards, the Establishments must provide evidence that a QA loop is implemented on a cyclical basis.

### **2.1.5. Decision making processes**

#### **Facts**



ECOVE is the body making decisions on the outcome of evaluations. Voting members are nominated both by EAEVE and by stakeholders (FVE).

The decision is based on the Visitation Report and on rules defined by the ExCom and by the General Assembly. The Chairperson of the Visitation, the President of EAEVE and the Director of ESEVT are available during the meeting if further information is needed.

The decision is immediately sent to the Establishment and the final Visitation Report with eventual ECOVE comments (together with the Self Evaluation report, SER) is published on the websites of EAEVE and of the Establishment.

### **Comments**

The flow of information and coordination between these bodies and others, like CIQA, still needs improvement.

### **Conclusions/suggestions**

Rules and procedures defining ways of communication and the flow of information among EAEVE bodies should be better defined, as suggested by CIQA.

## **2.2. Analysis of the results of the evaluation of the veterinary training in Europe**

### **Facts**

During the period 2011-2015, the visitations were completed based on the 2011 and 2012 ESEVT SOP.

During this period, 71 visitations were completed, i.e. 34 Stage 1 Visitations, 10 Stage 1 & 2 Visitations, 19 Re-visitations and 8 Consultative Visitations. Precise information on the date and location is available on the website (<http://www.eave.org/esevt/visitation-programme.html>).

The system of evaluation was based on the assessment of the compliance of the visited Establishment with the standards described in the SOP leading to the identification of commendations and recommendations.

Major Deficiencies (formerly Category I Deficiencies) are deficiencies that significantly affect the quality of education and the Establishment's compliance with the ESEVT Standards/EU Directives. The majority of Major Deficiencies means a lack of compliance with a single Standard, although a few Major Deficiencies means a lack of compliance with two or more Standards or several Minor Deficiencies focusing on one Standard.

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

Minor Deficiencies and/or Suggestions for improvements are deficiencies that do not significantly affect the quality of education or the Establishment's compliance with the ESEVT Standards/EU Directives. They are also identified by the Visitation Team but do not affect the status of the Establishment. However, it is strongly recommended that the



Establishment initiates a strategy in order to correct as soon as possible these Minor Deficiencies.

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

In the case of combined Stage 1 & 2 Visitations, the status 'Approval' is replaced by the status 'Accreditation'.

Here is a summary of the Major Deficiencies identified by ECOVE during the period 2011-2015 in order of decreasing frequency:

- ) Insufficient clinical training in large animals (12X)
- ) Inadequate biosecurity and biosafety procedures (10X)
- ) Insufficient clinical training in companion animals (9X)
- ) Inadequate clinical training for emergencies and intensive care (8X)
- ) Lack of isolation units (8X)
- ) Insufficient training in necropsy (6X)
- ) Inadequate clinical facilities (3X)
- ) Inadequate animal welfare (3X)
- ) Inadequate student assessment (2X)
- ) Inappropriate SER (2X)
- ) Lack of strategic plan (2X)
- ) Inadequate clinical data retrieval system to allow retrospective cases study (2X)
- ) Insufficient research-based education (1X)
- ) Insufficient communication between the management and staff/students (1X)
- ) Inadequate storage of drugs (1X)
- ) Insufficient number of support staff (1X)
- ) Insufficient number of veterinary staff (1X)
- ) Inadequate teaching in food safety and quality (1X).

The list of Major Deficiencies identified by ECOVE before 2011 is provided in Annex 1.

The complete list and yearly distribution of the Major Deficiencies identified by ECOVE during the period 2011-2015 are provided in Annex 2.

### **Comments**

Analysis of the yearly distribution and comparisons with previous analyses show that Major Deficiencies are less and less frequent, which can be considered as a positive effect of the evaluation system. The identified Major Deficiencies are less likely to be linked to inadequate facilities and more likely to be linked to biosecurity, caseload versus the number of undergraduate students, animal welfare and QA.

Biosecurity currently represents one of the major challenges in veterinary medicine as well as in veterinary education. Along with QA approaches, it has often been identified as a Major Deficiency, partly due to variation in national legislations and culture.



In general terms changes in agriculture and economy increase of the number of undergraduate students. Such an increase, when linked to pressures imposed by the SOP, push Establishments to look for new ways of hands-on clinical training, new ways of providing teaching materials and adequate caseload in all major species and disciplines. Analysis of SER's and Visitation Reports show that, although some flexibility is needed in interpreting local differences, a clearer definition of quality standards is necessary.

Based on the reading of the SER and Visitations Reports, the most common reasons why Major Deficiencies occur could be the result of:

- ) Inadequate knowledge of the EU Directives 2005/36 & 2013/55 and of the ESEVT SOP;
- ) Inadequate application of the SOP;
- ) Insufficient financial support from the governing body;
- ) Insufficient autonomy of the Establishment in the decision-making process;
- ) Traditions and specific cultural and/or regional factors;
- ) Misunderstanding of some parameters like the ESEVT ratios.

Concerning QA and 'Accreditation', only 12 Establishments (over a total of 96) have been evaluated by a Stage 2 procedure. As suggested by the 2012 ENQA External Review and by CIQA, the system in place needs some amendments, in order to encourage the implementation of the QA loop in all aspects of education, research and services.

Despite its weaknesses and opportunities for improvement, ESEVT has been quite efficient in the past. Indeed the percentage of accredited, approved and conditionally approved Establishments has increased between 2011 and 2015 by 267, 11 and 133%, respectively.

### **Conclusions/suggestions**

Retrospective analyses of Majors Deficiencies, SERs and Evaluation Reports proved to be an important feedback tool for further improvement of the evaluation/accreditation system. EAEVE should contribute to help the Establishments to correct their deficiencies, e.g. by organising conferences or seminars on the most frequent issues (e.g. biosecurity, QA in Higher Education), and by more precisely describing the standards and requirements (e.g. through revised SOP and revised Indicators).

The current system of defining approval *versus* non-approval still needs further improvements in terms of QA and harmonisation. As suggested by the ENQA External Review, the Experts should receive a specific training before participating in an evaluation. Furthermore, the procedures leading to harmonisation of decisions made by ECOVE should be better defined.

It should be pointed out that the list of the Major Deficiencies identified in the past by ESEVT is NOT a list of standards of inadequate quality. This list should only be used for the purpose of information. Both the Establishments (for the preparation of the Visitation and the writing of the SER) and the Visitation Team (for the completion of the Visitation and the writing of the Visitation Report) should focus on the compliance with all Standards, as described in the ESEVT SOP.



### 3. Recommendations for the future

#### 3.1. Recommendations for the ESEVT SOP

Based on the above analysis and on the SWOT analysis included in the EAEVE 2015-2020 Strategic Plan ([http://www.eaeve.org/fileadmin/downloads/news/SWOT\\_SP\\_EAEVE\\_2015-20.pdf](http://www.eaeve.org/fileadmin/downloads/news/SWOT_SP_EAEVE_2015-20.pdf)), the major recommendations are summarised here:

- ) Merging of stage 1 & 2 in order to make QA evaluation compulsory for all establishments;
- ) QA standards in full agreement with ESG (2015) and integrated within all aspects of the evaluation procedure;
- ) Reduced period (7 *versus* 10 yr) between two full visitations;
- ) Interim Reports in order to monitor the progress in the correction of Minor Deficiencies and to identify the occurrence of potential new issues;
- ) Training for all experts, e.g. by E-learning and by seminars for continuing education;
- ) Standardisation of the SER and Visitation Reports;
- ) Visitation Report based on the SER drafted before the start of the Visitation;
- ) Revised Indicators with clear definition of all parameters;
- ) Better collaboration with stakeholders (FVE/IVSA/EBVS, ..) for the selection of the practitioner/student of the Visitation Team;
- ) List of Day One Competences amended with input from stakeholders (e.g. through the ECCVT);
- ) Harmonisation of SOP with worldwide veterinary accreditation agencies;
- ) Tracking system for all documents.

All these recommendations have already been taken into account in the last amendment of the ESEVT SOP ('Uppsala' SOP unanimously approved by the May 2016 EAEVE General Assembly)

([http://www.eaeve.org/fileadmin/downloads/SOP/ESEVT\\_Uppsala\\_SOP\\_May\\_2016.pdf](http://www.eaeve.org/fileadmin/downloads/SOP/ESEVT_Uppsala_SOP_May_2016.pdf)) and in the functioning of ESEVT.

#### 3.2. Recommendations for the veterinary training in Europe

Based on the most frequently identified Major Deficiencies, several recommendations should be made to the Establishments with the responsibility for veterinary education in Europe. EAEVE could take an active part by contributing to efforts designed to correct these deficiencies, to anticipate their occurrence and to better harmonise veterinary training in Europe, e.g. by organising conferences/seminars/guidelines for the veterinary Establishments on:

- ) QA procedures in higher education at all levels (education, research, services);
- ) Biosecurity, biosafety and animal welfare requisites in veterinary education;
- ) Planning for future upgrades to facilities;
- ) E-learning, MOOC and IT as a support to face-to-face education and hands-on training.

These recommendations have already been taken into account in the activities of EAEVE through the Education Conference linked to the General Assembly, availability of guidelines on the website and organisation of regional seminars.



## **4. Challenges for the future**

### **4.1. Challenges for ESEVT**

The main challenges for ESEVT in the near future are:

- ) to implement the recommendations provided in this report;
- ) to implement the new 'Uppsala' SOP as soon as possible in an efficient and consistent way;
- ) to better collaborate with interested National Accreditation Bodies for Higher Education in order to organise joint visitations (and consequently to establish a legal basis for ESEVT and to enable Establishments visited to save time and money);
- ) to collaborate with the Directorate General GROW of the European Commission in order to amend the Annex 5.4.1 of the EU Directive 2013/55/EU (by inclusion of the list of Day One Competences as approved by ECCVT);
- ) to better integrate QA procedures in the functioning of ESEVT.

### **4.2. Challenges for veterinary training in Europe**

Based on the results of the recent ESEVT visitations and on formal and informal discussions with heads of Establishments, staff and students, several threats have been identified for the veterinary education in Europe:

- ) When compared to other disciplines, the very high cost of the veterinary education in general and clinical training in particular;
- ) Occurrence of the 'distributed model' (absence of in-house Veterinary Teaching Hospital) in public Establishments and in private Establishments, with an associated risk of lack of research-based clinical training performed by well trained academic staff;
- ) Insufficient/inadequate staff, facilities and/or caseload (in all major species and disciplines) for the number of admitted undergraduate students;
- ) Lack of acquisition by all students of all Day One Competences (i.e. basic competences in all domestic species and all disciplines), as a consequence of excessive tracking/electives for undergraduate students;
- ) Too intensive (overloaded) study programme for undergraduate students, with a risk of overstrain/burnout and insufficient time for Self Learning, External Practical Training and social activities;
- ) Lack of QA loop implementation in all areas of teaching, research and clinical activities.

These threats need to be discussed both internally (mainly through EAEVE ExCom and General Assembly) and externally with stakeholders (mainly through ECCVT), before contact is established with relevant decision-making bodies.



## Glossary

### Abbreviations

- CIQA: Committee on Internal Quality Assurance (of EAEVE)  
EAEVE: European Association of Establishments for Veterinary Education  
EASVO : European Association of State Veterinary Officers  
EBVS: European Board of Veterinary Specialisation  
ECCVT: European Coordination Committee on Veterinary Training  
ECOVE: European Committee of Veterinary Education  
ENQA: European Network for Quality Assurance in Higher Education  
EPT: External Practical Training  
ESEVT: European System of Evaluation of Veterinary Training  
ESG: Standards and Guidelines for Quality Assurance in the European Higher Education Area  
EVERI: European Veterinarians in Education, Research and Industry  
ExCom: Executive Committee (of EAEVE)  
FVE: Federation of Veterinarians of Europe  
GA: General Assembly (of EAEVE)  
IT: Information Technology  
IVSA: International Veterinary Students' Association  
MOOC: Massive Open Online Course  
QA: Quality Assurance  
SER: Self Evaluation Report  
SOP: Standard Operating Procedure  
SWOT: Strengths, Weaknesses, Opportunities, Threats  
VTH: Veterinary Teaching Hospital  
UEVH : Union of European Veterinary Hygienists  
UEVP : Union of European Veterinary Practitioners

### Standardised terminology

- Establishment:** the official and legal unit that organise the veterinary degree as a whole, either a university, faculty, school, department, institute;
- Ambulatory clinic:** clinical training done extra-murally and fully supervised by academically trained teachers;
- Establishment's Head:** the person who officially chairs the above described Establishment, e.g. Rector, Dean, Director, Head of Department, President, Principal, ..;
- External Practical Training:** clinical and practical training done extra-murally and fully supervised by non academic staff (e.g. practitioners);
- Major Deficiency:** a deficiency that significantly affects the quality of education and the Establishment's compliance with the ESEVT Standards;
- Minor Deficiency:** a deficiency that does not significantly affect the quality of education or the Establishment's compliance with the ESEVT Standards;
- Re-visitation:** a partial focused visitation organised in agreement with the ESEVT SOP in order to evaluate whether the Major Deficiencies identified during a previous Visitation have been corrected;



**Visitation:** a full visitation organised on-site in agreement with the ESEVT SOP in order to evaluate if the veterinary degree provided by the visited Establishment is compliant with all ESEVT Standards; any chronological reference to ‘the Visitation’ means the first day of the full on-site visitation;

**Visitation Report:** a document prepared by the Visitation Team, corrected for factual errors by the Establishment and finally issued by ECOVE. It contains, for each ESEVT Standard, findings, comments, suggestions and identified deficiencies and may eventually also contain comments from ECOVE.

**Annex 1: List of Major Deficiencies identified by ECOVE before 2011**

- ) Lack of separate facilities to conduct patho-anatomical dissections and basic anatomy training.
- ) Lack of or inadequate facilities for examination of small and large animal species for anatomical and patho-anatomical post-mortem practical examinations including hoists, storage, special waste disposal, ventilation and changing rooms for both staff and students. Such facilities should have a separate entrance with no direct access to the clinics.
- ) Insufficient overall awareness and insufficient teaching of bio-safety and bio-security. Lack of written safety procedures and safety equipment in laboratories and clinics (with special focus on eye washes and showers in relevant teaching laboratories and escape routes or partitions in clinics where live animals are a potential danger to staff and students). Building structures e.g. floors, walls, partitions, .. in such poor condition that adequate cleaning and disinfection are seriously impeded.
- ) Lack of or inadequate hospitalization facilities for Small Companion Animals, Equines and Farm Animals.
- ) Lack of or inadequate isolation facilities for animals being handled in the establishment. At least two separate isolation facilities must be present, one for small and one for large animals. Proper air recycling and waste management systems are required.
- ) Lack of a functional mobile clinic for farm animals or lack of specific contractual arrangements to compensate.
- ) Lack of adequate instrumentation to enable up-to-date training in diagnostics and treatments.
- ) Curriculum does not comply with EU Directive 2005/36 standards in terms of minimum teaching hours requirements, subjects and disciplines coverage, and of balance between clinical versus non-clinical training, theoretical versus practical training and direct vs indirect and self-directed learning.
- ) Groups too large (in excess of 10-12 students) in order for each student to be able to undertake adequate hands-on anatomical dissection and/or pathological examination. Just watching a teacher doing dissection cannot be considered as relevant hands-on experience.
- ) Inadequate number of carcasses and/or insufficient variety of species for anatomical dissection and/or pathological examination.
- ) Lack or insufficiency of theoretical and practical training in any major animal species.
- ) Lack of clinical hands-on training in any major animal species.
- ) Case load of any major species of companion animal, equine or farm animal too low for adequate hands-on clinical training.
- ) Groups too large (in excess of 5-6 students) for adequate hands-on clinical training of each student. Just observing a teacher does not meet the needs of day-one-skills.
- ) Extramural training not controlled by teaching staff and not well recorded by both practitioner (contract professor) and student. Clinical extramural training cannot entirely be used as substitute for adequate intramural training.
- ) No adequate programme offered for farm access, usually resulting from lack of cooperation with local private practitioners.
- ) Lack of a 24-hour emergency service 7 days per week, at least in clinics for companion animals. In the equine clinic a 24-hour emergency service is highly desirable.
- ) Severe deficiencies in the application of the principles and EU standards of animal welfare in the clinics, farms and slaughterhouses.



- ) Inadequate teaching and hands-on work in meat hygiene and meat inspection in the slaughterhouse.
- ) Incompleteness of or inadequate accessibility and maintenance of clinical records.
- ) Lack of or inadequate controlling system to record the individual student's duties and attendance to them.
- ) Proportion of veterinarians in the teaching staff below the required minimum standard.
- ) Lack of consultative processes in decision-making.

**Annex 2: List of Major Deficiencies identified by ECOVE for the period 2011-2015**  
**2011**

- ) Lack of long-term clinical teaching activity (impact of outsourcing teaching staff, emergency service, hospitalisation, case load, ambulatory clinic)
- ) Insufficiency in bio-security, bio-safety and general hygiene in different areas and facilities, among them, in specific, necropsy rooms and the large animal isolation ward
- ) Animal welfare in the Clinics, on the Research Farm and in the Slaughterhouse
- ) Insufficient level of hands-on training in small animal medicine and surgery linked to a not fully functioning emergency service
- ) Insufficient level of hands-on training in equine medicine and surgery linked to shortage of staff, inappropriate facilities and isolation facilities for horses
- ) Lack of reaction and action by the Faculty to poor learning performance associated with lengthy times to graduation and the scarce overall participation of students in any non-compulsory teaching and learning activities. Under these circumstances, the Faculty cannot assure, by the time students graduate that all students have acquired the knowledge and the first day skills listed in the EAEVE guidelines
- ) Absence of isolation units
- ) Overall insufficiency of a bio-security and bio-safety concept
- ) Insufficient functioning of the emergency service with inconsistent involvement of students
- ) Lack of an institutional pharmacy combined with improper storage and access to drugs
- ) Insufficient caseload of large animals (including horses)
- ) Insufficient necropsy case load of cattle, pigs and horses
- ) Severe deficiencies in the application of the principles and EU standards of animal welfare
- ) Inadequate activity and governance of mobile clinic for large animals
- ) Inadequate isolation facility for large animals
- ) Inadequate necropsy facilities and insufficient pathology caseload
- ) Insufficient clinical training, (insufficient case load of different species) excessive number of students per group and insufficient practical hands-on training
- ) Lack of theoretical and practical teaching in herd health management
- ) Inefficient control of study progress of students
- ) Lack of biohazard risk control measures
- ) Lack of animal welfare and hygiene measures in the experimental animal unit
- ) Lack of organization, of isolation facility, of emergency service and of mobile clinic in the veterinary teaching hospital
- ) Insufficient teaching in pig medicine
- ) Insufficient numbers of support staff
- ) Insufficient necropsy caseload

**2012**

- ) Necropsies for instructional purposes are insufficient
- ) The extent, nature and form of practical clinical training are not met
- ) The requirements regarding student care and safety are not met
- ) The requirements regarding Physical Facilities in general and with respect to safety and health procedures are not met
- ) The Clinical facilities are inadequate and not conducive to a good learning and working environment

- ) The isolation facilities (both small and large animals) are lacking
- ) Insufficient hands-on clinical training, i.e. excessive student group size, excessive ratio of students to clinical cases, over-reliance on laboratory and desk-based work in place of clinical work, and non-compulsory attendance in the 24/7 emergency service
- ) Insufficient overall awareness, instruction and enforcement of safety and biosecurity protocols including, but not limited to, pharmacy and drug management and control
- ) The low proportion of veterinarians on the teaching staff below the required minimum standard
- ) Insufficient access to clinical cases for all students in large animals
- ) Insufficient access to clinical cases for all students in companion animals
- ) Incompleteness of or inadequate accessibility and maintenance of clinic and pathological records
- ) Lack of a functional mobile clinic for farm animals or lack of specific contractual arrangements to compensate
- ) Lack of adequate instrumentation to enable up-to-date-training in diagnostic and treatment
- ) Inadequate teaching and hands-on work in meat hygiene and meat inspection in slaughterhouse
- ) Lack of adequate facilities to perform necropsies
- ) Lack of a 24-hour emergency service, 7 days per week, at least in clinics for companion animals
- ) Lack of hospitalization facilities for small companion animals, equines and farm animals
- ) Lack of isolation facilities for animals being handled in the establishment for small and large animals

### **2013**

- ) The relative lack of in-house practical teaching in large animals, based on and in combination with the inexistence of a functional large animal hospital
- ) Lack of in-house equine and bovine necropsies
- ) Inexistence of an isolation unit for those animal species
- ) The low and yet inconsistent case load in the small animal teaching hospital
- ) The requirements regarding physical facilities with respect to safety and health procedures

### **2014**

- ) Lack of strategic objectives
- ) Lack of implementation of biosecurity processes
- ) Lack of clear objectives and strategy/timeframe/indicators to reach them
- ) Lack of consultative processes in decision making which leads to a disconnect between the executive and the staff/students
- ) Low caseload in small animals to guarantee sufficient hand-on training
- ) Lack of clinical and hands-on training (including 24/7 emergency service) under the supervision of academic staff in food-producing animals
- ) Lack of strategy, funding and available time for research activities, resulting in a negative impact on research-based teaching and education to research
- ) Inadequate SER (errors, inaccuracies, lack of key data)
- ) Lack of adequate equipment to enable up-to-date training in diagnostic imaging
- ) Lack of strategic plan for the Establishment and especially for its VTH





- ) Insufficient caseload in all species and as a consequence, insufficient compulsory hands- on clinical training
- ) Insufficient exposure to emergency cases

### **2015**

- ) Inadequate biosecurity and biosafety procedures in several areas, including control of drug management, necropsy hall
- ) Inadequate drugs' storage and biosecurity procedures in farm animals and equine facilities
- ) Inadequate Self Evaluation Report
- ) Inadequate hospital facilities for small and large animals
- ) Inadequate isolation facilities
- ) Inadequate equine isolation unit
- ) Lack of mandatory clinical rotations for emergency and out-of-hours services
- ) Insufficient (computerised) clinical records and insufficient involvement of undergraduate students in the completion of these clinical records, particularly but not exclusively for those on the English- speaking programme.



## Tracking system

### System-wide analysis of ESEVT

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