

**FINAL REPORT AS ISSUED BY ECOVE ON 11 MAY 2016**

**European Association  
of Establishments for Veterinary Education**

**Association Européenne  
des Etablissements d'Enseignement Vétérinaire**



REPORT ON A RE-VISITATION TO

***Faculty of Veterinary Medicine, University of Life Sciences, Lublin***

ON

***15 – 16 March 2016***

by the Visitation Team :

***Professor Dr. Marc Gogny, Paris, France: Chairperson***

***Dr. John Williams, Leeds, United Kingdom: ESEVT Coordinator***

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## **Introduction**

The Faculty of Veterinary Medicine in Lublin (FVML), University of Life Sciences, Lublin, Poland, was revisited on March 15<sup>th</sup>- 16<sup>th</sup>, 2016 by the team of experts:

Professor Dr. Marc Gogny (France), Expert visitor on training in clinical sciences & chairman, and Dr. John Williams (United Kingdom), coordinator of the ESEVT program.

The Evaluation Report on the Visitation to FVML in May 2011 recommended that the Faculty should not be re-approved; the recommendation was endorsed by ECOVE.

There were four major deficiencies in the report and the final ECOVE decision was:

1. Absence of isolation units.
2. Overall insufficiency of a bio-security and bio-safety concept.
3. Insufficient functioning of the emergency service with inconsistent involvement of students.
4. Lack of an institutional pharmacy combined with improper storage and access to drugs.

Progress to correct the major deficiencies has been made according to an ambitious, faculty wide investment plan, mainly but not only focused on demolishing then building a new veterinary teaching hospital for both small and large animals, together with an overall bio-security plan that the FVML have developed after the evaluation visit in March 2011.

## **1. Correction of Major Deficiencies**

### **1.1. Major Deficiency 1: Absence of isolation units.**

#### **1.1.1. Findings**

A large animal isolation room has been included in the newly opened large animal clinic. A specific road to access the facility has been created. Animals (both horses and cattle) with suspected or evident infectious diseases are unloaded from the truck into this large room through a roller door which can only be opened by authorized staff.

From inside the clinics, access to the room is secure. Adequate pictograms are displayed on the door. Behind this door, there is a connecting zone, where staff must walk over a disinfectant mat. There is also a washbasin and a cupboard with disposable clothes and storage bins.

The room is large enough and can easily be cleaned as there is a high pressure washer. The caretakers cannot observe the isolated horse/cow as there is no window from inside the clinic.

A new walkway to the container for waste from the isolation box has been constructed. The waste in this container would then be handled separately from other faecal material and litter from non-isolated animals, by contract with the waste removal company.

An isolation unit for small animals has also been created inside the old clinic for epizootiology, separate from the new buildings. There is an external entrance to the isolation room. The room is large. It has not been refurbished but with proper management it is suitable as an isolation unit. There are cages for both dogs and cats. Specific cleaning equipment is available and stored in a separate room. Once again, there is no way to observe the animals from outside the isolation facility.

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### **1.1.2. Comments**

In both isolation facilities, there is no clear separation between people coming into the changing area and out of the isolation unit to change there. In the large animal one, the changing area is quite small, and there is a risk that the interior of the changing room may be contaminated by people coming out from it. In the small animal facility, there is much more space but no real one-way changing area was created.

### **1.1.3. Suggestions**

In both facilities, a real clean/dirty separation should be created in the changing room. And it is always better to be able to visually observe the animals from the outside of the isolation unit; a solution in that aspect – e.g. large mirrors - should be considered.

### **1.1.4. Decision**

**The Team recommends that this major deficiency is alleviated, as adequate isolation units are now provided.**

## **1.2. Major Deficiency 2: Overall insufficiency of a bio-security and bio-safety concept.**

### **1.2.1. Findings**

The first point that has to be outlined is that numerous facilities have been rebuilt or refurbished with special attention to biosafety and biosecurity. In addition to the two brand new clinics, some rooms have been renewed, as were for example the two dissection rooms and the biochemistry classroom, so that these facilities are easily cleanable. Washbasins and protective and emergency equipment have been provided. For example, eye-washers have been added in several labs and classrooms.

The Faculty launched a steering group in charge of preparing Bio-security Standard Operating Procedures (SOP) that has been written and developed in 2015, according to international recommendations. These SOPs seem to be already well implemented in the laboratories, in the classrooms and the clinics. Adequate procedures and/or pictograms have been displayed everywhere needed in the new veterinary teaching hospital as well as in the other buildings, even those devoted to basic sciences. A colour system with stripes of green/yellow/red adhesive tape has been installed on nearly all doors.

The radioprotection procedures comply with the Polish regulations in all areas where X-ray and CT-scan machines are in use. In the surgery section of the new small animal clinic and in the new large animal clinic, the team have seen new X-ray machines that were not ready for normal use conditions.

### **1.2.2. Comments**

The changing areas where staff and/or students have to change for specific clothes or overshoes are sometimes not optimal, with no clear distinctions between the clean and dirty areas. This is especially the case in the anatomy department, where a more efficient changing area could easily be added in the big hall beside the dissection rooms, avoiding possible circulation of students with

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dirty clothes or boots<sup>1</sup>. The same situation is encountered for the necropsy rooms, where there is no doubt that biosecurity procedures have been implemented but that things can be further improved by installing a real changing area in the hall in front of the necropsy room in order to clearly separate the clean and dirty areas. It has to be noticed that the carcasses storage room in the anatomy department needs refurbishing from a bio-security point of view.

### **1.2.3. Suggestions**

Generally speaking, it is important that the maintenance of the Biosecurity SOP and the intentions behind it is closely followed up. To follow the intentions behind the Bio-security SOP a new way of working and thinking in several areas over several years is needed. The biosecurity/biosafety SOP has to be defined, displayed AND observed.

### **1.2.4. Decision**

**Huge progress has been made since 2011 and the Team is satisfied that the concept of bio-security and bio-safety is now firmly embedded in the procedures of the Faculty. It therefore regards the major deficiency as corrected.**

## **1.3. Major Deficiency 3: Overall insufficient functioning of the emergency service with inconsistent involvement of students.**

### **1.3.1. Findings**

In the new small animal hospital a large room with full equipment and cages is dedicated to emergencies and critical care. In the large animal clinic, the facilities allow proper reception of possible emergency cases. An on-call emergency service is running. The staff, especially the junior staff, is heavily involved in the clinical activities and every week, the students that are on duty in the clinical rotations are easily contactable by phone if needed. Moreover, two well equipped "social" rooms with for each a kitchenette, a comfortable living area and a convertible sofa are available.

Two mobile vans are available for outside visits as a mobile clinic. These vans are well equipped and are used either for visiting horses or cattle. Students are systematically included. All cases are written in logbooks, and the information is then entered in the computerized central patient software.

### **1.3.2. Comments**

The three problems the Faculty has to face are:

1. The overall daily caseload remains low, even if the opening of the two new hospitals led to an increase;
2. Owners in Poland are not familiar with the concept of emergency service, especially for dogs and cats, and prefer waiting for the day after, so that the activity over night remains low; the team members already observed that situation in other Polish Faculties;
3. As there is no animal healthcare insurance in Poland and due to the economical situation, the owners cannot easily accept the related bill.

### **1.3.3. Suggestions**

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<sup>1</sup> This is in relation to a team's recommendation to ensure real student's hands-on during the dissections, rather than looking a teacher's demonstration.

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The Faculty should consider any lever to increase the overall caseload in all species. Despite being in the accepted range, the ratios are “borderline” and due to the relatively high number of students, it is necessary to increase hands-on clinical exposure. In particular, the team suggests:

- To launch an active communication campaign (local journals and TV) on the new clinic, excellence of the equipment, 24/7 activity and so on.
- To set up, as quickly as possible, a system intended for appointing international (European) specialists, in addition to already existing national specialists, with the following expected benefits:
  - a. Increasing the caseload due to the reputation with both the owners (first line cases) and the local practitioners (referral cases);
  - b. Making contracts with local practitioners in order to accept their emergency cases over night and weekend, with of course guarantee of immediate report and loyal/fair collaboration;
  - c. Increasing the research contracts including clinical trials, due to the recognition of these specialists as “Key Opinion Leaders”;
  - d. Attracting the best graduates into residency programs, giving more high level manpower;
  - e. Decreasing the legal risk in case of accident with a high value animal (professional liability).

### ***1.3.4. Decision***

**The new facilities, their equipment and the overall organization including student participation on rotation lead the Team to consider that the major deficiency has been solved. The caseload increase and the low acceptance by owners of an expensive emergency service need time for evolution.**

### **1.4. Major Deficiency 4: Lack of an institutional pharmacy combined with improper storage and access to drugs.**

#### ***1.4.1. Findings***

Two dedicated rooms were created in the new large animal hospital, for drugs, fluids and medical devices storage. A big safe is dedicated to narcotics and equivalent products like ketamine. The students have no access to these rooms. One person is permanently dedicated to this central pharmacy.

In the consultation/treatment rooms, drugs for immediate use are stored in mobile drug cabinets with drawers, some of them closing with a key. All controlled drugs were valid, far from their expiration date. No pet food was stored at the time of the visit.

#### ***1.4.2. Comments***

The drug storage conditions have been significantly improved, together with the opening of the new clinics.

The team was told that drugs can only be ordered from a unique supplier that is selected by public contract at the national level. However, each clinician in charge of his/her consultation room is free to directly order the desired drugs from this supplier. The drug delivery is fast (less than one hour), so that from the general opinion there is no need for more stock.

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### **1.4.3. Suggestions**

The team recommends centralization of drug ordering, in order to better control the volumes, to monitor drug use and to provide statistics. Moreover, such a centralization of orders could perhaps help to decrease the prices and, as far as it is possible/necessary, to harmonize the prescription among the different clinicians for educational purposes or antibiotic resistance prevention. It would also allow the introduction of a consistent strategy for drug use, based on a policy determined by the Pharmacology Department

### **1.4.4. Decision**

**The Team recommends that this major deficiency has been solved.**

## **2. Correction of the Minor Deficiencies**

Many other improvements have been made since the primary visit in 2011. It is beyond the scope of the re-evaluation visit to report here on all these positive adaptations. The Team focuses here on the previous strong recommendations.

### **2.1. Reduce the number of Departments**

#### **2.1.1. Findings**

This suggestion has not been addressed by the Faculty, which has concentrated in the last few years on rebuilding the facilities.

#### **2.1.2. Comments**

The revisit Team supports the reasoning of the visitation team that this would improve the integration and cooperation between different disciplines.

#### **2.1.3. Suggestion**

Reduce the number of Departments.

### **2.2. Arrange for student representation on Faculty committees**

#### **2.2.1 Findings**

The Team were informed that there is now student representation on all Faculty Committees.

### **2.3 Increase the budget and monetary support of the FVML**

#### **2.3.1 Findings**

The Team understands that there are still some challenges to the budget provision of the Faculty, but the completion and commissioning of an ambitious programme of rebuilding is evidence of very significant monetary support for FVML.

#### **2.3.2 Comments**

Like most Faculties, FVML regards its running costs budget as insufficient.

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### **2.3.3 Suggestions**

A detailed survey of the organisation and financing of the Veterinary Hospital might indicate strategies for decreasing its costs and increasing its income. First of all, increasing the caseload (see §1.3.3) would have an immediate effect on the income.

### **2.4 Improve cooperation and coordination between groups teaching all subject areas, which could also lead to an improvement in biosecurity and safety for staff and students.**

#### **2.4.1 Findings**

The Team saw little evidence of increased cooperation and coordination between teaching groups. But there has been a significant improvement in the provision for bio-security and bio-safety.

#### **2.4.2 Comments**

Completion of the major rebuilding project provides the opportunity for consideration of what would be the optimum management structure for the veterinary hospital and preclinical departments to make the best and most economical use of the excellent facilities to provide veterinary training to international standards.

#### **2.4.3 Suggestions**

Set up a commission to consider reducing the number of Departments, improving cooperation and coordination between teaching groups and improving the management of the Faculty.

### **2.5 Make clinical services provided by FVML more attractive for equine clients.**

#### **2.5.1 Findings**

The number of equine patients seems to have slightly increased due to the opening of the new building. Moreover, the mobile clinic serves as a tool to attract animals needing further advanced treatment or surgery.

#### **2.5.2 Comments**

Nevertheless, the Faculty's effort has to be further extended.

#### **2.5.3 Suggestions**

See §1.3.3.

### **2.6 Fill all technical staff positions and assign more posts.**

#### **2.6.1 Findings**

The Team was not provided with any specific information in that aspect, leading to the feeling that the situation remains identical as 2011. However, the Team considers that the monetary incentives for the clinicians receiving cases is a positive point and has to be continued, as far as it remains effectively controlled.

#### **2.6.2 Comments**

Increasing the percentage of this incentive for cases seen during the night or on Sunday could also be a lever to increase the emergency caseload.

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### **2.6.3 Suggestions**

No additional suggestion.

## **2.7 FVML should encourage graduates to study for European Veterinary Specialist Colleges**

### **2.7.1 Findings**

So far, FVML policy has been to concentrate on graduates acquiring national specialist status. At the moment, no specialist of any European/American college is working in the Faculty.

### **2.7.2 Comments**

Although starting up European Diplomate programmes would be difficult, it would become easier once the first Diplomate was established in the Faculty.

### **2.7.3 Suggestions**

Encouraging graduates to enter the European Diplomate programme is strongly recommended. See §1.3.3.

## **3. ESEVT Indicators**

As the team focused on the 2011 major deficiencies, the ESEVT indicators have not been recalculated.

## **4. Conclusions**

Considering that:

- huge investments have been made in order to renew/rebuild numerous facilities, including two new buildings for both small animal and large animal clinics;
- a large biosecurity/biosafety SOP definition program has been decided and implemented, even if some progress remains to be done as everywhere;
- the involvement of staff and students in this evolution scheme is noticeable;

all 4 major deficiencies are proposed as being solved.

**The Re-visitation Team therefore proposes to ECOVE that FVML should be approved.**

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### **ANNEX 1      Decision of ECOVE**

The Committee concluded that the Major Deficiencies identified in 2011 had been rectified.

The 'Faculty of Veterinary Medicine, University of Life Sciences, Lublin' is classified after Re-visitation as holding the status of: **APPROVAL**.