

**European Association
of Establishments for Veterinary Education**

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



**Report on the Stage I revisit to the Integrated Master of Veterinary
Medicine, University of Trás-os-Montes e Alto Douro, Vila Real,
Portugal**

19 - 21 September 2016

by

Experts

Luca Rossi (Chairman), Turin, Italy

Hans Henrik Dietz (Coordinator), Copenhagen, Denmark

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Introduction to the revisit and the generated site visit report

On 19 - 21 September 2016 the Integrated Master of Veterinary Medicine (IMVM), Vila Real was revisited to evaluate the progress done in solving the major deficiencies identified during the first visit in 2012.

Status of the faculty as decided by ECOVE February 2013: NOT APPROVED.

The major deficiencies which led to this decision were:

1. Insufficient hands-on clinical training, viz.

a) excessive student group size

b) excessive ratio of students to clinical cases

c) over-reliance on laboratory and desk-based work in place of clinical work

d) non-compulsory attendance in the 24/7 emergency service

2. Insufficient overall awareness, instruction and enforcement of safety and biosecurity protocols including, but not limited to, pharmacy and drug management and control

Two years after this decision, a revisit was requested by the Faculty.

Prior to the revisit the Team received two (2) reports

- Progress report for EAEVE revisit, Integrated Master of Veterinary Medicine, Vila Real 2015, 56 pages
- Biosafety/Biosecurity Best Practices Code of IMVM, Vila Real, October 2014, 24 pages

describing in detail the changes made to address each of the 2 Major deficiencies and a sufficient program for the revisit team to cover the issues mentioned in the 2012 report.

Further to these documents a number of relevant documents were presented to the team during its stay including an English version of

- The IMVM-UTAD Biosafety/Biosecurity Guidebook (198 pages)

During its stay the team was guided through a program designed to inspect clinical facilities and laboratories to evaluate the improvements that had been made since 2012.

Everything was very well prepared and the reception was professional and simultaneously very warm, catering for the needs of the team at all times.

The visit started Monday afternoon with an introductory meeting with the Establishment's management and the liaison officer:

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- Prof. João Coutinho, Vice Rector
- Prof. Vicente Sousa, President of ECAV
- Prof. Carlos Viegas, Presidente do Conselho Pedagógico e Diretor do Departamento de Ciências Veterinárias
- Prof. Cristina Saraiva, Dean, Liaison Officer

During this meeting the remit of the revisit was presented to the IMVM which described the general aspects of changing the curriculum including national regulations for curriculum changes. The overall biosafety/biosecurity approach taken by the IMVM was presented and related to the general biosafety/biosecurity regulations at the university level.

This meeting was followed by detailed presentations on the measures taken to rectify the deficiencies given by

- Prof. Cristina Saraiva, IMVM Directors Board
- Prof. Maria da Conceição Fontes, IMVM Directors Board
- Prof. Adelina Gama, IMVM Directors Board
- Prof. Luis Cardoso, President of Biosafety/Biosecurity Commission of UTAD
- Prof. Ana Cláudia Coelho, President of Biosafety/Biosecurity Unit of IMVM

Further to this the team met for very open discussions with a large number (9) of representatives of the academic staff, including a veterinarian responsible for one of the extramural training sites (a shelter) and a number (5) of representatives of the non-academic staff including veterinarians responsible for the day-to-day clinical work in the clinics.

At the end of the afternoon a large group (14 persons) of 4 - 6 year students all fluent in English met with the team.

On Tuesday the team visited the Veterinary Teaching Hospital including the isolation unit, the pharmacy and a number of laboratories (Parasitology, Anatomy, Pathology, Food Science and Technology, Microbiology).

The team's findings are recorded below.

1. Correction of the Major Deficiencies

1.1. Major Deficiency # 1: Insufficient hands-on clinical training viz.

- a) excessive student group size
- b) excessive ratio of students to clinical cases
- c) over-reliance on laboratory and desk-based work in place of clinical work
- d) non-compulsory attendance in the 24/7 emergency service

1.1.1. Findings

Information which we deem most relevant for the purpose of this report is the following:

- The size of student groups scheduled for all types of clinical training was reduced to 5-6 from previous 10-12 in 2012, thus substantially improving hands-on exposure for 4th and 5th year students to available caseload
- With the exception of equine cases (R14) and the number of poultry/rabbit production units (R17), which were similar as 2012, all other Ratios dealing with clinical cases available at the VTH, outside farms (in the frame of mobile clinic activity) and extramural were improved, with a special effort in food producing animals
- In the new curriculum (fully operational since the academic year 2015/2016) as well as during the transition phase in the previous two academic years since the EAEVE visitation, the number of hours of clinical training/student was substantially increased. Currently, clinical work sums up to 764 hours/student, which favourably compares with 514 hours in 2012 (48% increase). In parallel, the course structure was modified in the sense of a substantial reduction of desk-based work hours. Remarkably, additional hours of clinical training (on preferred species) are taken by the vast majority of students during the 11th lecture-free semester
- Attendance in 24/7 emergency service at the VTH, which was on a voluntary basis in 2012, is now compulsory for all students, with a minimum of two weeks/student during their 4th curricular year. Rotations include on call night duties
- According to the new curriculum, clinical work in form of Traineeships (hence not linked to a specific course) sums up to 8 ECTS credits, corresponding to a minimum of 12 attendance weeks (3/semester), half of them to be spent at the VTH and half in extramural training. Within this general frame, a minimum of two weeks must be on duty at the 24/7 emergency service at the VTH. Of the extramural training hours, almost two thirds are spent at selected small and large animal clinics, and the remaining third at the same clinics or any other veterinary clinics or public health agencies countrywide, to the best logistic convenience of the students. The veterinary directors of the selected clinics (see above) enjoy the status of invited professors and are thus bound to provide official feed-back on performance and motivation of trainee students
- All clinical training activity undertaken by students at the VTH is registered in the student logbook which is validated for each event by the relevant staff. This registry is uploaded on line on a database for tracking and further evaluation by lecturers of the core clinical courses
- Traineeship periods (4 in total, one per each semester of the 4th and 5th curricular years) are the object of a specific assessment by the academic staff, based on feed-back by internal and external tutors and the evaluation of a report and an oral presentation by the trainee. A note is given. Remarkably, the fulfillment of the 24/7 emergency service is mandatory for the approval in all clinical courses.

1.1.2. Comments

Further to the major changes described above, the team appreciated

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- to see that all clinical activity at the VTH (including the Ambulatory Clinic) is now recorded in QVET hospital management software, to which students have access through computer terminals in the hospital
- to personally verify that several teaching laboratories and clinical premises have been substantially refurbished/remodeled and provided with new technical equipment to a working and teaching standard conducive of good learning (a CT scanner amongst others)

1.1.3. Suggestions

The IMVM is encouraged to continue its work with updating and refining the QVET to make it even more student friendly and adaptable to a university setting.

In view of future accreditation steps, the IMVM is also encouraged to consider implementation of a committee for periodic reexamination of the curriculum and the outcome assessment. Major stakeholders, including representatives of the veterinary profession will have to be involved.

1.1.4. Decision of the Visitation Team

It is the opinion of the 2016 team that this major deficiency has been fully rectified.

1.2. Major Deficiency # 2: Insufficient overall awareness, instruction and enforcement of safety and biosecurity protocols including, but not limited to, pharmacy and drug management and control

1.2.1. Findings

Since the last visitation in 2012 the biosecurity/biosafety awareness and related protocols and regulations have clearly improved to a very professional level. A remarkable effort has been successfully made to improve the clinic as well as the laboratory facilities which was demonstrated in a very convincing way during the on-site inspection. Written and correct photographic documentation is available in the *Progress report for EAEVE revisit, Integrated Master of Veterinary Medicine, Vila Real 2015* at pages 23 - 42.

The document "The IMVM-UTAD Biosafety/Biosecurity Guidebook" (198 pages) is an example of a highly skilled description of modern safety procedures collected, iterated and made operational by different committees.

First the rector established a commission (IMVM-Biosafety Commission) to initiate the whole process of improving safety regulation. After commencing this work (SER p 23) a university biosafety committee (UTAD biosafety committee) was established with participants from all the university's schools. And finally the IMVM-UTAD by rectorial order created their own biosafety/biosecurity unit (BU-IMVM) in 2014 to "promote and encourage a biosecurity and biosafety environment, practices, attitudes and knowledge in the IMVM." to address the questions raised by the 2012 EAEVE-team.

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The investments made (p 39) by UTAD to renew and update the infrastructure sums up to 1,679 mio €. For that money the IMVM has gotten a refurbishment of the

- necropsy room with adequate biosafety precautions in the ante room and new cooling facilities. Biosafety was correctly interpreted as students were wearing lab coats, strong plastic aprons, sleeve protectors and gum boots. Also, the concept of separation between clean and dirty areas in pathology was assured by the presence of trays with mats impregnated in disinfectant. The Faculty runs its own incinerator for waste material from the necropsy room
- isolation unit totally rebuilt precautions in another part of the hospital with adequate biosafety and with separate access for cats and dogs with suspected contagious/transmissible diseases (NB - Portugal is rabies free for more than 50 years)
- whenever dealing with fresh material during practicals in anatomy and parasitology, students and staff were wearing lab coats, disposable gloves and head caps strictly following the relevant signage at the entrance to the laboratories
- dressing rooms for students and staff of adequate size and adequate number of lockers for the student population
- controlled, electronic access in designated areas (e.g. pharmacy)
- renewed ventilation system in some of the working areas e.g. in the parasitology laboratory

Further to this it was noted by the team that only relevant and absolutely adequate signs were posted in all relevant places in the hospital - e.g. entrance to all clinical exam rooms, diagnostic imaging rooms, CT-room, surgery including prep rooms and scrub areas, pharmacy, dissection room, isolation area, food technology laboratory, parasitology teaching room, and resting facilities for students and staff. Ordinary keys to all rooms with restricted access are kept and administered by the hospital reception manager.

In the pharmacy only the pharmacist has access to restricted products (morphine, Ketamine etc) which are kept in a traditional safe. During night time these products are handled by the senior veterinarian on duty.

The general understanding of biosecurity measures has clearly improved to a very high and professional level since the 2012 evaluation also exemplified by compulsory lectures (11 hours) for students before they gain access to work in the clinics or the laboratories.

Apart from general lectures each person responsible for the different laboratories introduces biosafety procedures for students, and relevant excerpts from the IMVM-UTAD Biosafety/Biosecurity Guidebook are copied and at place in each laboratory as the single laboratory biosafety guide and reference book. Finally before commencing their laboratory work students must sign an individual declaration that they have read and understood the safety procedures relevant for that specific laboratory.

A plethora of equipment relevant for protection of staff and students and to prevent occupational hazards was found in all relevant places. The team wants to emphasize that we did not find any room without relevant signing, relevant first aid kits, relevant eye washers, relevant fire

extinguishers and fire blankets, etc. And everywhere in the hospital, in the laboratories and other work places we found the same, written standard instruction for hand washing and instructions for use of hand disinfectant. Hand disinfectant dispensers were also distributed in office areas and outside restaurants and dining areas.

Directly asked we found relevant rules and sound administrative procedures for protecting pregnant students and staff members against hazardous and infectious materials.

1.2.2. Comments

With respect to deficiency number 2 the IMVM-UTAD, Vila Real has benefited in the last four years from a dedicated staff focusing on rectifying the major deficiency with full understanding and financial support from the University.

The biosafety/biosecurity unit (BU-IMVM) created in 2014 to "promote and encourage a biosecurity and biosafety environment, practices, attitudes and knowledge in the IMVM." has been very busy, effective and successful as indicated by all the numerous tasks they have undertaken within the last 1½ year (SER p 24 - 25). The committee furthermore participated in the production of the essential "The IMVM-UTAD Biosafety/Biosecurity Guidebook".

The investment summed up to 1,679 Mio euros and it is the opinion of the team that the IMVM-UTAD has made the most and best use of this sum to the benefit of students and staff now working in fully functioning laboratories with state-of-the-art biosecurity/biosafety-procedures made operational.

The vice-rector proudly announced that the IMVM-UTAD was the leading force at the whole university with respect to describing, understanding, implementing and controlling biosecurity/biosafety thereby serving as an example for the whole university.

1.2.3. Suggestions

The Faculty should continue the good work on biosafety/biosafety and stay ahead as the university's leading force in this area to the continued benefit for students and staff.

1.2.4. Decision of the Visitation Team

It is the opinion of the 2016 team that this major deficiency has been fully rectified.

3. Conclusions

The team recommends full approval following the team's impression that both major deficiencies have been fully rectified and that the IMVM-UTAD, Vila Real is in full compliance with the ESEVT standards.

The faculty is encouraged to continue its efforts to be an example for other veterinary establishments when it comes to biosafety/biosecurity procedures including updating and refining the essential document/book "The IMVM-UTAD Biosafety/Biosecurity Guidebook".

Annex 1 Decision of ECOVE

The Committee concluded that the Major Deficiencies identified in 2012 had been rectified.

The 'Integrated Master of Veterinary Medicine, University of Trás-os-Montes e Alto Douro' is classified after Re-visitation as holding the status of **APPROVAL**.