



EAEVE
Re-visitation Report
Toulouse, 2022

Foreword and acknowledgments

This re-visitation report (R-SER) has been prepared in accordance with the instructions of the European System of Evaluation of Veterinary Training (ESEVT)-Manual of Standard Operating Procedure (2019 SOP).

It results from the collaboration and efforts of all ENVV members, including support staff, academic staff and students.

We warmly thank all the contributors for consenting spontaneously to provide factual data and specific information on education, research, the veterinary teaching hospital and, more generally speaking, on the functioning of our training system and our VEE.

We are also grateful to the staff members who worked hard to prepare ENVV's campus and organise the experts' visitation for the best.

Pr Pierre Sans, Dean of Ecole Nationale Vétérinaire de Toulouse (ENVV).

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Introduction



The last full visitation of ENVV took place on 9-13 March 2020. ECOVE final decision (June 2020) concluded with the loss of accredited status of the VEE.

In accordance with the 2019 standards (2019 SOP), ENVV has been fully committed to address the deficiencies highlighted by ECOVE:

- Three major deficiencies:

1. Non-compliance with Substandard 4.3. because the ruminant core clinical facility is not of a high standard and does not promote the best husbandry, management, welfare and biosecurity practices;
2. Non-compliance with Substandard 4.4 because of the absence of a 24/7 service for equine species at the VTH, an inadequate on-call service for ruminants and the absence of state-of-the-art standards in the ruminant and equine teaching clinics;
3. Non-compliance with Substandard 4.6 because of inadequacy of isolation facilities for equine and ruminant species.

- Four minor deficiencies:

1. Partial compliance with Substandard 4.1 because of sub-optimal compliance of some of the physical facilities with relevant legislation concerning biosecurity and EU animal welfare and care standards;
2. Partial compliance with Sub-standard 4.9 because of sub-optimal posting of biosecurity signs in some areas where students are trained;
3. Partial compliance with Substandard 5.1 because there was a sub-optimal number and variety of carcasses for anatomy and necropsy;
4. Partial compliance with Substandard 8.5 was found because of sub-optimal use of a logbook system for recording of clinical skills.

Despite the sanitary situation related to the COVID-19 pandemic, the whole VEE has been committed to the correction of deficiencies in order to fully comply with EAEVE standards.

MAJOR changes since the previous SER.

COVID-19 Addendum (see appendix 1).

France, like many countries in Europe and throughout the world, was affected in spring 2020 by the first wave of COVID- 19. The Establishment had to adapt its activities and functioning to national health measures. After two years of pandemic and a fifth wave on its way out, the VEE has been able to adapt and maintain its missions. However, the impact of the outbreak and its consequences (in health, psychological and material terms) are still weighing heavily on the resumption of activities and the achievement of the objectives set.

Curriculum

Since 2020, new national regulations have added one path to select veterinary students. From September 2021, 40 students by VEEs have been enrolled via a new specific path, directly after high school and the French Baccalaureate and a selective entrance examination (preselection through academic results, followed by multiple mini-interviews) (see <https://concours-veto-postbac.fr/local/mcms/index.php?p=autres-voies-accs>).

The aims of the new way of admission are i) to shorten the total length of veterinary studies (from 7-8 years in traditional pathways to 6 years), ii) to better manage the profile and enrolment of students, iii) to change the selection process with new examination tests by promoting geographical and social diversity and by enrolling students with proved non cognitive abilities.

These students enter the 1st year of the veterinary curriculum and follow a propaedeutic year including basic sciences with as mentioned by EU directive (biology, physics, chemistry mathematics courses, see <https://view.genial.ly/6006a47ee1ef6e0d2aa38c71>). To support this new pathway, the training staff have been strengthened of 2 academic staff and 1 support staff.

According to the new competency-based approach reference system and considering the new 1st year, a reform of the educational framework is underway in accordance with the teachers and will result in a new veterinary training based on 8 macro-competencies deployed in 12 semesters.

Pluriannual real-estate and development masterplan (SDIA)

(see appendix 2: presentation_2021-12-09_GA_SDIA)

The Establishment has initiated its real estate transformation thanks to the State-region funding Program (CPER) 2015-2020.

- A new ruminant hospital was delivered in September 2020. Unfortunaltely, the COVID-19 crisis has delayed its commissioning.
- New small animal surgery units were delivered in June 2021.
- Thorough renovation of the buildings dedicated to microbiology and molecular biology practical works was launched in mid-june 2021 and will take 11 months.

The next phase financed by the State Region program (CPER) 2021-2027 should launch the entire VEE's rebuilding. According to the contractualisation, this budget is already foreseen and is being signed.

In order to carry out this project, the Establishment has designed, in addition to its pluriannual real estate strategic plan (SPSI) adopted at the board of directors' meeting of 28th June 2020, a real estate and development master plan (SDIA). This plan should lead to the future refurbishing of the VEE with 2 objectives: i) to meet the European standards of a VEE, ii) to significantly improve its energy and environmental performances. 50 meetings with 84 people in 5 working groups (clinics, research, education, students, staff) were organised to rethink the future VEE. A dual principle of sectorisation by activity (research, teaching, VTH) and surface concentration of the buildings was adopted.

The result was presented during a general assembly in december 2021 and will be submitted to the vote of the board of directors in spring 2022.

Communication internet – intranet

A thorough renovation of external communication tools (website <https://envt.fr>) and internal communication tools with a complete restructuring of ENVT's intranet was carried out.



1: Correction of Major Deficiencies



1.1. Major deficiency 1:

The Establishment is not compliant with Substandard 4.3 because the ruminant core clinical facility is not of adequate standard and does not promote the best husbandry, animal welfare, management and biosecurity practices.

During the visit, ESEVT visitors suggest that the setting up of the new buildings dedicated to the Ruminant clinic should be pursued.

1.1.1. Factual information

A new ruminant hospital, which meets current clinical standards, was commissioned in september 2021 (see the movie displayed by ENVT's youtube channel: <https://www.youtube.com/watch?v=GEbbdseSw6M>). The 2,000 sq m hospital facilities consist of 4 buildings: 3 separate buildings housing animals depending on their health status (sectors A and B for hospitalised ruminants depending on their sanitary condition and sector C dedicated to cattle suffering from contagious diseases) and a technical building (with a meeting room, a pharmacy, 2 operating rooms and lockers for staff and students). (see appendix 3: detailed ENVT map).

The ruminant hospital housing capacity is about 35 animals simultaneously. They can be divided in 10 individual or collective pens within the non contagious area. (see appendix 4: detailed map –building 28 ruminant hospital).



Description of equipment for clinical activities and peripheral equipment:

- basic equipment
- ultrasound / endoscopy devices
- 1 anesthesia monitoring machine
- surgical kits
- 2 surgical tables dedicated to calf surgeries
- 2 ruminant pools and 2 lifting winches to transport the animals to the pools
- 1 mobile cattle crush
- 1 trimming cage
- 1 restraint cage
- 1 livestock truck
- 1 portable X-Ray generator shared with the equine clinic

A significant investment was made to ensure the operating costs and the running of the ruminant clinic: 3.5 million € were needed for the construction of the buildings and 426 k€ for its commissioning.

In connection with chapter 1.3, the functioning procedures have been described and published in 3 areas:

- sector A for hospitalised ruminants with a known health status
- sector B for hospitalised ruminants with a bad prognosis
- sector C dedicated to cattle suffering from contagious diseases

Hervé Cassard, DVM, PhD is responsible for operating the ruminants teaching hospital. Specific documents are available to describe the functioning of the ruminant hospital (see appendix 5: ruminant hospital functioning) and the operating biosecurity procedures were updated in the biosecurity manual.

1.1.2. Comments

The new premises have considerably improved the working conditions of the staff and students' training as well as animal welfare. Despite the increasing number of students, the facilities can now welcome and promote the best clinical practices as well as ensure compliance with the most stringent biosecurity requirements.



1.2. Major deficiency 2:

The Establishment is not compliant with Substandard 4.4 because of the absence of 24/7 service for equine species at the VTH, an inadequate on-call service for ruminants and the absence of state-of-the-art standards in the ruminant and equine teaching clinics.

During the visit, ESEVT visitors suggested that the efforts to replace the ruminant unit should be continued and that the equine unit should be upgraded and replanned with regard to biosecurity and animal welfare and care.

1.2.2. Factual information

The equine hospital provides a 24/7 service following the strengthening of academic staff (1 lecturer, 1 hospital practitioner, 1 veterinary nurse, 2 hospital assistants (AH) (DVM hospital staff), 4 interns assisted by an anaesthesia team). The recruitment of a full-time academic equine surgeon is designed to enhance the team.

So far, this recruitment has been unsuccessful and the covid-19 crisis has not helped the conditions for easy recruitment either. In the meantime, the VEE has put in place a system which will remain operational until this recruitment.

In order to strengthen the team of equine clinicians and to allow the opening of 24/7 emergency services, an active approach has been undertaken by the establishment since March 2020: job offers have been published on the websites of different specialisation colleges such as the European Board of Veterinary College (<https://ebvs.eu/vacancies/the-equine-hospital-of-the-national-veterinary-school-of-toulouse-is-seeking-for-an-additional-equine-surgeon-deadline-october-30th>). A fee-based service (position offer issued on 21 sept.2021 and e-mailing to several thousand veterinarians) was purchased from the American College of Veterinary Surgeons (ACVS).

Moreover, in 2020, a recruitment agency was appointed to identify potential candidates (see appendix 7: Contract with RecrutVet). At the same time, our VEE solicited candidates directly. Finally, other VEEs were contacted and visited to analyse their organisational patterns.

Finally, an organization is implemented which consists of the recruitment of 2 part-time surgeons. The rotations with the academic staff are organised to cover a presence of at least a surgeon of 15 to 20 days per month.

The equine hospital offers a wide range of first opinion cases and referral cases and ensure clinical training. Moreover, if necessary, an extra-mural private clinic receives cases referred by the equine hospital through a permanent care contractualization. The on-call team can therefore be called-in at anytime with one on-call practitioner competent in anaesthesia or medicine, able to receive and direct emergencies, and two on-call practitioners, one in medicine or anaesthesia (depending on the competence of the first on-call practitioner) and one in surgery.

The ruminant hospital also provides a 24/7 on-call service. An on-call cell phone number is available and shared between clinicians.

The ruminant hospital currently meets the required standards providing care, evidence-based clinical training and practices (see Major deficiency 1).

The SDIA is planned with the removal and up-grading of the equine VTH (see appendix 2 and appendix 6: slide SDIA next future).

1.2.3. Comments

The new organisation of the equine hospital increases the services offered to horse owners and referring veterinarians and strengthens the educational offer by increasing the number and variety of cases treated.

Meanwhile, despite the current recruitment difficulties, ENVV continues its efforts to recruit a permanent full time academic surgeon.



1.3. Major deficiency 3:

The Establishment is not compliant with Substandard 4.6 because of the inadequacy of isolation facilities for equine and ruminant species.

During the visit, ESEVT visitors suggested that the isolation units should be replaced with appropriate signage.

1.3.2. Factual information

The isolation facilities have been totally redesigned for large animals.

Large animals that are or may be contagious are directed to these facilities without passing through the other areas.

A specific area (sector C) devoted to quarantine and contagious diseases is located in the ruminant hospital (see appendix 4). It is composed of a sanitary locker where protective clothing and boots are available, a technical corridor and three isolation pens for ruminants (boxes B, C, D).

The room is separated from the other buildings and an air-treatment system with filtration has been implemented. An internal purification station ensures a safe treatment of liquid waste (see Appendix 8: effluents ventilation plan). Solid waste is collected by dedicated equipment and effluents are disposed of in a way appropriate for infectious waste.

Biosecurity operating procedures have been updated in the biosecurity handbook. Specific signage (biohazard signs and instructions to be followed) is posted in places where it is needed.



A fourth isolation box (box A for equines) is located in the same building (i.e far away from the equine hospital) and has the same infrastructure and dedicated equipment. The decontamination facilities are used to remove liquid effluents.

The SDIA should lead to a rebuilt EEV in the future. The multi-year plan has resulted in a medium/long term (5 to 15 years) master plan where a restructured new equine hospital is planned close to the ruminant hospital. Depending on the progress of the project, equine isolation facilities could be completely rebuilt. (see appendix 6).

The conclusions of the next State-region Programme (CPER) will serve as a basis for action planning.

1.3.1 Comments

Sharing the same workspace is an opportunity to share and pool good practices.

Procedures are available on a Moodle platform. Staff and students are informed by specific signage. It is planned that information and operating procedures will be made available for both staff and students via the intranet.



2: Correction of Minor Deficiencies



2.1. Minor deficiency 1:

The Establishment is partially compliant with Substandard 4.1 because of sub-optimal compliance of some of the physical facilities with relevant legislation concerning biosecurity and EU animal welfare and care standards.

2.1.1. Factual information

As mentioned above (see chapter 1.1), the commissioning of the new ruminant clinic achieves the highest standards in animal welfare and care. New surgery units were commissioned in July 2021 in the small animal VTH (see <https://youtu.be/mxmV4b3sHC0>). A new platform for anatomy teaching will be delivered early March 2022 and will offer the best working and training conditions.

The new facilities comply with current biosecurity and biosafety regulation and animal welfare and care. Biosecurity signage has been strengthened in places where it is needed.

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2.1.2. Comments

In the near future, various facilities under construction will be commissioned. Despite delays due to the COVID-19 pandemic, the planned building projects have been completed.

2.1.3. Suggestions for improvement

The SDIA includes medium/long term (5 to 15 years) facility rehabilitation/deconstruction/construction phases. In this project, buildings 13b and 13c will be renovated and the equine hospital will be relocated and completely redesigned.

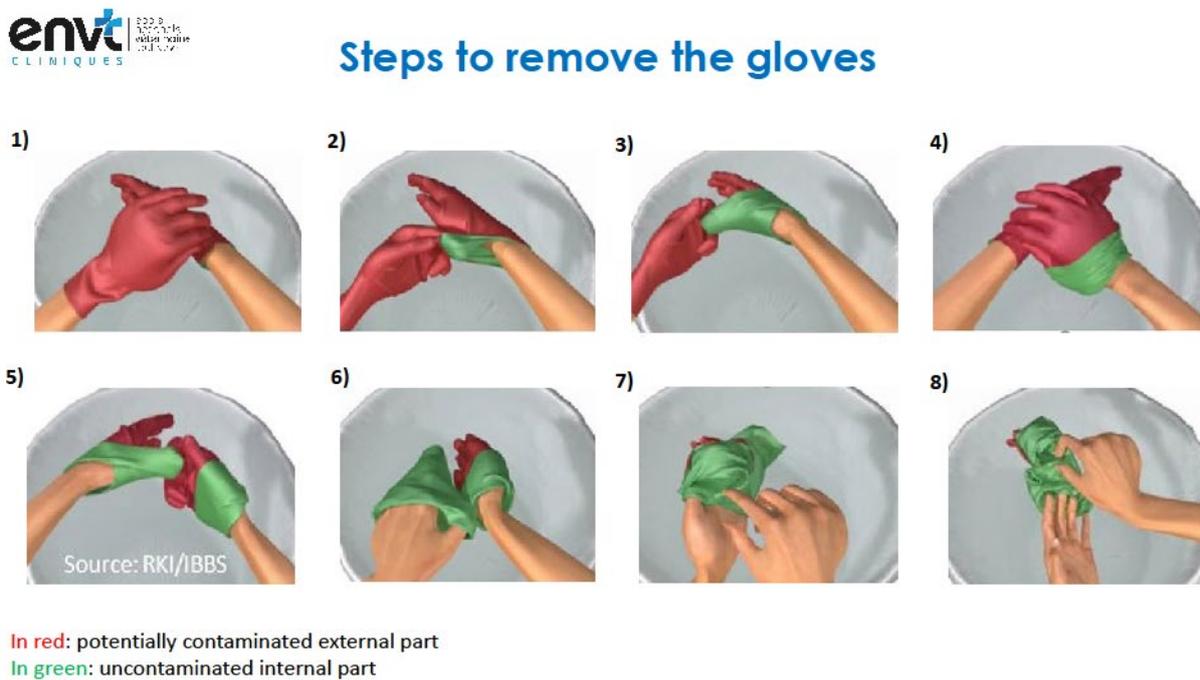
2.2. Minor deficiency 2:

The Establishment is partially compliant with Substandard 4.9 because of sub-optimal posting of biosecurity signs in some areas where students are trained.

2.2.1. Factual information

A biosecurity intranet section has been developed where information (using Moodle platform) and the biosecurity and safety handbook are available.

Posting has been improved with biosecurity instructions and pictograms to enhance compliance and attention regarding this topic (e.g., instructions to remove gloves).



Moreover, the biosecurity Moodle platform provides several biosecurity courses for staff and students.

At the beginning of the academic year in September 2021, a special presentation on biosecurity was given to newcomers (interns, post-graduates staff, nurses) at the VTH (see appendix 9: presentation 2021-2022 Quality and biosecurity). They were invited to give feedback and suggestions during clinical committees as part of a continuous improvement quality process.

2.2.2. Comments

A certification course for staff and students already available on Moodle is developed in the form of e-learning and a short self-assessment quiz.

Introduction

Bienvenue dans ce cours dédié à la biosécurité sur le campus de l'ENVT !

Ce cours est à destination des étudiants vétérinaires ainsi qu'au personnel de l'ENVT.

Les objectifs pédagogiques de ce cours sont les suivants :

- Introduire les principes de base de la biosécurité ;
- Présenter les règles de biosécurité mises en œuvre dans le centre hospitalier universitaire vétérinaire (CHUV) de l'ENVT ;
- Illustrer les principales erreurs de biosécurité

Ce cours est construit comme un parcours qualifiant. Vous trouverez tout au long du module une série de questions d'auto-évaluation vous permettant de vous assurer que vous avez bien acquis les concepts les plus importants. Les notes que vous obtenez aux exercices ne sont là qu'à titre indicatif pour vous permettre de vous évaluer vous-même.

Ce cours est composé de plusieurs sections qu'il vous est demandé de suivre dans l'ordre. Chaque section deviendra accessible lorsque vous aurez fini la section précédente.

Bonne chance !

- [Pour aller plus loin](#) ☑
- [La biosécurité, kézako ?](#) ☑
- [Classification des risques infectieux](#) ☑
- [Quelques règles d'hygiène de base](#) ☑
- [Et mes déchets, j'en fais quoi ?](#) ☑
- [Où manger et boire ?](#) ☑
- [Et si je me blesse ? Et si tu te blesses ?](#) ☑
- [Comment je m'habille au CHUV ?](#) ☑
- [Du rangement et du nettoyage](#) ☑
- [Zones de circulation et personnes autorisées dans le CHUV](#) ☑

Self –assessment:

Exercice : de quel(s) principe(s) relève(nt) chacune des mesures suivantes ?

Utiliser un pédiluve à l'entrée de la structure

Bio-prévention

Bio-exclusion

Bio-confinement

Bio-compartmentation

Vérifier



During the commissioning of the new buildings, thoughts on current and future practices regarding protective clothing as well as cleaning and disinfecting procedures were conducted in collaborative workshops with clinical staff and the quality department (see appendix 10: 4/06/21 and 16/06/21 surgery units workshops).

2.2.3. Suggestions of improvement

The COVID-19 crisis imposed strict barrier measures (wearing a mask, hand hygiene, respecting distances) and allowed for a certain awareness of the importance of biosafety. Hydro-alcoholic gel dispensers have been set up on the campus. The gestures learned and acquired must be maintained, even if a slackening may occur. Internal audits will be carried out by the quality department for this purpose.

2.3. Minor deficiency 3:

The Establishment is partially compliant with Substandard 5.1 because of a sub-optimal number and variety of cadavers for anatomy and necropsy.

2.3.1. Factual information

A permanent staff, in charge of the necropsy platform has been recruited. This permanent staff member, a DVM, specialist in veterinary pathology has the following missions: i) to develop a technical offer for the clinical/research activities; ii) to make the platform more efficient and attractive and iii) to organize the training of students in the necropsy room. Operating and quality procedures have been posted on a specific intranet section.

The delivery of carcasses and offals of ruminants and pigs withdrawn from human consumption and coming from nearby slaughterhouses has been set up. As example, a training session was held on 23 February with a group of 20 students who were able to study a variety of pieces coming from recent entries.



2.3.2. Comments

Interdisciplinary work and thoughts (medicine, emergency and intensive care, pathology) has been undertaken to encourage small animal owners to leave their pets' carcasses for necropsy. An incentive flyer for clients was proposed to obtain informed consent.

The increase in equine clinical activity is also leading to an increase in the number of animals for necropsy.

2.3.3. Suggestions of improvement

The current partnership between slaughterhouses and ENVV could make it possible to use anatomical parts in other disciplinary fields (anatomy). Partnerships with shelters are being considered in order to be able to collect, for educational purposes, the carcasses of animals that have no owners. The collect of dead equine animals from associations or slaughterhouses is also considered. Both projects could not be implemented due to the COVID-19 crisis.

2.4. Minor deficiency 4:

Partial compliance with Substandard 8.5 was found because of sub-optimal use of a logbook system for recording of clinical skills.

2.4.1. Factual information

The current recording systems Clovis and FileMaker are taking into account the caselog of each student and allow the validation of the competences assessed. Part of CompetVet digital tools are in operation (see appendix 11: CompetVet Tools).

In the short term, the four French VEEs have started the development of a new common software to record the clinical cases seen by students (SIRIUS project). A logbook system is included in the specifications of this new software. Unfortunately, the implementation of this software is experiencing delays.

The use of paper log sheets is very cumbersome to manage on a daily basis. The CompetVet digital project will be completed in 2022 with a new tool (CompetVet Eval) that will provide a shared tool between students, supervisors and tutors to monitor and assess the acquisition of clinical skills (see appendix 11: CompetVet Tools).

2.4.2. Comments

The CompetVet digital project will improve the recording of clinical skills. The current training in the labs skills (SimuVet) connected with logs Moodle enables students to record their work and self-assess.

2.4.3. Suggestions of improvement

The VEE is participating in a national collaborative project called Hercule whose funding could accelerate the implementation of these tools.

(see: <https://www.agreenium.fr/actualites/lancement-du-projet-hercule-40-le-projet-de-transformation-numerique-des-9-ecoles-membres>).

3: ESEVT Indicators



3.1 Indicators:

The implementation of a new national regulation (cf SER 2020) had slightly affected the results of ESEVT indicators: 20 additional students each year (since 2017-2018).

3.2. Comments:

I12: Pet patients are seen extra-murally during planned activities, some of which had to be cancelled due to the COVID-19 pandemic.

I14: During the core curriculum, ENVT does not schedule ambulatory activities for equines. However, students can see extra-mural cases during their EPT. In addition, students who chose the equine track during their 5th year (currently 6th year) are hosted for 8 weeks in two specialized private clinics (inpatient and outpatient activities).

I17: It is increasingly difficult to get owners to accept necropsies of their pets for educational purposes. Efforts are in progress to increase this number. (See minor deficiency 3).

I19: The low number of equine necropsies is due to the low demand for necropsies in the sector. There are two reasons for this:

- Rendering costs for this species are owners' responsibility which limits the demand for necropsies.
- The requests are mainly for insured horses.

The increase in equine clinical activity is also leading to an increase in the number of animals for necropsy (see Minor deficiency 3).

3.3. Suggestions for improvement:

The signing of agreements with new partners (pet shelters, slaughterhouses) could contribute to the improvement of indicators I17 et I19.

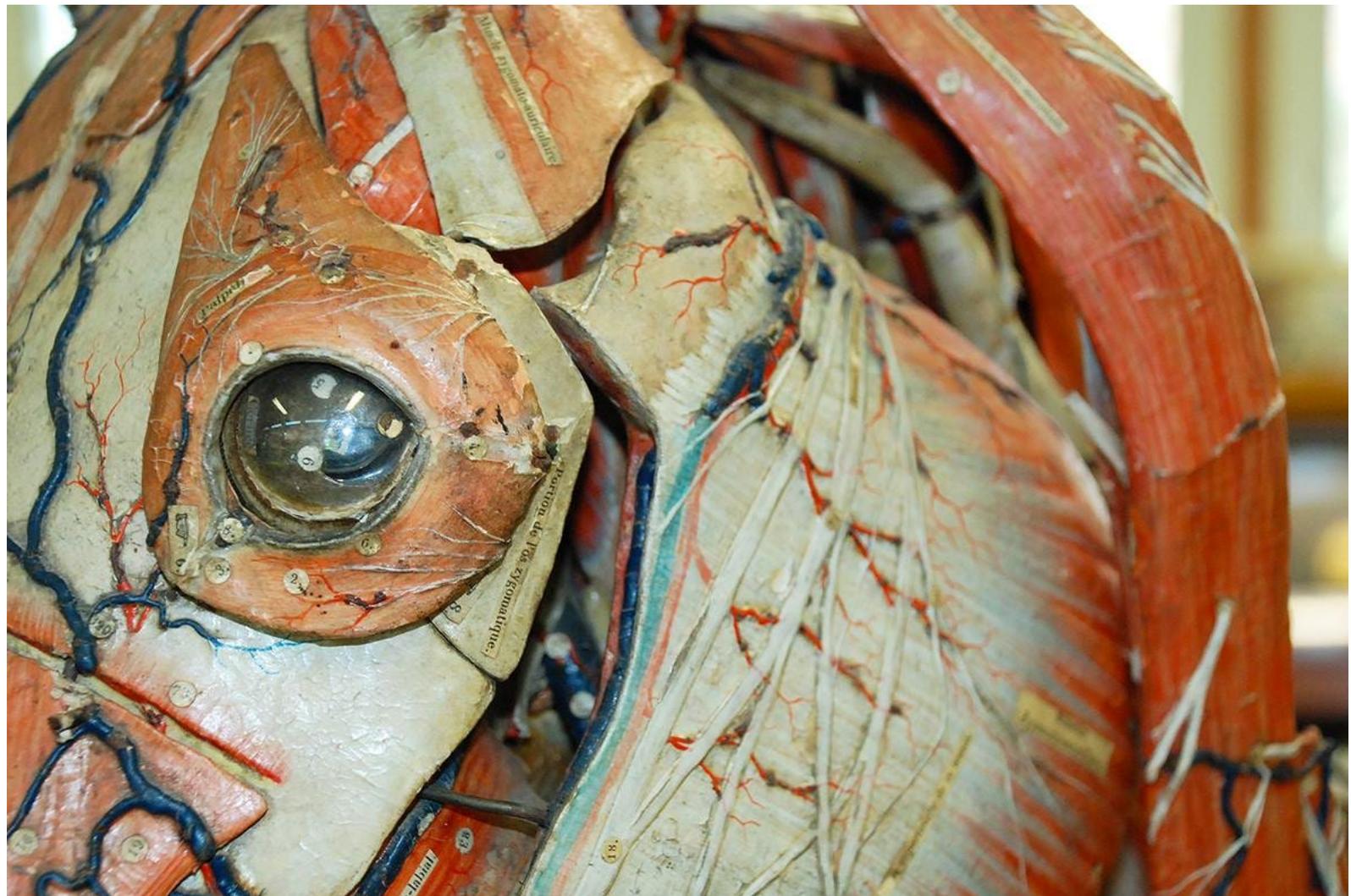
Glossary



Acronyme	French	Signification
ACVS	-	American College of Veterinary Surgeons
CPER	Contrat de Plan Etat-Région	State-region Program
EBVS	-	European Board of Veterinary Specialisation
ECOVE	-	European Committee of Veterinary Education
ESEVT	-	European System of Evaluation of Veterinary Training
SDIA	Schéma Directeur Immobilier et d'Aménagement	Real estate and development master plan
SOP	-	Standard Operating Procedures
SPSI	Schéma Pluriannuel de Stratégie Immobilière	Pluriannual real estate strategic plan
R-SER	-	Revisitation Self Evaluation Report
VEE	-	Veterinary Education Establishment
VTH	-	Veterinary Teaching Hospital



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