**Annex 8. Template and guidelines for the writing of the Visitation Report**

*(as approved by the EAEVE Executive Committee on 29 May 2019*



**VISITATION REPORT**

**To** *(official name and location of the Establishment)*

**On** *(date of Visitation)*

**By the Visitation Team**

*(First name, name, city, country):* Visitor in Basic Sciences

*(First name, name, city, country):* Visitor in Clinical Sciences in Companion Animals

*(First name, name, city, country):* Visitor in Clinical Sciences in Food-Producing Animals

*(First name, name, city, country):* Visitor in Food Safety and Quality

*(First name, name, city, country):* Visitor in Quality Assurance

*(First name, name, city, country):* Practitioner

*(First name, name, city, country):* Student

*(First name, name, city, country):* ESEVT Coordinator

*(Indicate the Chairperson)*

***Forewords (to be read by each Visitor before the writing of the Visitation Report)***

*The Visitation Report must be written in agreement with the ESEVT SOP (see Chapter 2, paragraph 1.6). The version of the SOP used to write the Visitation Report must coincide with the version the Establishment followed when preparing its SER, as stated in the official Visitation agreement.*

***2.5 weeks before the Visitation at the latest****, each Visitor must have read the full SER, completed the chapters for which he/she is the principal writer in the draft Visitation Report (at least the sections ‘Findings’ and ‘Questions to be asked/issues to be clarified during the Visitation’) and sent his/her contribution to the Coordinator. Then, the Coordinator puts them together as Draft A, which is sent to all members of the Visitation Team.*

*The final comprehensive list of questions is sent by the Coordinator to the Establishment 2 weeks before the start of the Visitation in order to allow the Liaison Officer sufficient time to collect the required data.*

*The Visitation Team is responsible for making an independent assessment and proposing an unambiguous statement on the adequacy of the Establishment against each ESEVT Standard, i.e. compliant, partially compliant (one or more Minor Deficiencies that does/do not significantly affect the quality of education and the Establishment’s compliance with the ESEVT Substandards) or not compliant (one or more Major Deficiencies that affect the quality of education and the Establishment’s compliance with the ESEVT Substandards).*

***For the writing of the Visitation Report, it is expected from all Visitors to:***

*-) use UK English, the standardised terminology proposed in the SOP and the international system of units (SI) (please remember that the Report will be public);*

*-) be concise and avoid cutting and copying what is already in the SER (the info provided on site must be added of course);*

*-) avoid comments in ‘Findings’, findings in ‘Comments’, repetitions/redundancies from other chapters;*

*-) avoid using phrases such as ‘It seems that …’, ‘The Team believes…’, ‘The Team finds…’, ‘It is the opinion of the Team that…’;*

*-) be precise and avoid ambiguous terms like ‘lack of’ (please use ‘absence’ or ‘insufficiency’ or ‘inadequacy’ instead).*

***The different parts of each chapter of the Visitation Report must include the following:***

***-) Findings****:*

* + *a short summary of the most relevant points from the SER (which according to observations on site must be corrected on site if necessary)*
  + *new relevant information gained on site*

***-) Comments****:*

* + *commendations to the Establishments for things which are worthy of praise (if any)*
  + *a brief summary in general terms of what is compliant with the relevant Substandard*
  + *a list of what is partially/not compliant with the relevant Substandard, with a clear explanation of the reason of the deficiency (if any)*

***-) Suggestions for improvement****: they must be brief and only focused on ways for improving the partial/non-compliance with the Substandards (‘It is suggested to ..’); they shouldn’t be too concrete but formulated in a broader sense, since it is the responsibility of the Establishment to find the most appropriate way to correct the deficiencies.*

***-) Decision of the Visitation Team****: it must be completed by the Coordinator after the Thursday afternoon team meeting, be consistent with the ‘Findings’ and ‘Comments’ of the relevant Substandard and use the following standardised terminology:*

* + - *The Establishment is compliant with Substandard X.Z.*
    - *The Establishment is partially compliant with Substandard X.Z. because of (relevant text – e.g. suboptimal clinical training in the equine species).*
    - *The Establishment is not compliant with Substandard X.Z. because of (relevant text – e.g. insufficient clinical training in the equine species).*

*The Draft A Visitation Report (based on findings, comments, suggestions and identification of potential deficiencies) is amended during the Visitation by each Visitor, based on the onsite findings and the discussions within the Visitation Team. The resulting Draft B must be completed before the end of the Visitation and sent to the Coordinator.*

***The text in italics in this template must be deleted in the final copy of the Visitation Report.***

***Standard distribution of the principal writers for the Visitation Report***

*(It may be modified at the discretion of the Chairperson and the Coordinator)*

*Introduction: CO*

*Standard 1: Objectives, Organisation and QA Policy: QA (helped by CO)*

*Standard 2: Finances: FSQ (helped by CO)*

*Standard 3: Curriculum: BS (helped by all experts)*

*Except:*

*3.1.3: Clinical Sciences in companion animals (including equine and exotic pets): CS-CA*

*3.1.4: Clinical Sciences in food-producing animals: CS-FPA*

*3.1.5: Food Safety and Quality: FSQ*

*3.1.6: Professional knowledge: P*

*3.2 up to 3.4: QA*

*3.5 up to 3.7: P (helped by ST)*

*Standard 4: Facilities and equipment: CS-CA (helped by P)*

*Standard 5: Animal resources and teaching material of animal origin: CS-FPA (helped by ST)*

*Standard 6: Learning resources: P (helped by ST)*

*Standard 7: Student admission, progression and welfare: QA (helped by ST)*

*Standard 8: Student assessment: BS (helped by ST)*

*Standard 9: Academic and support staff: CS-FPA (helped by CS-CA)*

*Standard 10: Research programme, postgraduate and continuing education: FSQ (helped by BS)*

*Executive Summary: CO (helped by Chairperson)*

*Indicators: CO (helped by all experts)*

*Rubrics: CO (helped by all experts)*

*(BS: Basic Sciences; CO: Coordinator; CS-CA: Clinical Sciences in companion animals; CS-FPA: Clinical Sciences in food-producing animals; FSQ: Food Safety and Quality; P: Practitioner; QA: Quality Assurance; ST: Student)*

**Contents of the Visitation Report**

Introduction

1. Objectives, Organisation and QA Policy

2. Finances

3. Curriculum

4. Facilities and equipment

5. Animal resources and teaching material of animal origin

6. Learning resources

7. Student admission, progression and welfare

8. Student assessment

9. Academic and support staff

10. Research programmes, continuing and postgraduate education

11. ESEVT Indicators

12. ESEVT Rubrics

Executive Summary

Glossary

**Introduction**

*Brief history of the Establishment and of its previous ESEVT Visitations (if any)*

*Main features of the Establishment*

*Main developments since the last Visitation (or, if there has not been a previous one, in the period since the veterinary degree programme began)*

*Version and date of the ESEVT SOP which is valid for the Visitation*

**Standard 1: Objectives, Organisation and QA Policy**

**1.1 The Establishment must have as its main objective the provision, in agreement with the EU Directives and ESG recommendations, of adequate, ethical, research-based, evidence-based veterinary training that enables the new graduate to perform as a veterinarian capable of entering all commonly recognised branches of the veterinary profession and to be aware of the importance of lifelong learning.**

**The Establishment must develop and follow its mission statement which must embrace all the ESEVT Substandards.**

1.1.1. Findings

1.1.2. Comments

1.1.3. Suggestions for improvement

*1.1.3’. Questions to be asked to the Establishment*

*1.1.3”. Issues to be clarified on-site*

1.1.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**1.2 The Establishment must be part of a university or a higher education institution providing training recognised as being of an equivalent level and formally recognised as such in the respective country.**

**The person responsible for the veterinary curriculum and the person(s) responsible for the professional, ethical, and academic affairs of the Veterinary Teaching Hospital (VTH) must hold a veterinary degree.**

**The decision-making process of the Establishment must allow implementation of its strategic plan and of a cohesive study programme, in compliance with the ESEVT Substandards.**

1.2.1. Findings

1.2.2. Comments

1.2.3. Suggestions for improvement

*1.2.3’. Questions to be asked to the Establishment*

*1.2.3”. Issues to be clarified on-site*

1.2.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**1.3 The Establishment must have a strategic plan, which includes a SWOT analysis of its current activities, a list of objectives, and an operating plan with a timeframe and indicators for its implementation.**

1.3.1. Findings

1.3.2. Comments

1.3.3. Suggestions for improvement

*1.3.3’. Questions to be asked to the Establishment*

*1.3.3”. Issues to be clarified on-site*

1.3.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**1.4 The Establishment must have a policy and associated written procedures for the assurance of the quality and standards of its programmes and awards. It must also commit itself explicitly to the development of a culture which recognises the importance of quality, and quality assurance, within their Establishment. To achieve this, the Establishment must develop and implement a strategy for the continuous enhancement of quality. The development and implementation of the Establishment’s strategy must include a role for students and other stakeholders, both internal and external, and the strategy must have a formal status and be publicly available.**

1.4.1. Findings

1.4.2. Comments

1.4.3. Suggestions for improvement

*1.4.3’. Questions to be asked to the Establishment*

*1.4.3”. Issues to be clarified on-site*

1.4.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**1.5 The Establishment must provide evidence that it interacts with its stakeholders and the wider society. Such public information must be clear, objective and readily accessible; the information must include up-to-date information about the study programme, views and employment destinations of past students as well as the profile of the current student population.**

**The Establishment’s website must mention the ESEVT Establishment’s status and its last Self Evaluation Report and Visitation Report must be easily available for the public.**

1.5.1. Findings

1.5.2. Comments

1.5.3. Suggestions for improvement

*1.5.3’. Questions to be asked to the Establishment*

*1.5.3”. Issues to be clarified on-site*

1.5.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**1.6 The Establishment must monitor and periodically review its activities, both quantitative and qualitative, to ensure that they achieve the objectives set for them and respond to the needs of students and society. The Establishment must make public how this analysis of information has been utilised in the further development of its activities and provide evidence as to the involvement of both students and staff in the provision, analysis and implementation of such data.**

**Any action planned or taken as a result of this data analysis must be communicated to all those concerned.**

1.6.1. Findings

1.6.2. Comments

1.6.3. Suggestions for improvement

*1.6.3’. Questions to be asked to the Establishment*

*1.6.3”. Issues to be clarified on-site*

1.6.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**1.7 The Establishment must undergo external review through the ESEVT on a cyclical basis. Evidence must be provided of such external evaluation with the assurance that the progress made since the last ESEVT evaluation was linked to a continuous quality assurance process.**

1.7.1. Findings

1.7.2. Comments

1.7.3. Suggestions for improvement

*1.7.3’. Questions to be asked to the Establishment*

*1.7.3”. Issues to be clarified on-site*

1.7.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**Standard 2. Finances**

**2.1 Finances must be demonstrably adequate to sustain the requirements for the Establishment to meet its mission and to achieve its objectives for education, research and services. The description must include both expenditures (separated into personnel costs, operating costs, maintenance costs and equipment) and revenues (separated into public funding, tuition fees, services, research grants and other sources).**

2.1.1. Findings

2.1.2. Comments

2.1.3. Suggestions for improvement

*2.1.3’. Questions to be asked to the Establishment*

*2.1.3”. Issues to be clarified on-site*

2.1.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**2.2 Clinical and field services must function as instructional resources. Instructional integrity of these resources must take priority over financial self-sufficiency of clinical services operations.**

**The Establishment must have sufficient autonomy in order to use the resources to implement its strategic plan and to meet the ESEVT Substandards.**

2.2.1. Findings

2.2.2. Comments

2.2.3. Suggestions for improvement

*2.2.3’. Questions to be asked to the Establishment*

*2.2.3”. Issues to be clarified on-site*

2.2.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**2.3 Resources allocation must be regularly reviewed to ensure that available resources meet the requirements.**

2.3.1. Findings

2.3.2. Comments

2.3.3. Suggestions for improvement

*2.3.3’. Questions to be asked to the Establishment*

*2.3.3”. Issues to be clarified on-site*

2.3.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**Standard 3. Curriculum**

**3.1 The curriculum must be designed, resourced and managed to ensure all graduates have achieved the graduate attributes expected to be fully compliant with the EU Directive 2005/36/EC (as amended by directive 2013/55/EU) and its Annex V.4.1. The curriculum must include the subjects (input) and must allow the acquisition of the Day One Competences (output) listed in Annex 2. This concerns Basic Sciences, Clinical Sciences in companion animals (including equine and exotic pets), Clinical Sciences in food-producing animals (including Animal Production and Herd Health Management), Food Safety and Quality, and Professional Knowledge.**

**3.1.1. General findings**

3.1.1.1. Findings

3.1.1.2. Comments

3.1.1.3. Suggestions for improvement

*3.1.1.3’. Questions to be asked to the Establishment*

*3.1.1.3”. Issues to be clarified on-site*

3.1.1.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**3.1.2. Basic Sciences**

3.1.2.1. Findings

3.1.2.2. Comments

3.1.2.3. Suggestions for improvement

*3.1.2.3’. Questions to be asked to the Establishment*

*3.1.2.3”. Issues to be clarified on-site*

3.1.2.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

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

3.1.3.1. Findings

3.1.3.2. Comments

3.1.3.3. Suggestions for improvement

*3.1.3.3’. Questions to be asked to the Establishment*

*3.1.3.3”. Issues to be clarified on-site*

3.1.3.4 Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**3.1.4. Clinical Sciences in food-producing animals (including Animal Production and Herd Health Management)**

3.1.4.1. Findings

3.1.4.2. Comments

3.1.4.3. Suggestions for improvement

*3.1.4.3’. Questions to be asked to the Establishment*

*3.1.4.3”. Issues to be clarified on-site*

3.1.4.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**3.1.5. Food Safety and Quality**

3.1.5.1. Findings

3.1.5.2. Comments

3.1.5.3. Suggestions for improvement

*3.1.5.3’. Questions to be asked to the Establishment*

*3.1.5.3”. Issues to be clarified on-site*

3.1.5.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**3.1.6. Professional Knowledge**

3.1.6.1. Findings

3.1.6.2. Comments

3.1.6.3. Suggestions for improvement

*3.1.6.3’. Questions to be asked to the Establishment*

*3.1.6.3”. Issues to be clarified on-site*

3.1.6.4 Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**3.2 Each study programme provided by the Establishment must be competency-based and designed so that it meets the objectives set for it, including the intended learning outcomes. The qualification resulting from a programme must be clearly specified and communicated and must refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.**

**The Establishment must provide proof of a QA system that promotes and monitors the presence of an academic environment highly conducive to learning including self-learning. Details of the type, provision and updating of appropriate learning opportunities for the students must be clearly described, as well as the involvement of students.**

**The Establishment must also describe how it encourages and prepares students for self-learning and lifelong learning.**

3.2.1. Findings

3.2.2. Comments

3.2.3. Suggestions for improvement

*3.2.3’. Questions to be asked to the Establishment*

*3.2.3”. Issues to be clarified on-site*

3.2.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**3.3 Programme learning outcomes must:**

* **ensure the effective alignment of all content, teaching, learning and assessment activities of the degree programme to form a cohesive framework**
* **include a description of Day One Competences**
* **form the basis for explicit statements of the objectives and learning outcomes of individual units of study**
* **be communicated to staff and students**
* **be regularly reviewed, managed and updated to ensure they remain relevant, adequate and are effectively achieved.**

3.3.1. Findings

3.3.2. Comments

3.3.3. Suggestions for improvement

*3.3.3’. Questions to be asked to the Establishment*

*3.3.3”. Issues to be clarified on-site*

3.3.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**3.4 The Establishment must have a formally constituted committee structure (which includes effective student representation), with clear and empowered reporting lines, to oversee and manage the curriculum and its delivery. The committee(s) must:**

* **determine the pedagogical basis, design, delivery methods and assessment methods of the curriculum**
* **oversee QA of the curriculum, particularly gathering, evaluating, making change and responding to feedback from stakeholders, peer reviewers and external assessors, and data from examination/assessment outcomes**
* **perform on going and periodic review of the curriculum at least every seven years by involving staff, students and stakeholders; these reviews must lead to continuous improvement. Any action taken or planned as a result of such a review must be communicated to all those concerned**
* **identify and meet training needs for all types of staff, maintaining and enhancing their competence for the ongoing curriculum development.**

3.4.1. Findings

3.4.2. Comments

3.4.3. Suggestions for improvement

*3.4.3’. Questions to be asked to the Establishment*

*3.4.3”. Issues to be clarified on-site*

3.4.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**3.5 External Practical Training (EPT) is compulsory training activities organised outside the Establishment, the student being under the direct supervision of a non-academic person (e.g. a practitioner). EPT cannot replace the core intramural training nor the extramural training under the close supervision of academic staff (e.g. ambulatory clinics, herd health management, practical training in FSQ and VPH).**

**Since the veterinary degree is a professional qualification with Day One Competences, EPT must complement and strengthen the academic education inter alia by enhancing student’s professional knowledge.**

3.5.1. Findings

3.5.2. Comments

3.5.3. Suggestions for improvement

*3.5.3’. Questions to be asked to the Establishment*

*3.5.3”. Issues to be clarified on-site*

3.5.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**3.6 The EPT providers must have an agreement with the Establishment and the student (in order to state their respective rights and duties, including insurance matters), provide a standardised evaluation of the performance of the student during their EPT and be allowed to provide feedback to the Establishment on the EPT programme.**

**There must be a member of the academic staff responsible for the overall supervision of the EPT, including liaison with EPT providers.**

3.6.1. Findings

3.6.2. Comments

3.6.3. Suggestions for improvement

*3.6.3’. Questions to be asked to the Establishment*

*3.6.3”. Issues to be clarified on-site*

3.6.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**3.7 Students must take responsibility for their own learning during EPT. This includes preparing properly before each placement, keeping a proper record of their experience during EPT by using a logbook provided by the Establishment and evaluating the EPT. Students must be allowed to complain officially and/or anonymously about issues occurring during EPT. The Establishment must have a system of QA to monitor the implementation, progress and then feedback within the EPT activities.**

3.7.1. Findings

3.7.2. Comments

3.7.3. Suggestions for improvement

*3.7.3’. Questions to be asked to the Establishment*

*3.7.3”. Issues to be clarified on-site*

3.7.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**Standard 4. Facilities and equipment**

**4.1 All aspects of the physical facilities must provide an environment conducive to learning, including internet access. The veterinary Establishment must have a clear strategy and programme for maintaining and upgrading its buildings and equipment. Facilities must comply with all relevant legislation including health, safety, biosecurity, accessibility to people with reduced mobility, and EU animal welfare and care standards.**

4.1.1. Findings

4.1.2. Comments

4.1.3. Suggestions for improvement

*4.1.3’. Questions to be asked to the Establishment*

*4.1.3”. Issues to be clarified on-site*

4.1.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**4.2 Lecture theatres, teaching laboratories, tutorial rooms, clinical facilities and other teaching spaces must be adequate in number, size and equipped for the instructional purposes and must be well maintained. The facilities must be adapted for the number of students enrolled. Students must have ready access to adequate and sufficient study, self-learning, recreation, locker, sanitary and food service facilities.**

**Offices, teaching preparation and research laboratories must be sufficient for the needs of the academic and support staff.**

4.2.1. Findings

4.2.2. Comments

4.2.3. Suggestions for improvement

*4.2.3’. Questions to be asked to the Establishment*

*4.2.3”. Issues to be clarified on-site*

4.2.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**4.3 The livestock facilities, animal housing, core clinical teaching facilities and equipment used by the Establishment for teaching purposes must:**

* **be sufficient in capacity and adapted for the number of students enrolled in order to allow safe hands-on training for all students**
* **be of a high standard, well maintained and fit for the purpose**
* **promote best husbandry, welfare and management practices**
* **ensure relevant biosecurity and bio-containment**
* **be designed to enhance learning.**

4.3.1. Findings

4.3.2. Comments

4.3.3. Suggestions for improvement

*4.3.3’. Questions to be asked to the Establishment*

*4.3.3”. Issues to be clarified on-site*

4.3.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**4.4 Core clinical teaching facilities must be provided in a veterinary teaching hospital (VTH) with 24/7 emergency services at least for companion animals and equines. Within the VTH, the Establishment must unequivocally demonstrate that standard of education and clinical research are compliant with all ESEVT Substandards, e.g. research-based and evidence-based clinical training supervised by academic staff trained to teach and to assess, availability for staff and students of facilities and patients for performing clinical research and relevant QA procedures.**

**For ruminants, on-call service must be available if emergency services do not exist for those species in a VTH.**

**The Establishment must ensure state-of-the-art standards of teaching clinics which remain comparable with or exceeding the best available in the private sector.**

**The VTH and any hospitals, practices and facilities (including EPT) which are involved with the curriculum must meet the relevant national Practice Standards.**

4.4.1. Findings

4.4.2. Comments

4.4.3. Suggestions for improvement

*4.4.3’. Questions to be asked to the Establishment*

*4.4.3”. Issues to be clarified on-site*

4.4.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**4.5 The Establishment must ensure that students have access to a broad range of diagnostic and therapeutic facilities, including but not limited to: diagnostic imaging, anaesthesia, clinical pathology, intensive/critical care, surgeries and treatment facilities, ambulatory services, pharmacy and necropsy facilities.**

4.5.1. Findings

4.5.2. Comments

4.5.3. Suggestions for improvement

*4.5.3’. Questions to be asked to the Establishment*

*4.5.3”. Issues to be clarified on-site*

4.5.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**4.6 Appropriate isolation facilities must be provided to meet the need for the isolation and containment of animals with communicable diseases. Such isolation facilities must be properly constructed, ventilated, maintained and operated to provide for animal care and for prevention of spread of infectious agents. They must be adapted to all animal species commonly handled in the VTH.**

4.6.1. Findings

4.6.2. Comments

4.6.3. Suggestions for improvement

*4.6.3’. Questions to be asked to the Establishment*

*4.6.3”. Issues to be clarified on-site*

4.6.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**4.7 The Establishment must have an ambulatory clinic for production animals or equivalent facilities so that students can practise field veterinary medicine and Herd Health Management under academic supervision.**

4.7.1. Findings

4.7.2. Comments

4.7.3. Suggestions for improvement

*4.7.3’. Questions to be asked to the Establishment*

*4.7.3”. Issues to be clarified on-site*

4.7.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**4.8 The transport of students, live animals, cadavers, materials from animal origin and other teaching materials must be done in agreement with national and EU standards, to ensure the safety of students and staff and to prevent the spread of infectious agents.**

4.8.1. Findings

4.8.2. Comments

4.8.3. Suggestions for improvement

*4.8.3’. Questions to be asked to the Establishment*

*4.8.3”. Issues to be clarified on-site*

4.8.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**4.9 Operational policies and procedures (including e.g. biosecurity, good laboratory practice and good clinical practice) must be taught and posted for students, staff and visitors and a Biosafety manual must be available. The Establishment must demonstrate a clear commitment for the delivery of biosafety and biosecurity, e.g. by a specific committee structure. The Establishment must have a system of QA to monitor and assure clinical, laboratory and farm services, including a regular monitoring of the feedback from students, staff and clients.**

4.9.1. Findings

4.9.2. Comments

4.9.3. Suggestions for improvement

*4.9.3’. Questions to be asked to the Establishment*

*4.9.3”. Issues to be clarified on-site*

4.9.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**Standard 5. Animal resources and teaching material of animal origin**

**5.1 The number and variety of healthy and diseased animals, cadavers, and material of animal origin must be adequate for providing the practical and safe hands-on training (in the areas of Basic Sciences, Clinical Sciences, Pathology, Animal Production, Food Safety and Quality) and adapted to the number of students enrolled.**

**Evidence must be provided that these data are regularly recorded and that procedures are in place for correcting any deficiencies.**

5.1.1. Findings

5.1.2. Comments

5.1.3. Suggestions for improvement

*5.1.3’. Questions to be asked to the Establishment*

*5.1.3”. Issues to be clarified on-site*

5.1.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**5.2 In addition to the training provided in the Establishment, experience can include practical training at external sites, provided this training is organised under direct academic supervision and following the same standards as those applied in the Establishment.**

5.2.1. Findings

5.2.2. Comments

5.2.3. Suggestions for improvement

*5.2.3’. Questions to be asked to the Establishment*

*5.2.3”. Issues to be clarified on-site*

5.2.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**5.3 The VTH must provide nursing care skills and instruction in nursing procedures. Under all situations students must be active participants in the clinical workup of patients, including problem-oriented diagnostic approach together with diagnostic decision-making.**

5.3.1. Findings

5.3.2. Comments

5.3.3. Suggestions for improvement

*5.3.3’. Questions to be asked to the Establishment*

*5.3.3”. Issues to be clarified on-site*

5.3.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**5.4 Medical records must be comprehensive and maintained in an effective retrieval system (preferably an electronic patient record system) to efficiently support the teaching, research, and service programmes of the Establishment.**

5.4.1. Findings

5.4.2. Comments

5.4.3. Suggestions for improvement

*5.4.3’. Questions to be asked to the Establishment*

*5.4.3”. Issues to be clarified on-site*

5.4.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**Standard 6. Learning resources**

**6.1 State-of-the-art learning resources must be adequate and available to support veterinary education, research, services and continuing education. When the study programme is provided in several tracks/languages, the learning resources must be available in all used languages. Timely access to learning resources, whether through print, electronic media or other means, must be available to students and staff and, when appropriate, to stakeholders. State-of-the-art procedures for bibliographical search and for access to databases and learning resources must be taught to undergraduate students.**

6.1.1. Findings

6.1.2. Comments

6.1.3. Suggestions for improvement

*6.1.3’. Questions to be asked to the Establishment*

*6.1.3”. Issues to be clarified on-site*

6.1.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**6.2 Staff and students must have full access on site to an academic library administered by a qualified librarian, an Information Technology (IT) unit managed by an IT expert, an e-learning platform, and all the relevant human and physical resources necessary for the development of instructional materials by the staff and their use by the students.**

**The relevant electronic information, database and other intranet resources must be easily available for students and staff both in the Establishment’s core facilities via wireless connection (Wi-Fi) and from outside the Establishment through a hosted secured connection, e.g. Virtual Private Network (VPN).**

6.2.1. Findings

6.2.2. Comments

6.2.3. Suggestions for improvement

*6.2.3’. Questions to be asked to the Establishment*

*6.2.3”. Issues to be clarified on-site*

6.2.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**6.3 The Establishment must provide students with unimpeded access to learning resources, internet and internal study resources, and equipment for the development of procedural skills (e.g. models). The use of these resources must be aligned with the pedagogical environment and learning outcomes within the programme and have mechanisms in place to evaluate the teaching value of changes in learning resources.**

6.3.1. Findings

6.3.2. Comments

6.3.3. Suggestions for improvement

*6.3.3’. Questions to be asked to the Establishment*

*6.3.3”. Issues to be clarified on-site*

6.3.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**Standard 7. Student admission, progression and welfare**

**7.1 The Establishment must consistently apply pre-defined and published regulations covering all phases of the student “life cycle”, e.g. student admission, progression and certification.**

**In relation to enrolment, the Establishment must provide accurate and complete information regarding all aspects of the educational programme in all advertisings for prospective national and international students.**

**Formal cooperations with other Establishments must also be clearly advertised.**

7.1.1. Findings

7.1.2. Comments

7.1.3. Suggestions for improvement

*7.1.3’. Questions to be asked to the Establishment*

*7.1.3”. Issues to be clarified on-site*

7.1.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**7.2 The number of students admitted must be consistent with the resources available at the Establishment for staff, buildings, equipment, healthy and diseased animals, and materials of animal origin.**

7.2.1. Findings

7.2.2. Comments

7.2.3. Suggestions for improvement

*7.2.3’. Questions to be asked to the Establishment*

*7.2.3”. Issues to be clarified on-site*

7.2.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**7.3 The selection and progression criteria must be clearly defined, consistent, and defensible, be free of discrimination or bias, and take into account the fact that students are admitted with a view to their entry to the veterinary profession in due course.**

**The Establishment must regularly review and reflect on the selection processes to ensure they are appropriate for students to complete the programme successfully. If the selection processes are decided by another authority, the latter must regularly receive feedback from the Establishment.**

**Adequate training (including periodic refresher training) must be provided for those involved in the selection process to ensure applicants are evaluated fairly and consistently.**

7.3.1. Findings

7.3.2. Comments

7.3.3. Suggestions for improvement

*7.3.3’. Questions to be asked to the Establishment*

*7.3.3”. Issues to be clarified on-site*

7.3.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**7.4 There must be clear policies and procedures on how applicants with disabilities or illnesses are considered and, if appropriate, accommodated in the programme, taking into account the requirement that all students must be capable of meeting the ESEVT Day One Competences by the time they graduate.**

7.4.1. Findings

7.4.2. Comments

7.4.3. Suggestions for improvement

*7.4.3’. Questions to be asked to the Establishment*

*7.4.3”. Issues to be clarified on-site*

7.4.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**7.5 The basis for decisions on progression (including academic progression and professional fitness to practise) must be explicit and readily available to the students. The Establishment must provide evidence that it has mechanisms in place to identify and provide remediation and appropriate support (including termination) for students who are not performing adequately.**

**The Establishment must have mechanisms in place to monitor attrition and progression and be able to respond and amend admission selection criteria (if permitted by national or university law) and student support if required.**

7.5.1. Findings

7.5.2. Comments

7.5.3. Suggestions for improvement

*7.5.3’. Questions to be asked to the Establishment*

*7.5.3”. Issues to be clarified on-site*

7.5.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**7.6 Mechanisms for the exclusion of students from the programme for any reason must be explicit.**

**The Establishment’s policies for managing appeals against decisions, including admissions, academic and progression decisions and exclusion, must be transparent and publicly available.**

7.6.1. Findings

7.6.2. Comments

7.6.3. Suggestions for improvement

*7.6.3’. Questions to be asked to the Establishment*

*7.6.3”. Issues to be clarified on-site*

7.6.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**7.7 Provisions must be made by the Establishment to support the physical, emotional and welfare needs of students. This includes, but is not limited to, learning support and counselling services, career advice, and fair and transparent mechanisms for dealing with student illness, impairment and disability during the programme. This shall include provision of reasonable adjustments for disabled students, consistent with all relevant equality and/or human rights legislation.**

**There must be effective mechanisms for resolution of student grievances (e.g. interpersonal conflict or harassment).**

7.7.1. Findings

7.7.2. Comments

7.7.3. Suggestions for improvement

*7.7.3’. Questions to be asked to the Establishment*

*7.7.3”. Issues to be clarified on-site*

7.7.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**7.8 Mechanisms must be in place by which students can convey their needs and wants to the Establishment. The Establishment must provide students with a mechanism, anonymously if they wish, to offer suggestions, comments and complaints regarding compliance of the Establishment with national and international legislation and the ESEVT Substandards.**

7.8.1. Findings

7.8.2. Comments

7.8.3. Suggestions for improvement

*7.8.3’. Questions to be asked to the Establishment*

*7.8.3”. Issues to be clarified on-site*

7.8.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**Standard 8. Student assessment**

**8.1 The Establishment must ensure that there is a clearly identified structure within the Establishment showing lines of responsibility for the assessment strategy to ensure coherence of the overall assessment regime and to allow the demonstration of progressive development across the programme towards entry-level competence.**

8.1.1. Findings

8.1.2. Comments

8.1.3. Suggestions for improvement

*8.1.3’. Questions to be asked to the Establishment*

*8.1.3”. Issues to be clarified on-site*

8.1.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**8.2 The assessment tasks and grading criteria for each unit of study in the programme must be published, applied consistently, clearly identified and available to students in a timely manner well in advance of the assessment. Requirements to pass must be explicit.**

**The Establishment must properly document the results of assessment and provide the students with timely feedback on their assessments.**

**Mechanisms for students to appeal against assessment outcomes must be explicit.**

8.2.1. Findings

8.2.2. Comments

8.2.3. Suggestions for improvement

*8.2.3’. Questions to be asked to the Establishment*

*8.2.3”. Issues to be clarified on-site*

8.2.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**8.3 The Establishment must have a process in place to review assessment outcomes, to change assessment strategies and to ensure the accuracy of the procedures when required. Programme learning outcomes covering the full range of professional knowledge, skills, competences and attributes must form the basis for assessment design and underpin decisions on progression.**

8.3.1. Findings

8.3.2. Comments

8.3.3. Suggestions for improvement

*8.3.3’. Questions to be asked to the Establishment*

*8.3.3”. Issues to be clarified on-site*

8.3.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**8.4 Assessment strategies must allow the Establishment to certify student achievement of learning objectives at the level of the programme and individual units of study.**

**The Establishment must ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.**

8.4.1. Findings

8.4.2. Comments

8.4.3. Suggestions for improvement

*8.4.3’. Questions to be asked to the Establishment*

*8.4.3”. Issues to be clarified on-site*

8.4.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**8.5 Methods of formative and summative assessment must be valid and reliable and comprise a variety of approaches. Direct assessment of clinical skills and Day One Competences (some of which may be on simulated patients), must form a significant component of the overall process of assessment. It must also include the quality control of the student logbooks in order to ensure that all clinical procedures, practical and hands-on training planned in the study programme have been fully completed by each individual student.**

8.5.1. Findings

8.5.2. Comments

8.5.3. Suggestions for improvement

*8.5.3’. Questions to be asked to the Establishment*

*8.5.3”. Issues to be clarified on-site*

8.5.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**Standard 9. Academic and support staff**

**9.1 The Establishment must ensure that all staff are appropriately qualified and prepared for their roles, in agreement with national and EU regulations and must apply fair and transparent processes for the recruitment and development of staff.**

**A formal training (including good teaching and evaluation practices, learning and e-learning resources, biosecurity and QA procedures) must be in place for all staff involved with teaching.**

**Most academic staff (calculated as FTE) involved in veterinary training must be veterinarians. It is expected that more than 2/3 of the instruction that the students receive, as determined by student teaching hours, is delivered by qualified veterinarians.**

9.1.1. Findings

9.1.2. Comments

9.1.3. Suggestions for improvement

*9.1.3’. Questions to be asked to the Establishment*

*9.1.3”. Issues to be clarified on-site*

9.1.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**9.2 The total number, qualifications and skills of all staff involved with the programme, including teaching staff, ‘adjunct’ staff, technical, administrative and support staff, must be sufficient and appropriate to deliver the educational programme and fulfil the Establishment’s mission.**

**A procedure must be in place to assess if the staff involved with teaching display competence and effective teaching skills in all relevant aspects of the curriculum that they teach, regardless of whether they are full or part time, residents, interns or other postgraduate students, adjuncts or off-campus contracted teachers.**

9.2.1. Findings

9.2.2. Comments

9.2.3. Suggestions for improvement

*9.2.3’. Questions to be asked to the Establishment*

*9.2.3”. Issues to be clarified on-site*

9.2.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**9.3 Staff must be given opportunities to develop and extend their teaching and assessment knowledge and must be encouraged to improve their skills. Opportunities for didactic and pedagogic training and specialisation must be available. The Establishment must clearly define any systems of reward for teaching excellence in operation.**

**Academic positions must offer the security and benefits necessary to maintain stability, continuity, and competence of the academic staff. They must have a balanced workload of teaching, research and service depending on their role. They must have reasonable opportunities and resources for participation in scholarly activities.**

9.3.1. Findings

9.3.2. Comments

9.3.3. Suggestions for improvement

*9.3.3’. Questions to be asked to the Establishment*

*9.3.3”. Issues to be clarified on-site*

9.3.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**9.4 The Establishment must provide evidence that it utilises a well-defined, comprehensive and publicised programme for the professional growth and development of academic and support staff, including formal appraisal and informal mentoring procedures.**

**Staff must have the opportunity to contribute to the Establishment’s direction and decision-making processes.**

**Promotion criteria for academic and support staff must be clear and explicit. Promotions for teaching staff must recognise excellence in, and (if permitted by the national or university law) place equal emphasis on all aspects of teaching (including clinical teaching), research, service and other scholarly activities.**

9.4.1. Findings

9.4.2. Comments

9.4.3. Suggestions for improvement

*9.4.3’. Questions to be asked to the Establishment*

*9.4.3”. Issues to be clarified on-site*

9.4.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**9.5 A system for assessment of teaching staff must be in operation and must include student participation. Results must be available to those undertaking external reviews and commented upon in reports.**

9.5.1. Findings

9.5.2. Comments

9.5.3. Suggestions for improvement

*9.5.3’. Questions to be asked to the Establishment*

*9.5.3”. Issues to be clarified on-site*

9.5.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**Standard 10. Research programmes, continuing and postgraduate education**

**10.1 The Establishment must demonstrate significant and broad research activities of staff that integrate with and strengthen the veterinary degree programme through research-based teaching.**

10.1.1. Findings

10.1.2. Comments

10.1.3. Suggestions for improvement

*10.1.3’. Questions to be asked to the Establishment*

*10.1.3”. Issues to be clarified on-site*

10.1.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**10.2 All students must be trained in scientific method and research techniques relevant to evidence-based veterinary medicine and must have opportunities to participate in research programmes.**

10.2.1. Findings

10.2.2. Comments

10.2.3. Suggestions for improvement

*10.2.3’. Questions to be asked to the Establishment*

*10.2.3”. Issues to be clarified on-site*

10.2.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**10.3 The Establishment must provide advanced postgraduate degree programmes, e.g. PhD, internships, residencies and continuing education programmes that complement and strengthen the veterinary degree programme and are relevant to the needs of the profession and society.**

10.3.1. Findings

10.3.2. Comments

10.3.3. Suggestions for improvement

*10.3.3’. Questions to be asked to the Establishment*

*10.3.3”. Issues to be clarified on-site*

10.3.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**10.4 The Establishment must have a system of QA to evaluate how research activities provide opportunities for student training and staff promotion, and how research approaches, methods and results are integrated into the veterinary teaching programmes.**

10.4.1. Findings

10.4.2. Comments

10.4.3. Suggestions for improvement

*10.4.3’. Questions to be asked to the Establishment*

*10.4.3”. Issues to be clarified on-site*

10.4.4. Decision of the Visitation Team*, i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.*

**11. ESEVT Indicators** *(see Annex 4)*

**12. ESEVT Rubrics** (summary of the decision of the Visitation Team of the Establishment for each ESEVT Substandard, i.e. (total or substantial) compliance (C), partial compliance (PC) (Minor Deficiency) or non-compliance (NC) (Major Deficiency))

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard 1: Objectives, Organisation and QA Policy** | **C** | **PC** | **NC** |
| **1.1 The Establishment must have as its main objective the provision, in agreement with the EU Directives and ESG recommendations, of adequate, ethical, research-based, evidence-based veterinary training that enables the new graduate to perform as a veterinarian capable of entering all commonly recognised branches of the veterinary profession and to be aware of the importance of lifelong learning.**  **The Establishment must develop and follow its mission statement which must embrace all the ESEVT Substandards.** |  |  |  |
| **1.2 The Establishment must be part of a university or a higher education institution providing training recognised as being of an equivalent level and formally recognised as such in the respective country.**  **The person responsible for the veterinary curriculum and the person(s) responsible for the professional, ethical, and academic affairs of the Veterinary Teaching Hospital (VTH) must hold a veterinary degree.**  **The decision-making process of the Establishment must allow implementation of its strategic plan and of a cohesive study programme, in compliance with the ESEVT Substandards.** |  |  |  |
| **1.3 The Establishment must have a strategic plan, which includes a SWOT analysis of its current activities, a list of objectives, and an operating plan with a timeframe and indicators for its implementation.** |  |  |  |
| **1.4 The Establishment must have a policy and associated written procedures for the assurance of the quality and standards of its programmes and awards. It must also commit itself explicitly to the development of a culture which recognises the importance of quality, and quality assurance, within their Establishment. To achieve this, the Establishment must develop and implement a strategy for the continuous enhancement of quality. The development and implementation of the Establishment’s strategy must include a role for students and other stakeholders, both internal and external, and the strategy must have a formal status and be publicly available.** |  |  |  |
| **1.5 The Establishment must provide evidence that it interacts with its stakeholders and the wider society. Such public information must be clear, objective and readily accessible; the information must include up-to-date information about the study programme, views and employment destinations of past students as well as the profile of the current student population.**  **The Establishment’s website must mention the ESEVT Establishment’s status and its last Self Evaluation Report and Visitation Report must be easily available for the public.** |  |  |  |
| **1.6 The Establishment must monitor and periodically review its activities, both quantitative and qualitative, to ensure that they achieve the objectives set for them and respond to the needs of students and society. The Establishment must make public how this analysis of information has been utilised in the further development of its activities and provide evidence as to the involvement of both students and staff in the provision, analysis and implementation of such data.**  **Any action planned or taken as a result of this data analysis must be communicated to all those concerned.** |  |  |  |
| **1.7 The Establishment must undergo external review through the ESEVT on a cyclical basis. Evidence must be provided of such external evaluation with the assurance that the progress made since the last ESEVT evaluation was linked to a continuous quality assurance process.** |  |  |  |
| **Standard 2: Finances** |  |  |  |
| **2.1 Finances must be demonstrably adequate to sustain the requirements for the Establishment to meet its mission and to achieve its objectives for education, research and services. The description must include both expenditures (separated into personnel costs, operating costs, maintenance costs and equipment) and revenues (separated into public funding, tuition fees, services, research grants and other sources).** |  |  |  |
| **2.2 Clinical and field services must function as instructional resources. Instructional integrity of these resources must take priority over financial self-sufficiency of clinical services operations.**  **The Establishment must have sufficient autonomy in order to use the resources to implement its strategic plan and to meet the ESEVT Substandards.** |  |  |  |
| **2.3 Resources allocation must be regularly reviewed to ensure that available resources meet the requirements.** |  |  |  |
| **Standard 3: Curriculum** |  |  |  |
| **3.1 The curriculum must be designed, resourced and managed to ensure all graduates have achieved the graduate attributes expected to be fully compliant with the EU Directive 2005/36/EC (as amended by directive 2013/55/EU) and its Annex V.4.1. The curriculum must include the subjects (input) and must allow the acquisition of the Day One Competences (output) listed in Annex 2. This concerns Basic Sciences, Clinical Sciences in companion animals (including equine and exotic pets), Clinical Sciences in food-producing animals (including Animal Production and Herd Health Management), Food Safety and Quality, and Professional Knowledge.**    **3.1.1. General findings** |  |  |  |
| **3.1.2. Basic sciences** |  |  |  |
| **3.1.3. Clinical Sciences in companion animals (including equine and exotic pets)** |  |  |  |
| **3.1.4. Clinical Sciences in food-producing animals (including Animal Production and Herd Health Management)** |  |  |  |
| **3.1.5. Food Safety and Quality** |  |  |  |
| **3.1.6. Professional Knowledge** |  |  |  |
| **3.2 Each study programme provided by the Establishment must be competency-based and designed so that it meets the objectives set for it, including the intended learning outcomes. The qualification resulting from a programme must be clearly specified and communicated and must refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.**  **The Establishment must provide proof of a QA system that promotes and monitors the presence of an academic environment highly conducive to learning including self-learning. Details of the type, provision and updating of appropriate learning opportunities for the students must be clearly described, as well as the involvement of students.**  **The Establishment must also describe how it encourages and prepares students for self-learning and lifelong learning.** |  |  |  |
| **3.3 Programme learning outcomes must:**   * **ensure the effective alignment of all content, teaching, learning and assessment activities of the degree programme to form a cohesive framework** * **include a description of Day One Competences** * **form the basis for explicit statements of the objectives and learning outcomes of individual units of study** * **be communicated to staff and students** * **be regularly reviewed, managed and updated to ensure they remain relevant, adequate and are effectively achieved.** |  |  |  |
| **3.4 The Establishment must have a formally constituted committee structure (which includes effective student representation), with clear and empowered reporting lines, to oversee and manage the curriculum and its delivery. The committee(s) must:**   * **determine the pedagogical basis, design, delivery methods and assessment methods of the curriculum** * **oversee QA of the curriculum, particularly gathering, evaluating, making change and responding to feedback from stakeholders, peer reviewers and external assessors, and data from examination/assessment outcomes** * **perform ongoing and periodic review of the curriculum at least every seven years by involving staff, students and stakeholders; these reviews must lead to continuous improvement. Any action taken or planned as a result of such a review must be communicated to all those concerned** * **identify and meet training needs for all types of staff, maintaining and enhancing their competence for the ongoing curriculum development.** |  |  |  |
| **3.5 External Practical Training (EPT) is compulsory training activities organised outside the Establishment, the student being under the direct supervision of a non-academic person (e.g. a practitioner). EPT cannot replace the core intramural training nor the extramural training under the close supervision of academic staff (e.g. ambulatory clinics, herd health management, practical training in FSQ and VPH).**  **Since the veterinary degree is a professional qualification with Day One Competences, EPT must complement and strengthen the academic education inter alia by enhancing student’s professional knowledge.** |  |  |  |
| **3.6 The EPT providers must have an agreement with the Establishment and the student (in order to state their respective rights and duties, including insurance matters), provide a standardised evaluation of the performance of the student during their EPT and be allowed to provide feedback to the Establishment on the EPT programme.**  **There must be a member of the academic staff responsible for the overall supervision of the EPT, including liaison with EPT providers.** |  |  |  |
| **3.7 Students must take responsibility for their own learning during EPT. This includes preparing properly before each placement, keeping a proper record of their experience during EPT by using a logbook provided by the Establishment and evaluating the EPT. Students must be allowed to complain officially and/or anonymously about issues occurring during EPT. The Establishment must have a system of QA to monitor the implementation, progress and then feedback within the EPT activities.** |  |  |  |
| **Standard 4: Facilities and equipment** |  |  |  |
| **4.1 All aspects of the physical facilities must provide an environment conducive to learning, including internet access. The veterinary Establishment must have a clear strategy and programme for maintaining and upgrading its buildings and equipment. Facilities must comply with all relevant legislation including health, safety, biosecurity, accessibility to people with reduced mobility, and EU animal welfare and care standards.** |  |  |  |
| **4.2 Lecture theatres, teaching laboratories, tutorial rooms, clinical facilities and other teaching spaces must be adequate in number, size and equipped for the instructional purposes and must be well maintained. The facilities must be adapted for the number of students enrolled. Students must have ready access to adequate and sufficient study, self-learning, recreation, locker, sanitary and food service facilities.**  **Offices, teaching preparation and research laboratories must be sufficient for the needs of the academic and support staff.** |  |  |  |
| **4.3 The livestock facilities, animal housing, core clinical teaching facilities and equipment** **used by the Establishment for teaching purposes must:**   * **be sufficient in capacity and adapted for the number of students enrolled in order to allow safe hands-on training for all students** * **be of a high standard, well maintained and fit for the purpose** * **promote best husbandry, welfare and management practices** * **ensure relevant biosecurity and bio-containment** * **be designed to enhance learning.** |  |  |  |
| **4.4 Core clinical teaching facilities must be provided in a veterinary teaching hospital (VTH) with 24/7 emergency services at least for companion animals and equines. Within the VTH, the Establishment must unequivocally demonstrate that standard of education and clinical research are compliant with all ESEVT Substandards, e.g. research-based and evidence-based clinical training supervised by academic staff trained to teach and to assess, availability for staff and students of facilities and patients for performing clinical research and relevant QA procedures.**  **For ruminants, on-call service must be available if emergency services do not exist for those species in a VTH.**  **The Establishment must ensure state-of-the-art standards of teaching clinics which remain comparable with or exceeding the best available in the private sector.**  **The VTH and any hospitals, practices and facilities (including EPT) which are involved with the curriculum must meet the relevant national Practice Standards.** |  |  |  |
| **4.5 The Establishment must ensure that students have access to a broad range of diagnostic and therapeutic facilities, including but not limited to: diagnostic imaging, anaesthesia, clinical pathology, intensive/critical care, surgeries and treatment facilities, ambulatory services, pharmacy and necropsy facilities.** |  |  |  |
| **4.6 Appropriate isolation facilities must be provided to meet the need for the isolation and containment of animals with communicable diseases. Such isolation facilities must be properly constructed, ventilated, maintained and operated to provide for animal care and for prevention of spread of infectious agents. They must be adapted to all animal species commonly handled in the VTH.** |  |  |  |
| **4.7 The Establishment must have an ambulatory clinic for production animals or equivalent facilities so that students can practise field veterinary medicine and Herd Health Management under academic supervision.** |  |  |  |
| **4.8 The transport of students, live animals, cadavers, materials from animal origin and other teaching materials must be done in agreement with national and EU standards, to ensure the safety of students and staff and to prevent the spread of infectious agents.** |  |  |  |
| **4.9 Operational policies and procedures (including e.g. biosecurity, good laboratory practice and good clinical practice) must be taught and posted for students, staff and visitors and a Biosafety manual must be available. The Establishment must demonstrate a clear commitment for the delivery of biosafety and biosecurity, e.g. by a specific committee structure. The Establishment must have a system of QA to monitor and assure clinical, laboratory and farm services, including a regular monitoring of the feedback from students, staff and clients.** |  |  |  |
| **Standard 5: Animal resources and teaching material of animal origin** |  |  |  |
| **5.1 The number and variety of healthy and diseased animals, cadavers, and material of animal origin must be adequate for providing the practical and safe hands-on training (in the areas of Basic Sciences, Clinical Sciences, Pathology, Animal Production, Food Safety and Quality) and adapted to the number of students enrolled.**  **Evidence must be provided that these data are regularly recorded and that procedures are in place for correcting any deficiencies.** |  |  |  |
| **5.2 In addition to the training provided in the Establishment, experience can include practical training at external sites, provided this training is organised under direct academic supervision and following the same standards as those applied in the Establishment.** |  |  |  |
| **5.3 The VTH must provide nursing care skills and instruction in nursing procedures. Under all situations students must be active participants in the clinical workup of patients, including problem-oriented diagnostic approach together with diagnostic decision-making.** |  |  |  |
| **5.4 Medical records must be comprehensive and maintained in an effective retrieval system (preferably an electronic patient record system) to efficiently support the teaching, research, and service programmes of the Establishment.** |  |  |  |
| **Standard 6: Learning resources** |  |  |  |
| **6.1 State-of-the-art learning resources must be adequate and available to support veterinary education, research, services and continuing education. When the study programme is provided in several tracks/languages, the learning resources must be available in all used languages. Timely access to learning resources, whether through print, electronic media or other means, must be available to students and staff and, when appropriate, to stakeholders. State-of-the-art procedures for bibliographical search and for access to databases and learning resources must be taught to undergraduate students.** |  |  |  |
| **6.2 Staff and students must have full access on site to an academic library administered by a qualified librarian, an Information Technology (IT) unit managed by an IT expert, an e-learning platform, and all the relevant human and physical resources necessary for the development of instructional materials by the staff and their use by the students.**  **The relevant electronic information, database and other intranet resources must be easily available for students and staff both in the Establishment’s core facilities via wireless connection (Wi-Fi) and from outside the Establishment through a hosted secured connection, e.g. Virtual Private Network (VPN).** |  |  |  |
| **6.3 The Establishment must provide students with unimpeded access to learning resources, internet and internal study resources, and equipment for the development of procedural skills (e.g. models). The use of these resources must be aligned with the pedagogical environment and learning outcomes within the programme and have mechanisms in place to evaluate the teaching value of changes in learning resources.** |  |  |  |
| **Standard 7: Student admission, progression and welfare** |  |  |  |
| **7.1 The Establishment must consistently apply pre-defined and published regulations covering all phases of the student “life cycle”, e.g. student admission, progression and certification.**  **In relation to enrolment, the Establishment must provide accurate and complete information regarding all aspects of the educational programme in all advertisings for prospective national and international students.**  **Formal cooperations with other Establishments must also be clearly advertised.** |  |  |  |
| **7.2 The number of students admitted must be consistent with the resources available at the Establishment for staff, buildings, equipment, healthy and diseased animals, and materials of animal origin.** |  |  |  |
| **7.3 The selection and progression criteria must be clearly defined, consistent, and defensible, be free of discrimination or bias, and take into account the fact that students are admitted with a view to their entry to the veterinary profession in due course.**  **The Establishment must regularly review and reflect on the selection processes to ensure they are appropriate for students to complete the programme successfully. If the selection processes are decided by another authority, the latter must regularly receive feedback from the Establishment.**  **Adequate training (including periodic refresher training) must be provided for those involved in the selection process to ensure applicants are evaluated fairly and consistently.** |  |  |  |
| **7.4 There must be clear policies and procedures on how applicants with disabilities or illnesses are considered and, if appropriate, accommodated in the programme, taking into account the requirement that all students must be capable of meeting the ESEVT Day One Competences by the time they graduate.** |  |  |  |
| **7.5 The basis for decisions on progression (including academic progression and professional fitness to practise) must be explicit and readily available to the students. The Establishment must provide evidence that it has mechanisms in place to identify and provide remediation and appropriate support (including termination) for students who are not performing adequately.**  **The Establishment must have mechanisms in place to monitor attrition and progression and be able to respond and amend admission selection criteria (if permitted by national or university law) and student support if required.** |  |  |  |
| **7.6 Mechanisms for the exclusion of students from the programme for any reason must be explicit.**  **The Establishment’s policies for managing appeals against decisions, including admissions, academic and progression decisions and exclusion, must be transparent and publicly available.** |  |  |  |
| **7.7 Provisions must be made by the Establishment to support the physical, emotional and welfare needs of students. This includes, but is not limited to, learning support and counselling services, career advice, and fair and transparent mechanisms for dealing with student illness, impairment and disability during the programme. This shall include provision of reasonable adjustments for disabled students, consistent with all relevant equality and/or human rights legislation.**  **There must be effective mechanisms for resolution of student grievances (e.g. interpersonal conflict or harassment).** |  |  |  |
| **7.8 Mechanisms must be in place by which students can convey their needs and wants to the Establishment. The Establishment must provide students with a mechanism, anonymously if they wish, to offer suggestions, comments and complaints regarding compliance of the Establishment with national and international legislation and the ESEVT Substandards.** |  |  |  |
| **Standard 8: Student assessment** |  |  |  |
| **8.1 The Establishment must ensure that there is a clearly identified structure within the Establishment showing lines of responsibility for the assessment strategy to ensure coherence of the overall assessment regime and to allow the demonstration of progressive development across the programme towards entry-level competence.** |  |  |  |
| **8.2 The assessment tasks and grading criteria for each unit of study in the programme must be published, applied consistently, clearly identified and available to students in a timely manner well in advance of the assessment. Requirements to pass must be explicit.**  **The Establishment must properly document the results of assessment and provide the students with timely feedback on their assessments.**  **Mechanisms for students to appeal against assessment outcomes must be explicit.** |  |  |  |
| **8.3 The Establishment must have a process in place to review assessment outcomes, to change assessment strategies and to ensure the accuracy of the procedures when required. Programme learning outcomes covering the full range of professional knowledge, skills, competences and attributes must form the basis for assessment design and underpin decisions on progression.** |  |  |  |
| **8.4 Assessment strategies must allow the Establishment to certify student achievement of learning objectives at the level of the programme and individual units of study.**  **The Establishment must ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.** |  |  |  |
| **8.5 Methods of formative and summative assessment must be valid and reliable and comprise a variety of approaches. Direct assessment of clinical skills and Day One Competences (some of which may be on simulated patients), must form a significant component of the overall process of assessment. It must also include the quality control of the student logbooks in order to ensure that all clinical procedures, practical and hands-on training planned in the study programme have been fully completed by each individual student.** |  |  |  |
| **Standard 9: Academic and support staff** |  |  |  |
| **9.1 The Establishment must ensure that all staff are appropriately qualified and prepared for their roles, in agreement with national and EU regulations and must apply fair and transparent processes for the recruitment and development of staff.**  **A formal training (including good teaching and evaluation practices, learning and e-learning resources, biosecurity and QA procedures) must be in place for all staff involved with teaching.**  **Most academic staff (calculated as FTE) involved in veterinary training must be veterinarians. It is expected that more than 2/3 of the instruction that the students receive, as determined by student teaching hours, is delivered by qualified veterinarians.** |  |  |  |
| **9.2 The total number, qualifications and skills of all staff involved with the programme, including teaching staff, ‘adjunct’ staff, technical, administrative and support staff, must be sufficient and appropriate to deliver the educational programme and fulfil the Establishment’s mission.**  **A procedure must be in place to assess if they display competence and effective teaching skills in all relevant aspects of the curriculum that they teach, regardless of whether they are full or part time, residents, interns or other postgraduate students, adjuncts or off-campus contracted teachers.** |  |  |  |
| **9.3 Staff must be given opportunities to develop and extend their teaching and assessment knowledge and must be encouraged to improve their skills. Opportunities for didactic and pedagogic training and specialisation must be available. The Establishment must clearly define systems of reward for teaching excellence in operation.**  **Academic positions must offer the security and benefits necessary to maintain stability, continuity, and competence of the academic staff. Academic staff must have a balanced workload of teaching, research and service depending on their role. They must have reasonable opportunities and resources for participation in scholarly activities.** |  |  |  |
| **9.4 The Establishment must provide evidence that it utilises a well-defined, comprehensive and publicised programme for the professional growth and development of academic and support staff, including formal appraisal and informal mentoring procedures.**  **Staff must have the opportunity to contribute to the Establishment’s direction and decision-making processes.**  **Promotion criteria for academic and support staff must be clear and explicit. Promotions for teaching staff must recognise excellence in, and (if permitted by the national or university law) place equal emphasis on all aspects of teaching (including clinical teaching), research, service and other scholarly activities.** |  |  |  |
| **9.5 A system for assessment of teaching staff must be in operation and must include student participation. Results must be available to those undertaking external reviews and commented upon in reports.** |  |  |  |
| **Standard 10: Research programmes, continuing and postgraduate education** |  |  |  |
| **10.1 The Establishment must demonstrate significant and broad research activities of staff that integrate with and strengthen the veterinary degree programme through research-based teaching.** |  |  |  |
| **10.2 All students must be trained in scientific method and research techniques relevant to evidence-based veterinary medicine and must have opportunities to participate in research programmes.** |  |  |  |
| **10.3 The Establishment must provide advanced postgraduate degree programmes, e.g. PhD, internships, residencies and continuing education programmes that complement and strengthen the veterinary degree programme and are relevant to the needs of the profession and society.** |  |  |  |
| **10.4 The Establishment must have a system of QA to evaluate how research activities provide opportunities for student training and staff promotion, and how research approaches, methods and results are integrated into the veterinary teaching programmes.** |  |  |  |
| *C: (total or substantial) compliance; PC: partial compliance (Minor Deficiency); NC: non-compliance (Major Deficiency)* | | | |

**Executive Summary**

*Brief history of the Establishment and its previous EAEVE Visitations*

*Brief comment on the SER*

*Brief comment on the Visitation*

*Commendations (areas worthy of praise identified by the Team)*

*Recommendations (areas of concern/partial compliance with the ESEVT Substandards identified by the Team)*

*List of items of potential non-compliance with the ESEVT Substandards identified by the Team*

**Glossary**

*(Please use the same terminology and abbreviations as in the ESEVT SOP when possible)*