

ENQA AGENCY REVIEW

# EUROPEAN ASSOCIATION OF ESTABLISHMENTS FOR VETERINARY EDUCATION (EAEVE)

MARK FREDERIKS,  
AURELIJA VALEIKIENE, ANDREA NOLAN,  
FRANCISCO JOAQUÍN JIMÉNEZ GONZÁLEZ  
19 APRIL 2023

# CONTENTS

<b>CONTENTS</b> .....	<b>1</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>3</b>
<b>INTRODUCTION</b> .....	<b>4</b>
<b>BACKGROUND OF THE REVIEW AND OUTLINE OF THE REVIEW PROCESS</b> .....	<b>4</b>
BACKGROUND OF THE REVIEW .....	4
SCOPE OF THE REVIEW .....	4
MAIN FINDINGS OF THE 2018 REVIEW .....	4
REVIEW PROCESS.....	6
<b>HIGHER EDUCATION AND QUALITY ASSURANCE SYSTEM OF THE AGENCY</b> .....	<b>8</b>
HIGHER EDUCATION SYSTEM.....	8
QUALITY ASSURANCE.....	9
<b>EAEVE</b> .....	<b>9</b>
EAEVE'S ORGANISATION/STRUCTURE .....	11
EAEVE'S FUNCTIONS, ACTIVITIES, PROCEDURES.....	12
EAEVE'S FUNDING.....	15
<b>FINDINGS: COMPLIANCE OF EAEVE WITH THE STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE IN THE EUROPEAN HIGHER EDUCATION AREA (ESG)</b> .....	<b>16</b>
<b>ESG PART 3: QUALITY ASSURANCE AGENCIES</b> .....	<b>16</b>
ESG 3.1 ACTIVITIES, POLICY, AND PROCESSES FOR QUALITY ASSURANCE.....	16
ESG 3.2 OFFICIAL STATUS.....	21
ESG 3.3 INDEPENDENCE.....	24
ESG 3.4 THEMATIC ANALYSIS.....	26
ESG 3.5 RESOURCES .....	28
ESG 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT .....	30
ESG 3.7 CYCLICAL EXTERNAL REVIEW OF AGENCIES .....	33
<b>ESG PART 2: EXTERNAL QUALITY ASSURANCE</b> .....	<b>34</b>
ESG 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE.....	34
ESG 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE .....	41
ESG 2.3 IMPLEMENTING PROCESSES .....	43
ESG 2.4 PEER-REVIEW EXPERTS .....	45

ESG 2.5 CRITERIA FOR OUTCOMES.....	47
ESG 2.6 REPORTING.....	50
ESG 2.7 COMPLAINTS AND APPEALS.....	53
<b>ADDITIONAL OBSERVATIONS.....</b>	<b>55</b>
<b>ANALYSIS OF STAKEHOLDER FEEDBACK.....</b>	<b>55</b>
<b>GLOBAL OUTREACH.....</b>	<b>55</b>
<b>CONCLUSION.....</b>	<b>56</b>
<b>SUMMARY OF COMMENDATIONS.....</b>	<b>56</b>
<b>OVERVIEW OF JUDGEMENTS AND RECOMMENDATIONS.....</b>	<b>56</b>
<b>SUGGESTIONS FOR FURTHER IMPROVEMENT.....</b>	<b>57</b>
<b>ANNEXES.....</b>	<b>60</b>
<b>ANNEX 1: PROGRAMME OF THE SITE VISIT.....</b>	<b>60</b>
<b>ANNEX 2: TERMS OF REFERENCE OF THE REVIEW.....</b>	<b>66</b>
<b>ANNEX 3: GLOSSARY.....</b>	<b>73</b>
<b>ANNEX 4. DOCUMENTS TO SUPPORT THE REVIEW.....</b>	<b>74</b>
<b>DOCUMENTS PROVIDED BY EAEVE.....</b>	<b>74</b>
<b>OTHER SOURCES USED BY THE REVIEW PANEL.....</b>	<b>75</b>

## EXECUTIVE SUMMARY

This report presents how the European Association of Establishments for Veterinary Education (EAEVE) meets the expectations of the 2015 Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG). It is based on an external review conducted from December 2021 to January 2023, with a site visit being organised on 13-16 September 2022.

The external review of EAEVE has three purposes. In addition to the agency and its stakeholders, the report is meant to support the agency's reapplication to the EQAR, the register of trustworthy quality assurance agencies, and provide information for the ENQA Board's decision on EAEVE's continued membership in the association. The demonstrated compliance to the ESG is expected to be utilised towards the expansion of EAEVE's work and influence outside the EHEA.

This is a third review of the agency (full review type). EAEVE was established in 1988 and underwent a number of transformations. It was initially based in Maisons-Alfort (France); later, the administrative office was moved to Brussels (Belgium), and since 2007, the seat of EAEVE and its offices have been in Vienna (Austria). EAEVE has been listed on EQAR since 1 April 2018 and is a member of ENQA since 19 April 2018.

EAEVE is a subject specific pan-European agency. Its members are the faculties, schools and universities involved in teaching and research in veterinary medicine and science. In 2021, out of the 110 Veterinary Educational Establishments (VEEs) existing in Europe, 102 were members of the EAEVE. In addition, there are candidate members within Europe and associates outside EHEA. The EAEVE mission is to represent and support its member establishments within Europe and globally, to drive the harmonisation of a research-based veterinary education and its constant evolution in the context of societal challenges. The EAEVE vision is that veterinary education, based on high quality standards, research and innovation, is the key component of the veterinary profession in the service of One Health and its recognition by society. The agency's work is guided by the values of quality assurance including consistency; highest ethical standards including integrity, equity and transparency; non-profit orientation; and professionalism.

The primary objective of EAEVE is to monitor the harmonisation of the minimum standards set down in the study programme for veterinarians or veterinary surgeons in the European Union Directive 2005/36/EC as amended by Directive 2013/55/EU, as well as monitoring the levels of quality assurance within these standards in line with the ESG. This is operationalised via the so-called European System of Evaluation of Veterinary Training (ESEVT), which is managed by the EAEVE with a joint responsibility together with the Federation of Veterinarians of Europe (FVE). There are four types of evaluation organised by ESEVT, but it is basically within one process of accreditation (including full visitation, re-visitiation and an interim report); a preliminary visitation is a prerequisite for granting membership in EAEVE for all new VEEs in Europe and VEEs from outside Europe. The present ENQA review covers this one procedure and all types of evaluations.

EAEVE's external review process followed the *Guidelines for ENQA Agency Reviews* and was informed by the *Use and Interpretation of the ESG* by the EQAR's Register Committee. The panel thoroughly analysed and discussed all the evidence and concluded that on a three-point scale of "compliance", "partial compliance", and "non-compliance", EAEVE is aligned with all the ESGs as "compliant".

The agency is commended on eight occasions, there are 20 suggestions for improvement and nine recommendations to be followed upon.

In light of the documentary and oral evidence considered, the ENQA review panel is satisfied that, in the performance of its functions, EAEVE is in compliance with the ESG.

# INTRODUCTION

This report contains analysis of the compliance of EAEVE (the European Association of Establishments for Veterinary Education) with the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG). It is based on a full external review conducted in the period of 15 months (from December 2021 when the terms of reference were agreed between EAEVE, ENQA and EQAR, and until the finalisation of the review report in February 2023).

## BACKGROUND OF THE REVIEW AND OUTLINE OF THE REVIEW PROCESS

### BACKGROUND OF THE REVIEW

ENQA's regulations require all member agencies to undergo an external cyclical review, at least once every five years, in order to verify that they act in compliance with the ESG as adopted at the Yerevan ministerial conference of the Bologna Process in 2015. Similarly, for registration purposes, EQAR's *Procedures for Applications* adopted by the Register Committee in consultation with the General Assembly, require quality assurance agencies be reviewed and found in substantial compliance with the ESG.

As this is EAEVE's third review, the panel was expected to provide clear evidence of results in all areas and to acknowledge progress from the previous review considering both ENQA panel and EQAR Register Committee's recommendations of 13 June 2018, also the matters highlighted in the Register Committee's decisions on two EAEVE's Substantive Change Reports both submitted in 2021. The panel has adopted a developmental approach, as the *Guidelines for ENQA Agency Reviews* aim at constant enhancement of the agencies. EAEVE has been listed on EQAR since 1 April 2018 and is a member of ENQA since 19 April 2018.

### SCOPE OF THE REVIEW

EAEVE applies both to extend its ENQA membership and EQAR listing. ESEVT accreditation process with four types of visitations are addressed in the present external review, including:

- Preliminary Visitation,
- Full Visitation,
- Re-visitation,
- Interim Report.

During the period extending from the last external review in 2018 and the present day, no Joint Visitations with other agencies were implemented. Communication in the context of the International Accreditors Working Group (IAWG) and on a bilateral basis is ongoing, however nothing concrete is planned for the immediate future. In the light of the evidence presented, the panel is confident that EAEVE is fully aware that any joint procedures, in particular with those agencies which are not EQAR-registered, still need to be aligned with the ESG.

For the complete terms of reference (ToR), please see Annex 2. For the glossary of terms used, please see Annex 3.

### MAIN FINDINGS OF THE 2018 REVIEW

The previous EAEVE's review against the ESG was completed in 2018. With respect to the ESG (2015), the ENQA panel found EAEVE being:

- fully compliant with nine standards as follows: ESG 3.1 (Activities, policy and processes for quality assurance), ESG 3.2 (Official status), 3.3 (Independence); 3.5 (Resources), 3.6 (Internal

- quality assurance and professional conduct), 3.7 (Cyclical external review), 2.2 (Designing methodologies fit for purpose), 2.3 (Implementing processes), and 2.4 (Peer-review experts);
- substantially compliant with three standards as follows: ESG 3.4 (Thematic analysis), 2.6 (Reporting)<sup>1</sup>, and 2.7 (Complaints and appeals);
- partially compliant with two standards, namely 2.1 (Consideration of internal quality assurance), and ESG 2.5 (Criteria for outcomes).

EAEVE received five commendations under ESG 3.1 (regarding involvement with stakeholders); ESG 3.3 (regarding assurance of independence); ESG 2.1 (regarding support to panels and VEEs); ESG 2.2 (improvement of methodologies to remain fit for purpose); and ESG 2.3 (regarding consistency of judgments).

The 2018 ENQA review panel also made five recommendations to EAEVE on specific standards as below:

- EAEVE was recommended to strengthen its thematic analysis by selecting specific themes, eventually proposed by its members and stakeholders, and define a cyclic period for its thematic analyses (ESG 3.4);
- the procedure for ESEVT SOP assessment of ESG 2015 Part I should be reviewed in order to integrate ESG 2015 Part I holistically and directly in the ESEVT SOP concepts, and hands-on templates for writing SERs and evaluation reports (ESG 2.1);
- EAEVE is strongly advised to review its template for experts' reporting, in addition to reviewing its template for drafting the SERs, in order to align the template content to the quality criteria (rubrics) laid out in the SOP chapters, and to do so by integrating ESG 2015 Part I (standard 11 of the SOP 2016) holistically into the quality assessment criteria presented in standards 1 – 10 of the SOP 2016 (ESG 2.5);
- to publish the consultative visitation reports (ESG 2.6);
- EAEVE should make the complaints procedure explicit and decide whether or not the complaints procedure can be integrated into the same framework as the appeals procedures. Abbreviations in the appeal procedures should be considered in order to cut the scrutiny of cases (not to postpone till the ECOVE meeting twice a year) (ESG 2.7).

In addition, four suggestions for further improvement were made as under three standards:

- ESG 3.1 (consider taking the students on board in ECOVE and offering financial compensation of team members in order to strengthen the possibility to attract QA experts outside Veterinary establishments.);
- ESG 2.4 (expanding possibilities for student nominations and their inclusion in the consultative visitations; expanding possibilities for online and physical training of experts at the annual GA);
- ESG 2.7 (consider bearing costs, at least its own, in cases of successful appeals and complaints if these have led to a change in judgement in the given case).

On the basis of the 19 April 2018 external review report by ENQA, EAEVE's 2017 self-evaluation report, and additional clarifications obtained by EQAR's Register Committee (RC) from the review panel, the EQARs RC approved EAEVE's inclusion in EQAR till 30 April 2023. In its decision of 13 June 2018, the RC highlighted several issues as follows:

- The Committee underlined the panel's recommendation that EAEVE review the present approach and consider integrating ESG Part I holistically and directly into the other standards of the ESEVT SOP (ESG 2.1 – Consideration of internal quality assurance);

---

<sup>1</sup> Note: ENQA Board's view was that the agency is fully compliant with this standard, whereas EQAR considered it only as partially compliant. For more details see text under ESG 2.6 REPORTING in the present report

- The Register Committee took note of the panel's analysis that the evidence in the report body does not always match the conclusion as to compliance with certain standards, and that it was not always possible to track all the information required by the standards in the text of the reports (ESG 2.5 – Criteria for outcomes);
- The Register Committee considered that consultative visitation reports should be published in full as their function is inherently linked to the following full visitation, which is undisputedly establishing a judgement vis-à-vis the general public. It was also highlighted that it would be sufficient to publish the consultative visitation report once the full procedure has been completed, that is, together with final visitation report and decision, rather than separately (ESG 2.6 – Reporting);
- The Committee underlined the panel's suggestion to seek nominations from the International Veterinary Students' Association (IVSA) to be represented in ECOVE and considered that it should actually be a recommendation to consider including students in the ECOVE and the appeals panels (ESG 3.1 – Activities, policy and processes for quality assurance).

In 2020, EAEVE submitted to ENQA a follow-up report on recommendations in the panel report in relation to the ESG 2.5 and ESG 3.4, which was approved by the ENQA Board (as stated in Annex I.4-a.2 of the SAR).

EAEVE also submitted two Substantial Change reports to EQAR dated 24 March 2021 and 2 July 2021. In response to the former, EQAR's RC welcomed changes at EAEVE and highlighted the need in the next external review of the agency to attentively address compliance to ESG 2.1, ESG 2.3 and ESG 2.5; yet still was looking for full publication of reports resulting from consultative visitations in relation to ESG 2.6. In response to the latter, EQAR's RC noted with satisfaction that the issue was resolved and consultative visitation reports were published in full by EAEVE as of mid-2021.

## REVIEW PROCESS

The 2022 external review of EAEVE was conducted in line with the process described in the *Guidelines for ENQA Agency Reviews 2021* and in accordance with the timeline set out in the tripartite Terms of Reference concluded by EAEVE, ENQA and EQAR in December 2021. The panel was guided by the *Use and Interpretation of the ESG for the European Register of Quality Assurance Agencies* (Reg. RC/12.1; ver. 3.0, dated 04/09/2020). To assure integrity of the process, the panel followed the ENQA Code of Conduct for Reviewers.

The panel for the external review of EAEVE was appointed by ENQA, in agreement with EQAR, and composed of the following members:

- Mark Frederiks, Coordinator International Policy at Accreditation Organisation of the Netherlands and Flanders (NVAO), Chair, quality assurance professional (ENQA nominee);
- Aurelija Valeikienė, Deputy Director at Centre for Quality Assessment in Higher Education (SKVC), Secretary, quality assurance professional (ENQA nominee);
- Andrea Nolan, Professor of Veterinary Pharmacology, Principal and Vice-Chancellor at Edinburgh Napier University, United Kingdom, Academic (EUA nominee);
- Francisco Joaquín Jiménez Gonzalez, Master student in Science and Technology in Architecture at Universidad Politécnica de Cartagena, Spain, Student (ESU nominee, member of the European Students' Union Quality Assurance Student Experts Pool).

Alexis Fábregas Almirall, Project Officer, acted as the ENQA review coordinator. He supported the panel throughout the review and was there to assure consistency of the review compared to other ENQA reviews. In addition, he acted as a liaison between the agency and the panel, when necessary, especially during the onsite visit.

The final version of the Self-Assessment Report (SAR) (with annexes) of EAEVE was shared with the panel, after pre-screening by the ENQA review coordinator, on 29 June 2022. ENQA created a designated place on a google drive with folders containing: ENQA reference materials, EQAR reference materials, templates, links to EAEVE's previous reviews and follow-up materials, SAR, ERR, site visit materials, ToR, and CVs of panel members. The ENQA review coordinator organised a preparatory videoconference briefing on 28 July 2022 on Zoom, attended by all panel members. The panel continued its analysis of EAEVE documents which resulted in a request for additional evidence and explanations, all duly attended by the agency either before the visit or during the visit before it was concluded. For a list of all documentary evidence, supporting the review, please see Annex 4.

The pre-visit meeting with two EAEVE staff members was organised online, on 7 September 2022. The ENQA panel also held its preparatory meeting on the same day. Preparations were continued in a physical meeting on the eve of the visit to the EAEVE offices upon arrival of all panel members in Vienna on 13 September 2022. The site-visit proper took place during the course of three working days on 14-16 September 2022.

The panel used the ENQA mapping grid to record the main observations and lines of enquiry as per each ESG both to prepare for interviews and when drafting the panel report. The triangulation method was used by the panel: the self-assessment report and the supporting documentary evidence as provided by the agency were thoroughly analysed, questions for on-site discussions prepared. Along with oral testimonies gathered from EAEVE and its stakeholders during the visit to the agency, the body of information was discussed within the panel in order to come to the grounded conclusions on compliance to ESG as described in this report.

The final review report was drafted by the Secretary in consultation with the entire panel. All judgments were reached by consensus. First, the ENQA Review Coordinator checked the draft report. Then EAEVE was given an opportunity to comment on the factual correctness of it. The panel considered all comments received and then finalised the report. The next step involved scrutiny and approval of the panel report by the ENQA Agency Review Committee.

### **Self-assessment report**

EAEVE produced a self-assessment report (SAR), consisting of ten parts (total 82 pages), that among other included information on the agency's compliance with Part 3 and Part 2 of the ESG; opinions of stakeholders; recommendations and main findings from previous review(s) and agency's resulting follow-up; SWOT analysis; key challenges and areas for future development; and 12 annexes.

The SAR has a lot of historical information, extending far beyond the scope of five years covered by the present review. It is of good analytical depth and self-critical. The SAR contains a great number of abbreviations, which are also casually used in oral communication by EAEVE staff and stakeholders, which on the part of the panel initially required paying close attention and memorising to become fluent with all the references. Some links in the annexes of SAR appeared to be broken, however, all documents were subsequently successfully accessed once the agency provided login information to the designated area on EAEVE's website which contains a wealth of information.

EAEVE's SAR was produced in a collaborative way, with input from members of the EAEVE Senior Management Team, including Committee on Internal Quality Assurance (CIQA) and the Executive Committee of EAEVE (ExCom). EAEVE undertook an extensive distribution of the draft SAR to relevant stakeholders between January and May 2022 followed by incorporation of their feedback into the document. Internally, CIQA, ECOVE, ExCom, EAEVE member VEEs and ESEVT Coordinators and Experts were consulted. Externally, FVE, IVSA and the European Board of Veterinary Specialisation (EBVS) were included in the process.



## Site visit

As already mentioned, the onsite visit to EAEVE offices in Vienna (Austria) was held on 14-16 September 2022. During the visit, four meetings included all persons in physical presence, a further nine meetings took place in a hybrid mode with some individuals attending live and others connecting via Zoom, and one meeting with VEEs based outside Europe was held fully remotely. This arrangement resulted less from restrictions imposed by the Covid-19 induced pandemic, but more from the fact that EAEVE is a pan-European agency with global links including countries like Brazil, Japan, South Africa, and the United States of America. Still, EAEVE staff and members from not only Austria, but also Croatia, Finland, Hungary, France, Italy, Czechia, Spain, and UK travelled to Vienna to meet the panel and this was greatly appreciated. The panel understands that the ENQA review provided an additional opportunity for members of various EAEVE bodies and experts, including students, to meet.

Regrettably, one representative of a European VEE operating under one of the so-called distributed teaching and training models, which presents overall interesting challenges to the organisation of veterinary education, was not able to connect because of personal reasons. However, the panel is assured that discussions between FVE and EAEVE, also within EAEVE membership across eight regions and within regions, especially within region I (covering the British Isles) regarding this distributed model and its implications, are ongoing. In the meeting with ExCom it was underscored that EAEVE applies a unified approach in all regions, therefore, major developments within VEEs would not pass unnoticed and not reflected, even though not all countries are EU members and subject to the EU Directive 2005/36/EC (as amended by Directive 2013/55/EU).

Efforts by all interviewees and stakeholders to make themselves available and their insights offered, despite the participation mode, were much appreciated. They all contributed to the present EAEVE review in a meaningful way. The panel is especially thankful for the effectiveness and warm hospitality by EAEVE Office staff who did a remarkable job. The detailed site visit agenda is given in Annex I.

## HIGHER EDUCATION AND QUALITY ASSURANCE SYSTEM OF THE AGENCY

### HIGHER EDUCATION SYSTEM

EAEVE operates as a transnational quality assurance agency across 39 countries, routed in Europe, but accrediting VEEs both within Europe and further away, including institutions based in Africa, South America, and Asia. Therefore, it operates in multiple higher education systems, together with FVE implementing ESEVT which is a profession-specific accreditation system.

Uniting elements of the system are represented by the principles of the ESG and minimum standards set down in the study programme for veterinarians in the EU Directive 2005/36/EC (amended by Directive 2013/55/EU). As explained in the SAR, as a general rule, after successful fulfilment of the 5-year minimum training requirement, the graduate degree of a “veterinarian” is issued. In some EU Member States it is enough to practise. Nevertheless, in an increasing number of institutions, this five-year degree is linked to a final year thesis (either optional or mandatory), which is completed before entering professional practice. In other groups of Member States this final year thesis requires additional studies of substantial length. On top of this, there are other important variations as follows:

- I. A number of VEEs have introduced a system of clinical electives where individual students can “elect” to study a particular clinical field in greater depth. A number of these electives can take up several months of the curriculum, with an inbuilt danger of a critical reduction in the time available for teaching other clinical areas, leading to potential non-compliance with the EU Directives.

2. Some VEEs are increasingly relying on non-academic staff to deliver clinical teaching outside the VEE; thus, the status, pedagogical training and academic supervision of such individuals can be a QA issue.
3. An increasing number of VEEs have decided not to have a Veterinary Teaching Hospital (VTH) at all, especially newly established VEEs, which aim to avoid considerable costs of building and maintaining a VTH but rather rely on clinical practice being arranged outside of the VEE. This system is called a “distributed model” for delivery of clinical teaching. There are a variety of ways that VEEs have developed such a distributed model. The special working group, looking at the ESEVT Standard Operating Procedure (SOP WG) is performing an ongoing analysis of these “variety of ways” to consider implications for QA and potential inconsistencies.

## QUALITY ASSURANCE

EAEVE is a non-governmental organisation, accreditation by EAEVE is a voluntary choice for the majority of VEEs, exercised as an addition to national mandatory quality assurance procedures. To become a practising veterinarian, there is no requirement to graduate from an EAEVE-accredited institution. Yet EAEVE accreditation is known and valued in the competitive labour market. Moreover, in some European countries, like Austria and Italy, national authorities opted to relinquish local QA arrangements to local VEEs in favour of EAEVE accreditation, thus avoiding a double burden for institutions.

While EU Professional Qualifications Directive 2005/36/EC (amended by Directive 2013/55/EU) foresees automatic recognition of veterinary degrees delivered across EU based on the assumption that an equivalent level of training is provided throughout Member States, EAEVE evaluations show that this assumption may not always be true, as in some cases provision was found to be substandard and EAEVE accreditation not granted. This further speaks to the value of EAEVE accreditation in promotion of uniformly high teaching and learning standards, and importance of continuous advancement in institutional practices.

The principles and standards of the ESEVT, the evaluation process, with accompanying documentation, are all contained in the Manual of Standard Operating Procedure (SOP). This document is jointly owned by EAEVE and FVE and periodically reviewed.

FVE plays a major role in both setting the standards and contributing to activities of EAEVE from a stakeholder perspective. FVE is an umbrella organisation of veterinary organisations within 38 European countries, including practising veterinarians (represented by the Union of European Veterinary Practitioners, UEVP), state veterinary officers (EASVO), food safety and veterinary public health (UEVH) and veterinarians working in education, research and industry (EVERI).

## EAEVE

In 1985, EU Commission's Advisory Committee on Veterinary Training (ACVT) initiated a 3-year cross-national peer assessment, which resulted in creation of a permanent evaluation system for European Veterinary Education Establishments – ESEVT. EAEVE was founded in 1988, originally with offices in Maisons-Alfort (France), which then moved to Brussels (Belgium), and eventually, since 2007, settled in Vienna (Austria). ACVT installed the ESEVT system and recognised EAEVE as the evaluating agency. In 1993, the EU Commission withdrew its financial support and ACVT mandated EAEVE and FVE to continue managing the evaluation system independently and with its own budgets.

The EAEVE mission is to represent and support its member establishments within Europe and globally, to drive the harmonisation of a research-based veterinary education and its constant evolution in the context of societal challenges. Other objectives are to reinforce cooperation between member

establishments and to act as a forum for discussion in order to improve and harmonise veterinary education. Additional tasks are the facilitation of information exchange, staff exchange, student exchange and teaching materials exchange between members.

The EAEVE vision is that veterinary education, based on high quality standards, research and innovation, is the key component of the veterinary profession in the service of One Health and its recognition by society.

The EAEVE/FVE evaluation system gives assurance to:

- the public – to know they can trust the quality of graduating veterinary surgeons and the service they deliver;
- veterinary students – to know their education reaches agreed and acceptable standards;
- veterinary establishments – to know that their curricula and School reaches agreed benchmarked levels.

Towards these above stated goals and further expansion of activities worldwide, EAEVE views its continued ENQA membership and listing on EQAR (both from 2018) as essential. EAEVE is not a member of any other QA networks.

At present, EAEVE has a total of 104 members in 39 countries<sup>2</sup> arranged in three categories of membership – full members, candidate members and associate members – in countries as follows:

- 81 full member institution in 29 countries, namely Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, and United Kingdom;
- 13 candidate members are based in 11 countries, namely Albania, Bulgaria, Bosnia and Herzegovina, Israel, North Macedonia, Portugal, Romania, Serbia, Spain, Turkey, and United Kingdom;
- nine associate members in seven countries, including Belarus, Brazil, Egypt, Japan, Jordan, Thailand, Tunisia.

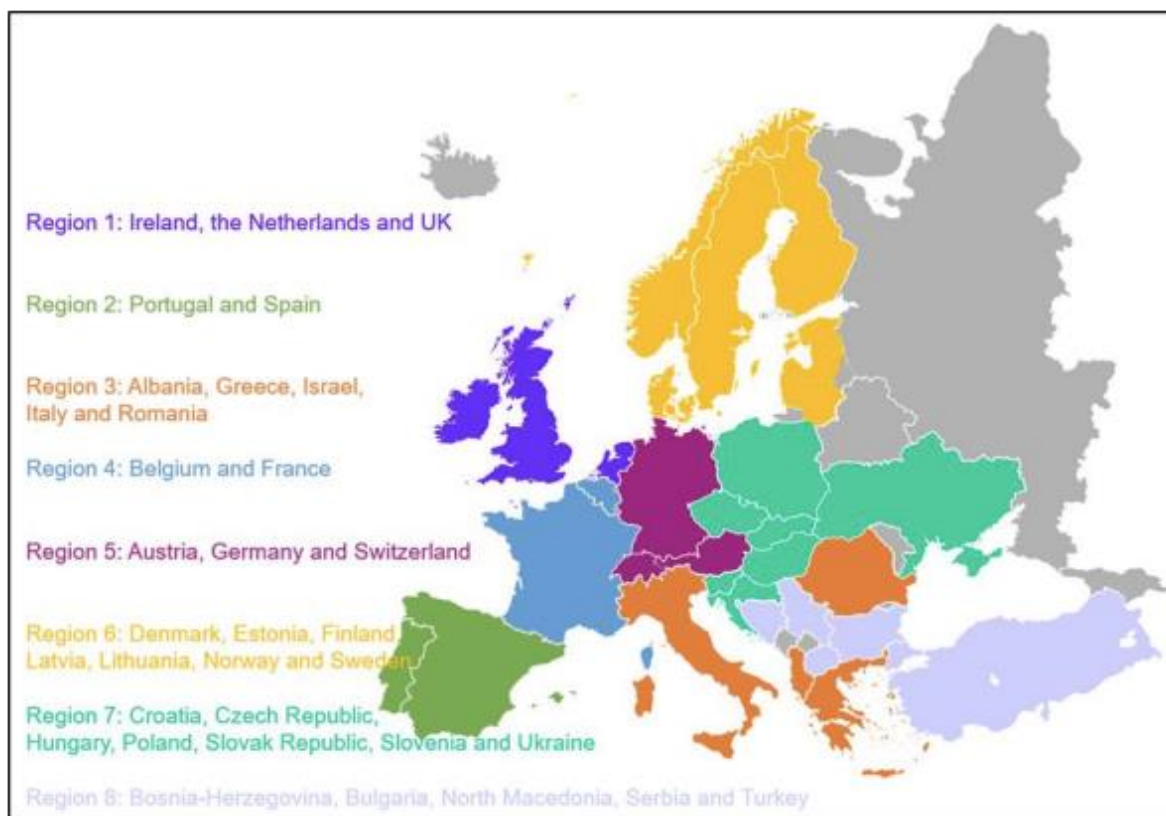
Full members and candidate members are European VEEs (European member states, as defined by the Council of Europe) and associates are non-European establishments. A list of Evaluated and Approved Institutions is maintained, information available through the website.

Because of the war inflicted upon Ukraine, following the unanimous proposal of the ExCom, the 35<sup>th</sup> EAEVE General Assembly has decided that all relations with five Russian VEEs (candidate members) shall be suspended for one year. The EAEVE General Assembly may re-evaluate the situation at the 36<sup>th</sup> General Assembly in 2023.

EAEVE members are clustered by total eight regions, as shown in the map below.

---

<sup>2</sup> five VEEs in Russia not counting, as explained further in the text



Map 1: Regions of the EAEVE member VEEs. Source: EAEVE.

## EAEVE'S ORGANISATION/STRUCTURE

The main organisational bodies of EAEVE are as follows:

- the General Assembly (GA) of all members (104 at the moment), arranged by categories as was explained before – the overarching and ultimate decision maker for EAEVE activities, meeting at least once a year. Each Full member has one vote, while candidate members and Associates can attend the General Assembly without voting rights;
- ExCom consisting of the President (elected by the GA) and representatives of eight regions, elected by VEEs of the region (appointed for a 2-year term by the GA and may be re-appointed once) – responsible for running the association (includes drafting the strategic plan, preparation for the GA, monitoring the budget and proposing the annual membership fees, implementing decisions of GA, ensuring smooth running of the association between the sessions of the GA, nomination of EAEVE members of ECOVE, CIQA and any Working Group, maintaining and publishing the evaluation status of member Establishments, etc.), mandatorily meeting at least once a year (note: evidence provided to the review panel showed ExCom meeting would happen at least three times a year);
- The European Committee of Veterinary Education (ECOVE) – the decision-making body of nine members (including two alternate members, appointed for a 3-year term by ExCom/EAEVE and Board/FVE and who may be re-appointed once) in charge of accreditation decisions, also approving the Visitation Programmes and making appointments of visiting teams upon proposal by the Office;
- The Committee on Internal Quality Assurance (CIQA), composed of five members (elected by the GA for 3 years, whose mandates are linked to the date of the EAEVE GA, re-election can take place once), monitoring the EAEVE procedures from a QA viewpoint, giving suggestions for improvement and providing guidance on QA.

In addition, there is the Office of four administrative staff members, the Director of ESEVT, and four ESEVT coordinators (one of them – recently added) in charge of the daily organisation of EAEVE work and serving other bodies of the agency. The Director of ESEVT may attend ExCom meetings *ex officio* as an observer without voting rights.

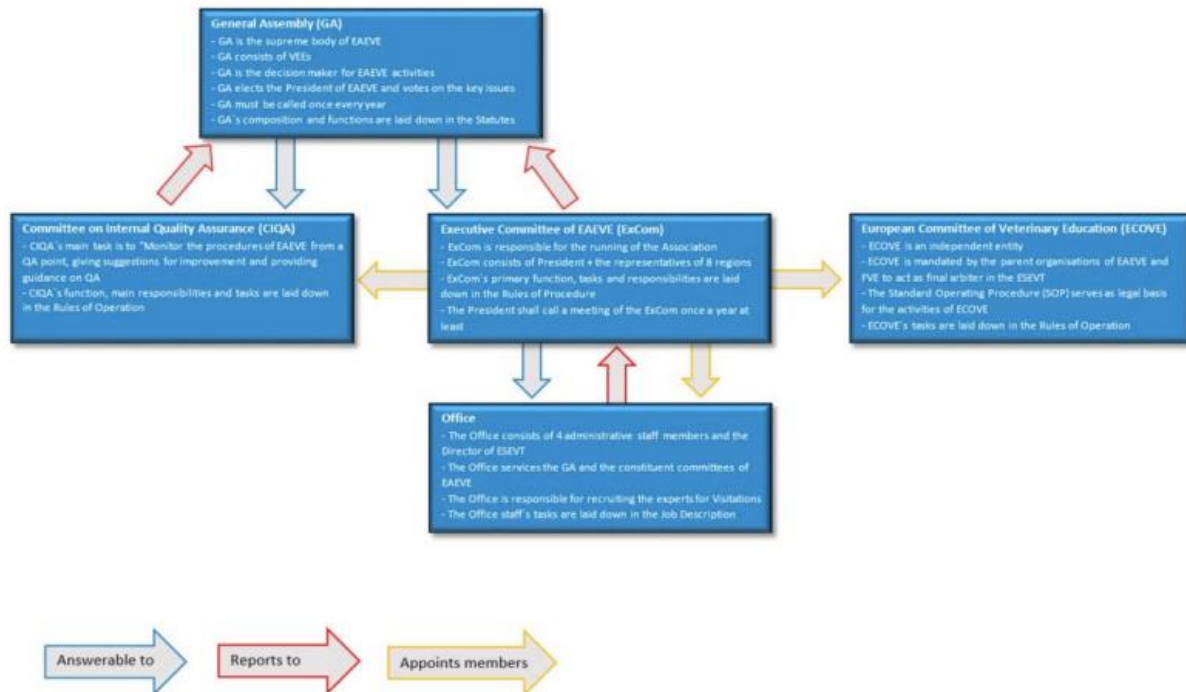


Chart 1. Organigram of EAEVE and relations between its various bodies

The GA acts in accordance with the Statutes; and there are further sets of Rules of Procedures (published on the website) like this:

- For ExCom Rules they are approved by themselves and the GA;
- for the ECOVE they are approved by ExCom and FVE;
- for CIQA they are approved by ExCom.

Office staff have their own job descriptions. There is a clear document tracking system indicating document versions and approval.

## EAEVE'S FUNCTIONS, ACTIVITIES, PROCEDURES

EAEVE together with FVE is in charge of the ESEVT. As mentioned, ESEVT was conceived in 1985, originally started and for a period financed by the EC upon the suggestion of the ACVT. The ESEVT is the main evaluation process of EAEVE. Within it, four types of evaluation are organised:

1. Preliminary Visitation (PV) [before 2020 – Consultative Visitation]
2. Full Visitation (FV)
3. Re-visitation (RV)
4. Interim Report (IR)

The distribution of activities during the period from last ENQA review and their outcome is presented in a table below.

<i>procedures</i>	2018	2019	2020	2021	2022
Number of Establishments visited	18	20	7	25	23
Number of Establishments accredited	4	6	6	12	16
Number of Establishments approved	1	2	0	2	0
Number of Establishments conditionally accredited	1	3	1*	2	1
Number of Establishments conditionally approved	0	0	0	0	0
Number of Establishments with pending accreditation					3
Number of Establishments not accredited	2	5	4**	2	2
Number of Establishments not approved	0	0	0	1	0
Number of Consultative Visitations / Preliminary visitations	7	3	0	4	2
Number of joint visitations	0	0	0	0	0
Number of Visitations cancelled	2	1	1	1	1
Number of Visitations postponed***	0	0	17	3	2****
Interim reports due/received	18/18	8/8	8/7	15/15	14/13

\* The VEE of the University of Cordoba achieved accreditation after being conditionally accredited within the same year.

\*\* The VEE of the University of Zaragoza achieved accreditation after being non-accredited within the same year.

\*\*\* The reason for visitations postponed in 2020 and 2021 was Covid-19 induced pandemic situation and related restrictions.

\*\*\*\* 2 scheduled Visitations (to Stavropol and Ufa) were postponed following the decision of the GA to suspend relations for one year with Russia

In addition to visitations, EAEVE organises a series of Educational Days in conjunction with the annual GA, regular instructive meetings with stakeholders and collaborative meetings with other accrediting agencies related to veterinary education and training.

### **Preliminary Visitation (PV) / Consultative Visitation (CV)**

The primary purpose of both CVs (till the moment they were implemented) and PVs is to support the new VEE in meeting requirements for ESEVT accreditation. As such, PV and CV should be treated as a first step, an integral part of the FV, both necessary to achieve membership in EAEVE. The mandatory nature of this evaluation is established in the EAEVE Statutes.

While the ethos of both CV and PV are the same, the key difference between them is the level of external transparency. Before the overhaul in 2020, when CVs were still organised, their results in the form of the report remained confidential to the VEE. This feature was not fully in line with expectations of the ESG. As a consequence, the agency re-launched this procedure as PV and shifted to greater transparency by publishing all reports. The secondary purpose of the PV (also CV) is to contribute to the improvement of quality of education provided by the VEE.

The PV is implemented by the Visitation Team which is composed of one Visitor with high expertise level (designated as the Chairperson of the Preliminary Visitation) and one ESEVT Coordinator. These Visitors should also be part of the Visitation Team for the FV, which should follow the Preliminary Visitation within a 3-year period. However, if a VEE is found not to be ready (not fully aware of the

SOP in general and the accreditations standards in particular, hence not sufficiently prepared for the FV), there is no automatic progression onto the FV.

This preliminary visitation includes such elements as the Preliminary self-evaluation report (PSER), a two-day site visit, production of the preliminary visitation report which is analysed by ECOVE, and a decision regarding the readiness for a FV, and a possibility for appeal and complaint. Decisions like “Approval”, “Conditional Approval”, and “Non-Approval” status were applicable to institutions during the transition period between PV and FV; however, under the current SOP, there is no decision after a PV except whether a FV can be requested by the VEE and completed within three years after the PV. It is mandatory to publish the PV report on the websites of EAEVE, the VEE and the DEQAR.

### **Full Visitation (FV)**

To maintain full membership in EAEVE, a VEE must undergo a FV every 7 years. A secondary objective of FV is to propose, if appropriate, a few operational suggestions for improving the training at a VEE.

To ensure a level of continuity between a PV and FV, the FV Team is composed of the original ESEVT Coordinator and the experienced expert from the PV (who acted as Chairperson of the PV) together with six additional team members, including the student member. The starting point is the SER by a VEE; then a visit of approximately 3.5 days; afterwards follows production of the Visitation Report which is considered by ECOVE. As established in the SOP, for each visited VEE, ECOVE analyses and discusses the draft Visitation Report and decides to confirm or amend the recommendations of the Visitation Team. At the end of this process, the Major Deficiencies must be clearly listed and the VEE’s status clearly identified, i.e.:

- Accreditation in case of no Major Deficiencies, or
- Pending Accreditation in case of 1 or several Major Deficiencies.

Where Major Deficiency/es is/are corrected within 2 years after the Visitation, which is to be confirmed through a Re-visitation that must be requested within 1 year of the Visitation, the VEE will be granted the status of Accreditation. Where the VEE does not meet the deadlines for requesting and/or undergoing the RV or if the RV confirms that the Major Deficiency/es has/have not been corrected, the status of Pending Accreditation will automatically revert to Non-Accreditation, with the validity period starting from the date of the FV. The report shall be published on the websites of EAEVE, the VEE and DEQAR.

After each Visitation post-Visitation questionnaires are sent, to be filled by each VEE. There is always a possibility of complaints and appeals.

### **Re-visitation (RV)**

One year after the previous FV at the latest, a VEE that considers that it has rectified its Major Deficiencies is expected to apply for a Re-visitation. As such, this process can be seen as a follow-up to the FV.

The RV Team is composed of a minimum of two Visitors: one member of the previous Visitation Team (most often the Chairperson, who will chair the Re-visitation Team) and an ESEVT Coordinator (who should be different from the ESEVT Coordinator of the previous FV to the same VEE). The number and specific expertise of Visitors are decided by ECOVE on the basis of the number, type and complexity of the Major Deficiencies identified during the FV.

This evaluation is based on the Re-visitation SER (RSER), which must provide factual and accurate information providing evidence that the Major Deficiencies identified during the FV have been corrected and that an ongoing process to correct the Minor Deficiencies is in place. Duration of this visitation is one day plus a feedback meeting on the next day. The RV report is produced, which is

considered by ECOVE. The remaining Major Deficiencies after the Re-visitation must be clearly listed by ECOVE in agreement with a standardised terminology and the VEE's status clearly granted, i.e.:

- Accreditation if all Major Deficiencies have been corrected;
- Non-Accreditation if all Major Deficiencies have not been corrected.

The new granted status lasts 7 years from the date of the FV (and not from the date of the RV). If the VEE is not granted Accreditation status after the RV, another RV cannot be undertaken and Non-Accreditation status will be valid until the next FV. When the validity period of the status of Pending Accreditation is exceeded, the VEE is automatically reclassified to a Non-Accreditation status.

The Final Re-visitation Report is formally issued by ECOVE and is communicated to the VEE's Head prior to publication on the websites of EAEVE, the VEE and DEQAR.

### **Interim Report (IR)**

EAEVE member VEEs have an obligation to send a concise IR to the EAEVE Office after three and a half years after the FV. Among other, this report is meant to provide information on:

- any major changes in each ESEVT Standard since the previous SER;
- progress in the correction of Major Deficiencies (if any) and of Minor Deficiencies and plans for the near future;
- an updated list of Indicators that are essential in demonstrating compliance with the ESEVT standards.

The IR is sent for ECOVE's consideration directly, in a normal case without a site visit. However, if information is incomplete and the VEE is not responding as expected, or if the VEE does not provide a convincing plan for correcting major issues, ECOVE may decide to send an ESEVT Coordinator on site, with the possibility that the VEE's Accreditation status may be changed. In case of major issues identified by the Interim Report, ECOVE may as a last resort decide to reclassify the VEE to a Pending Accreditation status.

The Interim Report must be published on the website of the VEE.

### **EAEVE'S FUNDING**

EAEVE is registered under Austrian law in order to employ supportive staff. The Association is a non-profit organisation. Members of EAEVE are expected to pay the relevant annual membership fee before 1st April of each year. Those fees constitute the major source of income of the agency. In addition, the Association may receive grants from organisations and donations from individuals with a view to financing its activities and all other contributions as authorised by the law. All donations are expected to be a noted matter of public record.

Budgets for the operating year are approved by ExCom at the beginning of each year. They contain a breakdown of revenues from three types of visitations, deposit evaluation fees, membership fees, and projects. Major items of expenditure include evaluation visitations; Office staff salary, operation and rent; costs of meetings (ExCom, ECOVE, CIQA, GA, training, etc.), IT, ENQA-related fees, and other small items. Accounts are audited. Financial reports of the previous year are first approved by ExCom at the beginning of the next year, they then are submitted for approval of GA which also hears the Treasurer's report and the Auditor's report.

EAEVE has a relatively small budget which has fluctuated somewhat over the years. The agency to a large degree depends upon voluntary work of its members and their representatives which show great enthusiasm and commitment towards the goals of the Association and the promotion of quality veterinary training.



# FINDINGS: COMPLIANCE OF EAEVE WITH THE STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE IN THE EUROPEAN HIGHER EDUCATION AREA (ESG)

## ESG PART 3: QUALITY ASSURANCE AGENCIES

### ESG 3.1 ACTIVITIES, POLICY, AND PROCESSES FOR QUALITY ASSURANCE

Standard:

Agencies should undertake external quality assurance activities as defined in Part 2 of the ESG on a regular basis. They should have clear and explicit goals and objectives that are part of their publicly available mission statement. These should translate into the daily work of the agency. Agencies should ensure the involvement of stakeholders in their governance and work.

#### 2018 EQAR RC's recommendation

Consider including students in the ECOVE and the appeals panels.

#### Evidence

The EAEVE was established in 1988 and its aims throughout the years remain the same. As recorded in the Statutes, the agency co-manages with FVE the European System of Evaluation of Veterinary Training (ESEVT), a profession-specific accreditation system which evaluates, promotes, and further develops the quality and standard of VEEs and their teaching.

The vision, mission, values, purposes, strategic objectives and procedures to achieve them with expected outcomes, and the SWOT are recorded in the Strategic Plans which are prepared for the periods of six years, one year – when the next period plan was approved (end of 2020) overlapping. The present ENQA review partly overlays two strategic planning periods, 2015-2020 and 2020-2025, and plans prepared under the leadership of two different Presidents. Both plans, together with the implementation report, entitled Mid-term Analysis of the Strategic Plan 2015-2020 and EAEVE SWOT Analysis Update (dated February 2017) are all available through the website and were also submitted to the panel.

To compare the previous and the present strategic plans, the 2015-2020 document had a vision of EAEVE anchored in “the harmonization and improvement of quality of all Establishments for Veterinary Education in agreement with the European Directives 2005/36/EU and 2013/55/EU”, while the current strategic plan for the period of 2020-2025 has a much broader vision that “veterinary education, based on high quality standards, research and innovation, is the key component of the veterinary profession in the service of One Health and its recognition by society”. Similarly, the formulation of the mission also changed from defining EAEVE as “a private, non-profit organization founded in 1988 by rectors and deans/directors of establishments of veterinary training, with the mission to represent its members and devoted to harmonize and improve the quality standards of veterinary education in Europe” to the present mission “to represent and support its member establishments within Europe and globally, to drive the harmonization of a research-based veterinary education and its constant evolution in the context of societal challenges”.

Visitations are regular activities of EAEVE, organised yearly (cf. EAEVE's Functions, Activities, Procedures). The website contains historic visitation programmes for the period from 2010 till today and the projection of 2023. Naturally, the spread of Covid-19 and lockdowns affected the schedule of procedures, 17 of them being postponed in 2020, and 16 implemented later in a hybrid mode (no fully virtual visitations, but mixed ones where part of the team was on site, other connecting remotely). The schedule of visitations to Russian VEEs is further disrupted by Russia's war in Ukraine (two visitations postponed in 2022 and one in 2023); so far, those institutions are not excluded from membership of EAEVE, but put on hold.

In order to see how strategies are operationalised, the panel requested additional information from the agency and sought explanations during the pre-visit online and the physical site visit. During the pre-visit meeting with EAEVE staff, the office file system was demonstrated. Before the visit, the Office calendars of activities in MS Excel format for the last four years were received. These calendars are organised by quarter/month/week and contain information of the main activities per Office staff member; progress is colour coded. In addition, separate yearly visitation programmes in a form of MS Word tables are maintained; they contain information on visit dates to establishments with information on members of visitation teams (per category such as specialisation in sciences, food safety and quality, quality assurance, practitioner, student and also in terms of level of experience and role in the team). The draft visitation programme for 2023 was also sent in. On top of that, CIQA has its own Quality Improvement Action Plan spanning from 2019 to 2022. The panel could see considerations of past activities and the look forward in the minutes of ExCom.

Due to their nature and level of detail, annual work plans are not published, but the panel could acquaint themselves with the schedule of upcoming meetings (CIQA, ECOVE, ExCom, GA, Educational Days), announced on the front page of the website. Upcoming visitations and obligations on part of VEEs to submit interim reports are available in the list of ESEVT accredited institutions, reminders are being sent from the Office. Annual summaries of EAEVE's activities and annual reports by CIQA are publicly available. Both are rather short documents (2-4 pages). Annual summaries of activities are presented exclusively in the format of tables containing data on establishment status, visitations conducted, statistics on experts, statistics on GA, and meetings of other bodies, without further descriptions or analysis. CIQA reports contain a statistical part and a short reflection part. Apart from the website, which contains a wealth of information, the agency was not active on social media.

The Strategic Plan 2015-2020, as explained in the introduction by the President at the time, was first drafted by the EAEVE Management Board and submitted for revision and discussion before approval by the Executive Committee and the members at the relevant annual general assembly. The draft version was later available on the website for review and comments from all members, students, stakeholders, the veterinary profession and partner organisations, who were encouraged to participate in reviewing the document. The current Strategy of 2020-2025 was drafted by the Executive Committee, circulated through members and stakeholders for review and proposals and finally submitted for the decision of members at the 2020 GA of EAEVE which endorsed it.

As to the GA, the supreme body of the Association, members are present and vote there on strategic issues, while FVE which is a founding member of EAEVE and ESEVT system, is present, but does not have voting rights. The Vice-President of FVE, with whom the panel met, highlighted the active engagement of FVE in GA meetings, visitations and more general discussions of common interest, e.g. regarding revision of the SOP and the EU Directives 2005/36/EU and 2013/55/EU. The European Coordination Committee for Veterinary Training (ECCVT) is another venue where EAEVE and FVE

are talking, also with the European Board for Veterinary Specialization (EBVS)<sup>3</sup> and students (represented by IVSA).

In 2018, EAEVE secured full membership within the International Accreditors Working Group (IAWG), consisting of five regional accreditation agencies. This membership was instrumental in the complex process of planning and conducting Joint Visitations with other members of the IAWG in an equal way. A small number of joint visitations conducted during the period falling under the previous ENQA review seems to have been challenging and, thus, such activities are not planned for the immediate future. However, representatives of the American Veterinary Medical Association (AVMA, USA) and the Royal College of Veterinary Surgeons (RCVS, United Kingdom) with whom the panel spoke online, also the Asian Association of Veterinary Schools (AAVS) and other members of IAWG, seem to retain an interest in continued dialogue within this group.

Composition of all EAEVE bodies is announced on the website, containing photos, institutional and regional affiliations of their members. More specifically, composition of EAEVE bodies is as follows:

- Of nine ExCom members, all are academics, representing each of eight EAEVE member geographical regions plus the President; seven are male, and two females;
- Of total nine ECOVE members (including two alternate members, one for EAEVE and one for FVE), five are academics, four are employer representatives; three are males and six are females; the Rules of Operation demand that the ExCom of EAEVE and the Board of FVE should ensure, as far as possible, that their representatives are not of the same nationality or working in the same country; the panel can testify that it is exactly so;
- Of total five CIQA members, all come from HEIs, four representing member VEEs and one administrative and specialist in QA from a HEI outside of EAEVE; three are male and two are female.

Thus, the EQAR RC's recommendation on student inclusion in ECOVE and hearing of appeals (done by ECOVE) is not addressed. Students, with whom the panel spoke, expressed their hesitation to be included in EAEVE bodies because of highly demanding (and highly individualised) studies (with significant time constraints) they follow, especially in advanced years, and their ability to contribute. EAEVE's representatives were cautious regarding the ability of students to delve into the matters of the agency's decision making, and also cited a short lifespan of students as a category of stakeholders.

By definition, being a subject-specific supranational agency, EAEVE is very international – from composition of all its membership and bodies to events, such as Educational Days, which feature a wide variety of speakers and cover a wide range of topics.

Purely consultancy activities are not offered by EAEVE.

## **Analysis**

The panel had access to a full range of EAEVE's documents, both public and not, in order to form a comprehensive view of the agency. EAEVE operates under medium-term strategies. The panel confirms that the strategies are published, and are translated into annual work plans which are monitored on an operational (Office) and strategic (ExCom) level, with progress reported to all members via the GA meetings. In its SWOT analysis, which covers both "governance" and "management" and ESEVT (in addition – "membership" in the 2020-2025 strategy), the agency is open and self-critical. Closing the loop between the elements of the Plan-Do-Check-Act cycle was

---

<sup>3</sup> The European Board of Veterinary Specialisation (EBVS) is the umbrella organisation for veterinary specialties within Europe that is registered with the Chamber of Commerce (Kamer van Koophandel) in Utrecht, the Netherlands. EBVS includes 27 veterinary specialist Colleges, comprising more than 38 distinct specialties with more than 4000 veterinarians active as a European Veterinary Specialist™.

constantly and consistently repeated in many meetings. Judging from the orderly documentation and effective implementation of plans supported by the various bodies of the association and the small Office, the panel is confident of the robustness of the approach and that the loop is really closed. Notwithstanding that, where the agency could improve is more clearly linking strategic goals with their mid-term monitoring and measurement of achievements in the relevant mid-term analysis or annual reports if they are to become more reflective in nature.

Adoption of the strategic approach to planning, under the senior leadership of EAEVE, is a clear achievement. Moreover, progress is visible between the periods. Comparing the two strategic plans, the panel could see a focus being re-calibrated from the association itself and its history to the service to veterinary education and training and society. This shift speaks for the growing maturity of the association: moving away from self-awareness as an organisation and the EU directive to a wider outreach beyond Europe and connection between the academic world, professional practice and service to societal needs. The formulation of values which guide the agency, although these retain the same core, was also expanded comparing the two strategies. Regrettably, the current strategy of 2020-2025 seems to lack measurement of expected outcomes attesting to the level of success in achievement of objectives which was included in the strategic plan for 2015-2020. EAEVE is advised to consider reinstating these. While the Mid-term Analysis of the Strategic Plan 2015-2020 and EAEVE SWOT Analysis Update (2017) contain information on activities performed, it does not provide a clear estimation on the progress achieved in relation to the stated goals.

When talking to the President of EAEVE, Director of ESEVT Office and also members of ExCom and other bodies, the panel could sense yet larger ambitions than are currently recorded in the strategy. This includes the need on the EU level to move focus from regulation of inputs to orientation for achievement of learning outcomes, and a more global outreach. The agency is very clear that to achieve these ambitions continued membership of EAEVE in ENQA and listing on EQAR are absolutely necessary. EAEVE cherishes a particularly close relationship with FVE, which is a large and influential stakeholder. At least partially, this cooperation and concerted efforts might help boost achievement of those larger EAEVE ambitions to become a designated veterinary quality agency within the EU. The panel also understands that reliance on voluntary work of EAEVE bodies and a relatively small yearly budget are somewhat holding back those future plans. However, those constraints (of EAEVE's choice) are compensated by the dedication of all persons with whom the panel had an opportunity to meet, in person or virtually. Keeping the membership fees at an affordable level and the lean structure are certainly wise, yet, the panel wishes to encourage thinking about at least a modest stable growth in terms of income, and also how the ability to devote personal time and attention can be properly managed. This could be done through additional arrangements with member institutions, representatives of which are more actively and visibly contributing towards the goals of the association.

External quality assurance activities are conducted regularly by EAEVE, during the last years the number of procedures would be in the range between 18 and 25, the only exception being a sharp fall in 2020 (nine procedures done) because of the Covid-19 induced pandemic. Currently annual summary reports are of truly technical nature and contain no reflection of the yearly activities. Internal information flow is abundant and the website provides many historical materials and materials that are relevant today. The senior leadership acknowledged that there are ideas to update the website. Publicly provided information could further be enhanced by using selected social media channels.

Planning and monitoring are embedded in all activities of EAEVE. The agency maintains a lot of internal documentation which is technical, with minimal visuals (i.e., EAEVE's logo). By contrast, the Strategic Plans, the website and EAEVE's SAR are nicely illustrative. While there are a lot of various plans and reports produced, the panel lacked one comprehensive yearly plan of activities, containing not only visitations, but also meetings of internal bodies and other activities, which would be closely aligned with the strategy, and sees this area as a possible improvement. Similarly, a consolidated version of

the yearly activity report which could contain both statistical data and a more reflective part would help provide an account on activities and keep the record of institutional memory which currently seems to be partly living in individuals and partly through the abundant documentation on the website.

EAEVE is very international in its outlook and maintains open communication channels with many stakeholder organisations both within Europe and other regions. Stakeholder dialogue is active and taking place via a number of venues: the GA of EAEVE, others being ECCVT, where EAEVE meets with FVE, EBVC and IVSA; also, the International Accreditors Working Group (IAWG).

Currently, only academics are included in ExCom and CIQA; labour market representatives and students are not represented in these committees. In ECOVE, and also PV, FV and RV teams, practitioners are included, while students are only represented in the full visitation teams. In the panel's view, EAEVE could benefit from a wider inclusion of students. Arguments regarding a short service term of students cited both by the agency representatives and students themselves are hardly convincing. All ENQA member agencies face similar challenges in this regard, however, practical solutions are found, and EAEVE is encouraged to look for these as well. In addition, the pandemic situation taught that online meetings enable effective discussion and decision making while also saving the costs. Carefully balancing onsite and online meetings would help to manage the EAEVE budget, at the same time allowing achievement of wider inclusion of stakeholders in governance and the daily work of the agency.

The panel devoted separate attention to discuss the issue to which extent limited inclusion of students (mainly – in visitation teams and also consultations in the process of drafting the strategy, as mentioned above) might affect the overall EAEVE's compliance with expectations of the ESG 3.1. For that purpose, previous judgements by ENQA panels and the Board, also decisions by the EQAR's RC spanning over the period of 2016-2022 were carefully considered to assure the panels view is informed of and consistent with other agency reviews in EHEA. After having done so, the conclusion was made, that a resulting recommendation issued to EAEVE, as listed below, is fully in line with the precedents so far. In none of the cases it was found that limited student engagement alone would result in partial compliance to the standard, rather, agencies would be issued at least two, most often three recommendations, of varied nature, and a number of suggestions for improvement, when their compliance was scored as partial. Notably, ESG 3.1 calls for "the involvement of stakeholders", without specifically naming the categories, such as employers and students. Thus, the formulation of the standard under ESG 3.1 is more general in nature, as opposed to the text in the standard under ESG 2.4 which explicitly mentions students as panel members. This said, the panel can only reiterate the importance of student contribution to governance and work of EAEVE and the need to find ways make it happen for the mutual benefit.

### **Panel commendations**

1. EAEVE, with dedication of its membership and bodies, such as ExCom, ECOVE and CIQA, is achieving a lot, while the Office size remains modest.
2. Adoption of the strategic approach to planning, under the past and present leadership, is a clear achievement of EAEVE.

### **Panel recommendations**

1. The agency shall look for practical solutions to include students fully in the governance of EAEVE.

### **Panel suggestions for further improvement**

1. In the strategy document, include the expected outcomes enabling measurement of the successful achievement of EAEVE's strategic objectives.

2. EAEVE could produce a consolidated yearly plan of all activities (visitations and all other) and more comprehensive yearly reports. This would allow yet better monitoring of achievements and reflection.
3. Larger public outreach, among other, could be achieved by communication via selected social media channels.

**Panel conclusion: compliant**

ESG 3.2 OFFICIAL STATUS

Standard:

Agencies should have an established legal basis and should be formally recognised as quality assurance agencies by competent public authorities.

**Evidence**

In addition to the evidence in SAR, its annexes and the website, the panel requested and received access to the thick paper folder of historical documents attesting to circumstances of establishment, registration and other organisational data available in the physical offices in Vienna. As mentioned earlier, part of the institutional memory on developments over time is also available via the website containing the history of ESEVT.

As explained in the Introduction, originally, EAEVE was established in 1988 in France, and the present Statutes retain those historical traces: Art. 1 contains that this association is governed by the French law of 1<sup>st</sup> July 1901 and the French Decree of 16<sup>th</sup> August 1901. Complementing this, Art. 2 has it that the registered offices of the Association shall be at the National Veterinary School of Alfort, 94704 MAISONS-ALFORT (Prefecture Du Val-De-Marne N° 0003019) and that they may be transferred by a decision of the General Assembly. Since the end of 2007, EAEVE has been registered as a non-profit association in Austria (ZVR-Zahl: 258866359) with the purpose to employ supportive staff (the Office).

The present Statutes were approved by the General Assembly on 9<sup>th</sup> June 2022 held in Zurich (Switzerland). The Statutes are amended as needed; the tracking system indicates this was done four times between the 2018 ENQA review and the present one, each time proposals being developed by the President of EAEVE, the Director of ESEVT and ExCom, subject to approval by member voting in the GA.

The EC, represented by two of its Directorates General, was involved in the establishment of EAEVE through the ACVT, and, for a period of time, till 1993, financially supported the agency. FVE, which in itself is an umbrella organisation for four different types of organisations having an interest in veterinary (cf. Quality Assurance), fully supports EAEVE by jointly managing the ESEVT.

Organisationally EAEVE is a membership association. The list of EAEVE members' status is available via the website. It is a downloadable (from the front page) pdf type document, containing separate lists of Full and Candidate members and Associates, with further details. Membership is conditional to adherence of the Statutes, payment of annual membership fees, and being found compliant with the ESEVT, requirements established in the latest Standard Operating Procedure (SOP) (Art. 5). Membership is arranged in eight geographical regions (at maximum there could be ten of them) and the ExCom has powers to update the grouping without causing the need to revise the entire Statutes.

While membership in EAEVE is voluntary and its accreditation is not mandatory for institutions providing veterinary studies, the agency is *de facto* custodian of the EU Directive 2005/36/EU and 2013/55/EU amending it. Austria, Hungary and Italy stand out among other EU member states where

EAEVE has a firm footing being given exclusive responsibility over accreditation of higher education institutions providing veterinary education and training. In France, Switzerland, UK, and the Netherlands, EAEVE is working closely with local quality assurance agencies to coordinate visitations. The SAR gave further examples of full ESEVT visitations with full observer status from national and international accrediting agencies including with Australasian Veterinary Boards Council Inc. (AVBC) in Hannover in 2018, in Liège 2019 with AEQES (Belgium), in Helsinki 2019 with RCVS (UK), in Burdur 2019 with VEDEK (Turkey), in Bursa 2020 with VEDEK, and in Dublin 2020 with VCI (Ireland). During the visit the panel heard of a detailed example of how this was arranged in France with HCERES.

After successful external review against the ESG, coordinated by ENQA in 2017-2018, by decision of ENQA Board dated 19 April 2018, EAEVE was granted membership in ENQA for the period of five years. EQAR's Register Committee on 12/13 June 2018 by its holistic judgement communicated in the decision Ref. RC21/A52 confirmed EAEVE's substantial compliance with the ESG as a whole and the status of a trustworthy agency, listed on the EQAR, registration valid till April 30<sup>th</sup> 2023.

EAEVE has a formal approval of the United States Department of Education (USDE) Office of Postsecondary Education dated July 3<sup>rd</sup> 2018 for the period of six years. It was issued after the Department's staff reviewed the processes and accreditation the EAEVE uses to accredit veterinary schools and has determined that the EAEVE had an acceptable quality assurance system in order for U.S. students attending foreign veterinary schools to be eligible to participate in the U.S. federal student aid programmes.

## **Analysis**

The agency has a clear legal basis. During the period from the last ENQA review of EAEVE, there were no changes regarding registration of the agency; it remains operating under the dual provisions of French and Austrian law.

Backing of the EC in the establishment of EAEVE demonstrates the political support the agency had on the outset. Beyond that, in a small number of EU countries EAEVE currently has a legal mandate to operate. This speaks about the possibilities still underexploited. This is especially important in the light that EAEVE reviews had demonstrated that while EU directives presume a more or less uniform provision of veterinary training and automatic recognition of such qualifications, in fact peer reviews by EAEVE teams show significant variations in quality on the ground.

At the same time, the number of visitations where there were national and international accrediting agencies observing EAEVE's procedures, has increased during the last five years and this is a commendable achievement. Thus, EAEVE is encouraged to seek ways to gain further recognition by other public authorities in different countries and to seal that in legal mandates, including receiving an official mandate on the EU level. This would be fully in line with the strategic goal of EAEVE for the period of 2020-2025 to act as a chief accrediting body in quality assurance of veterinary education. Members of ExCom and CIQA with which the panel met repeated this aspiration.

Representatives of member VEEs where EAEVE is given exclusive responsibility over external QA spoke with pride of this achievement, and rightly so, and underscored the added value of avoiding the accreditation fatigue by institutions being subject to just one quality assurance arrangement. The panel understands it is especially important to small institutions specialising just in veterinary medicine. Yet, representatives of other VEEs (primarily those which have a larger profile and conduct studies and research in diverse disciplines) also pointed to the added value of having both EAEVE's and national accreditations. It is due to the differences in their nature, content and the subsequent impact. At the same time institutions appreciated that having joint procedures with national agencies would help them manage their various obligations – both the subject-specific European and the national ones (whatever their scope is). EAEVE is encouraged to continue dialogue with national authorities, especially where

it has a large number of members, and seek to coordinate visitations with the aim to alleviate the burden on institutions while at the same time retaining the wide coverage and a potentially wider impact. Notably, under the SWOT analysis, the agency itself identified that no systemic contact with national accreditation bodies poses a threat in relation to membership.

The panel gathers that the positive external review outcome in 2018, which enabled to achieve EAEVE's membership in ENQA and listing on the EQAR, provides a platform for the agency's activities across the EHEA and it was apparent that the agency attaches major significance to the present review, in the hope of re-confirming membership both in ENQA and the EQAR.

EAEVE enjoys full support from FVE and a very wide membership – almost all institutions in Europe, providing veterinary education and training are members of it. This speaks of the public recognition of the agency and the value of ESEVT, and the agency is rightly proud of this. Still not to forget, historical data show the fluctuating numbers, and it is possible to lose membership as it depends, among other, upon satisfactory meeting of ESEVT requirements as per the SOP. This attests to the rigor of the approach. The current suspension of membership of Russian VEEs speaks for the fact that while SOP is of a rather technical nature, the ESGs being one of the basic documents for the recognition of professional qualifications and for quality assurance, means that underlying values of institutional autonomy and respect for democracy are taken seriously.

As said, EAEVE is a member and listed on EQAR and this consequently directly impacts the ability to implement procedures across EHEA in line with the Ministerial commitment to allow EQAR-registered agencies to act cross-border. It even has a broader effect in countries outside the Bologna Process to see the agency as trustworthy; EAEVE's staff confirmed this understanding. The participation of EAEVE in IAWG and the growing interest from VEEs outside the EHEA also signal the international recognition of EAEVE accreditation.

EAEVE has formal recognition of USDE so that students with federal aid can enrol in EAEVE accredited veterinary schools. This recognition has both symbolic and financial consequences for EAEVE's membership in the ability to attract students from the U.S. The representatives of VEEs with whom the review panel talked viewed this being a very important student admission opportunity for them, especially in the light of declining local student population in some European countries.

### **Panel commendations**

1. As a result of the agency's efforts, the number of visitations where there were national and international accrediting agencies observing EAEVE's work has been increasing during the last five years. This helps build mutual trust and gives potential to further expansion of EAEVE's legal mandate, based on continued membership in ENQA and the EQAR.

### **Panel suggestions for further improvement**

1. Members of EAEVE bodies whom the panel met communicated the vision of EAEVE to be the official accreditation authority for VEEs within Europe. The panel encourages EAEVE to intensify its efforts in that direction and work with its members, FVE and the European Commission to that end.
2. Meanwhile, until EAEVE gains more prominent status within the EU, officers should continue dialogue with national authorities, especially in countries where EAEVE has more than one member, and seek to coordinate procedures with national QA agencies in order to alleviate the burden on institutions.

### **Panel conclusion: compliant**



## ESG 3.3 INDEPENDENCE

Standard:

Agencies should be independent and act autonomously. They should have full responsibility for their operations and the outcomes of those operations without third party influence.

### Evidence

#### Organisational independence

Organisationally EAEVE is not connected to any government or other public authority. Despite the fact that FVE was one of the founding bodies of EAEVE, it is not a member of EAEVE and has no voting rights at the agency's GA.

EAEVE's Statutes define the objectives, membership (including admission, reclassification and exclusion), funding, organisation (bodies of the association and the main features of their working), rules of procedure, constitution and dissolution of the association. Every internal body of the agency – the ExCom, ECOVE, and CIQA – has their own detailed rules of the procedure. This documentation is approved by members during GAs without influence of any government or other national authority. Members vote on the appointment of the personal constitution of ExCom, which is delegated to further nominate members of ECOVE, CIQA and any Working Group, but voting upon these nominations is trusted to the GA. Both the President and Vice-President of EAEVE are elected by secret ballot. Only full members (with Approval/Accreditation or Pending Accreditation [and Conditional Accreditation during the transitory period] ESEVT status at the time of the GA) have voting rights, while to members with Non-approval/Non-Accreditation ESEVT status restricted voting rights apply (limitations defined in the Statutes Art. 6). Candidate members and Associates can attend the General Assembly without voting rights. Rules of Procedure of various EAEVE bodies foresee diversity of geographical and personal representation of its members. From information on the agency's website, minutes of EAEVE's bodies and meetings attended during the ENQA visit, the panel is positive that the current composition of EAEVE's bodies follows the said principles of diversity and inclusion. EAEVE is accountable to its members.

#### Operational independence

As was already mentioned, the ESEVT and the SOP are managed jointly by EAEVE and FVE. In particular, it is stated on the document itself and its tracking information that the Director of ESEVT and a SOP Working Group developed the draft, which was reviewed by ECOVE, CIQA, FVE Board, ExCom, EAEVE members and IVSA. It was then formally approved by ExCom, EAEVE GA, and FVE Board. Talking to representatives of the aforementioned bodies the panel heard about their contribution to the development of the past SOPs and the current revision of the SOP which shall materialise in 2023. In particular, a new version of the SOP is being developed by a mixed working group consisting of representatives of EAEVE and FVE, and also IVSA.

Nomination and appointment of visitation teams is the responsibility of ECOVE. The legal basis for ECOVE's work is in the Rules of Operation and the SOP. Following stipulations of the prior document, the Chairperson and the Vice-Chairperson of ECOVE are elected by its members from among its members. The review panel confirms its current Chairperson is an EAEVE nominee, coming from a member VEE; and the current Vice-Chairperson comes from FVE. While prior experience in ESEVT visitations is required, during their time serving on the ECOVE, it is forbidden for its members to be part of teams in any FV, RV or CV/PV. The President of EAEVE, the Director of the ESEVT, and staff of the EAEVE office may attend ECOVE meetings *ex officio* as observers without voting rights. It is a stated principle that ECOVE decisions are taken independently of all external influences and the content of all discussions until reaching decisions is confidential. Each ECOVE member needs to sign

a statement of conflict of interest prior to any meeting, and in cases when conflicts of interest do emerge, the member in question may not participate in the evaluation, has no voting rights and shall leave the room during the discussions, meantime s/he is replaced by an alternate member. As mentioned, both EAEVE and FVE have alternate members of ECOVE. After reading the minutes of ECOVE, the review panel can confirm that conflicts of interests are managed, and relevant records in the minutes appear.

All EAEVE members and so-called proactive participants of EAEVE activities are expected to apply and uphold the 11 principles as in the Code of Conduct of EAEVE, approved by ExCom on October 30<sup>th</sup> 2014. These principles include: 1) Integrity, commitment and loyalty; 2) Objectivity/Conflict of interest; 3) Confidentiality; 4) Competency and professionalism; 5) Respectfulness/ Non-discrimination; 6) Corporate responsibility; 7) Creation of a culture of open and honest two-way communication; 8) Regular performance of evaluation; 9) Accurate Public Disclosures/record keeping/archiving; 10) Publicity/Transparency; 11) Management of finances.

According to the SWOT, the agency sees independence of its experts and ECOVE, among others, tied to the fact that those persons are not paid for their service, thus, have non-financial motivations to contribute to ESEVT.

#### Independence of formal outcomes

EAEVE has a structure which clearly assigns mandates and defines the limits of the various bodies of the association. Most important of these, certainly, is the way in which accreditation/approval decisions are reached. As per Rules of Operation, it is in the mandate of ECOVE to:

- Approve the Visitation Programmes to VEEs for Evaluation and/or for Accreditation;
- Approve the selection of Members and their respective roles in the Visiting Teams;
- Make the final consideration of the Visitation Report, giving full justice to the suggestions made by the Visiting Team, and based thereupon, decide whether “Accreditation” “Conditional Accreditation” or “Non-Accreditation” (or “Approval”, “Conditional Approval”, “Non-Approval” status during the transition period) should be assigned, or any other approval status, as defined in the EAEVE Statutes.

Talking to members of ECOVE the review panel learned its representatives did feel independent and acted accordingly in their decision making, sometimes departing from proposals of visitation teams. It was understood that ECOVE assumed the role of being the ultimate guardians of ESEVT from the academic and professional points of view and that this role was well appreciated by ExCom, VEEs and experts as well. An important element of independent decision making is the possibility for VEEs to contest the formal outcomes, and relevant provisions are in place and used.

The CIQA’s task is to monitor procedures of EAEVE, and this Committee does so independently of ExCom or ECOVE, as membership in CIQA is incompatible with membership of ExCom or ECOVE (as per CIQA Rules of Operation).

#### **Analysis**

Beyond the nomination of regional representatives and voting during the GA, members have no direct influence over the work of EAEVE’s bodies or their decisions. Based on the evidence presented to the panel, it could be concluded that there is a clear system of delegation of responsibilities and it seems to be working well. Detailed minutes by EAEVE office staff, who support the work of all EAEVE’s bodies, enables to confirm the rigorousness of internal procedures and that there is no undue external or internal interference on the part of VEEs, FVE or any other third parties. There is full transparency regarding how ESEVT and SOP are managed by both EAEVE and FVE. In fact, all activities of the agency are very transparent – starting from documentation guiding the work and ending with information

provision on results. Notwithstanding that, there are aspects of EAEVE's work that can be improved (including publicity on the website and other media, as mentioned elsewhere in this report), however this is in no way interfering with independence of the agency. EAEVE does live up to its Code of Conduct. Thus, the panel confirms EAEVE is independent both organisationally and operationally, and the independence of formal outcomes is assured.

**Panel conclusion: compliant**

### ESG 3.4 THEMATIC ANALYSIS

Standard:

Agencies should regularly publish reports that describe and analyse the general findings of their external quality assurance activities.

#### **2018 review recommendation by ENQA panel**

“EAEVE is recommended to strengthen its thematic analysis by selecting specific themes, eventually proposed by its members and stakeholders, such as for example: ‘student centred learning’, ‘development of academic staff’, ‘recognition’ or other relevant themes. A thorough and careful analysis of the information can show more developments, trends and areas of good practice or persistent difficulty. EAEVE has to define a cyclic period for its thematic analyses.”

#### **Evidence**

The review panel was presented with one thematic analysis (also published on the website) covering the period 2016-2019, which was finalised and approved by ExCom in 2020. As mentioned in the report itself, it was first drafted by an ESEVT expert and ex-chairperson of EAEVE's CIQA and the Director of ESEVT. The analysis consists of the following parts (besides introduction): Follow-up of the System-wide analysis of ESEVT for the period 2011-2015, recommendations for the ESEVT procedures and veterinary training, and challenges for the ESEVT and veterinary training. Feedback on the report was gathered both internally and externally. The panel had the opportunity to converse with both authors of this analysis.

The next system-wide analysis encompassing the period of 2020-2024 is scheduled for 2025.

Complementing the above, the agency provided a list of presentations given during the Educational Days, held in conjunction with EAEVE's GA, with access to their contents via the password-secured area of the agency's website. The panel learned from meetings during the ENQA review that Educational Days gather a wide audience of educationalists, practitioners, students and other stakeholders in veterinary medicine. During these sessions, examples of effective institutional practices are often shared.

The panel also checked the EAEVE's website and found there a designated area with so-called “internal” and “external” publications. All “internal” publications and presentations fall under the periods of previous ENQA reviews. The “external” publications section contains documents of very heterogeneous nature; the majority of them are earlier materials, only two more recent ones.

#### **Analysis**

EAEVE addressed the ENQA panel's recommendation for defining itself the five-year period to be covered by a thematic analysis. However, the agency did not follow up on the other part of the panel's recommendation which called to select a particular theme of importance, as proposed by its members and stakeholders, and analyse it in greater depth. This still remains a pertinent learning opportunity

and an area for improvement. Also, the analysis could be more thematic and cover the topics and challenges that are most useful for VEEs.

Looking at the present thematic analysis of 2016-2019, the panel can see that it is concerned about internal matters of EAEVE and ESEVT system (such as the SOP, visitations, experts, work of ECOVE), and also about the findings from procedures and ECOVE decisions that show trends at VEEs, and in particular – persistent difficulties. Thus, in terms of the genre, the present thematic analysis is in-between the analysis of feedback gathered from EAEVE membership, internal reflection, and analysis of the visitation reports through the eyes of ECOVE. The geographical distribution and the number of reports on which the present analysis rests are not clearly indicated. Positive features identified through EAEVE visitations (aside from organisational matters) are not presented, instead the report is more centred around negative aspects and needs for improvement. Most importantly, the annexes contain extensive lists of Major deficiencies (which result in non-compliance with a Substandard) and Minor deficiencies (which result in partial compliance with a Substandard) as identified by ECOVE. During the meetings, the panel heard that those lists of deficiencies bear significant importance and guide the work of both EAEVE visitation teams and ECOVE, serving almost like a book of precedents. This type of thematic analysis could be further enriched by adding statistical frequency of difficulties encountered by institutions, also seeing if there are correlations between the frequency of occurrence and geographical grouping of members. Coupled with clearly identified strengths and more details regarding VEEs exhibiting them, this would allow more effective learning from achieving institutions and mutual support among members.

Representatives of VEEs and also experts with whom the panel met all emphasised the value of learning and sharing through the Educational Days and were very much interested in the continuity of organising Educational Days in conjunction with EAEVE's GAs. Yet, the panel does not have evidence that presentations are based on a wide analysis of visitation reports and draw on identification of best practices from these. After getting acquainted with the topics covered, the panel formed an impression that these were more individual examples or reflections on certain topics rather than systemic analysis of ESEVT visitation reports and their results in the strict sense. Thus, these presentations are deemed as very interesting and important for the community, however they are no substitute to systemic thematic analysis of the ESEVT reports. There are still underutilised opportunities to expand the structured analysis and allow a systemic look into the findings from visitations selecting a particular theme of interest. The panel is cognisant there were relevant internal discussions at EAEVE on this issue, and encourages members to explore this further with the aim of identifying general trends, strengthening learning from reviews and sharing with members for improvement in institutional, national and international contexts.

### **Panel recommendations**

- I. Thematic analysis should be expanded and include a variety of selected topics, in addition to the general analysis of findings from visitation reports, and should include identification of general trends, also areas of good practice and persistent difficulty.

### **Panel suggestions for further improvement**

- I. EAEVE is advised to get acquainted with a dedicated ENQA publication<sup>4</sup> on the implementation of thematic analysis by other European agencies and draw inspiration from there.

### **Panel conclusion: compliant**

---

<sup>4</sup> 2020 ENQA study by Carmen Tomas and Maria Kelo entitled "ESG 2015–2018 ENQA Agency Reports: Thematic Analysis" <https://www.enqa.eu/wp-content/uploads/ESG-2015-ENQA-Thematic-Analysis-final.pdf>

## ESG 3.5 RESOURCES

Standard:

Agencies should have adequate and appropriate resources, both human and financial, to carry out their work.

### Evidence

The situation with human resources of EAEVE remains steady and similar to that in the time of the previous ENQA review: a small secretariat is retained; the majority of content work is done on a voluntary basis and *pro bono*. According to the SAR, the core contributors of EAEVE and ESEVT are in different arrangements with the agency:

- Director of ESEVT and four Office staff members are employed (two of them – on part-time basis);
- Four ESEVT Coordinators (all part-time);
- ExCom, ECOVE and CIQA members all contribute on voluntary basis, only direct costs of their involvement are covered (such as travel, lodging and other);
- Visitation team members do not receive expert fees, they work *pro bono*.

The Director of ESEVT not only plans the visitations and their timetables, selects and proposes the composition of visitation teams, but also escorts many of them as the ESEVT Coordinator (in that particular role – 0.25 FTE). The President of EAEVE supervises the Office on a monthly basis; the Office itself is evaluated on a yearly basis at the ExCom meeting.

The mid-term analysis of implementation of the previous Strategic Plan (done in 2017), the SWOT included within the strategy for 2020-2025, and the SAR for the current ENQA review all emphasise that the human resources arrangements for running the association and the ESEVT system are deliberately kept lean, but that they are satisfactory and performing tasks in a very efficient way. Still, it is understood that there is vulnerability if the core persons should change.

In terms of staff development, talking to members of EAEVE bodies, the panel understood EAEVE relies on training of ESEVT Coordinators obtained via home institutions, also provided by national QA agencies of those countries in which the VEEs and ESEVT experts are based, and finally by self-development. From the point of view of EAEVE, webinars designed for the training of ESEVT experts on the SOP and Educational Days serve as a primary vehicle of learning. Attendance at ENQA meetings was also cited as contributing to the professional development. The fact that ESEVT coordinators on a yearly basis visit many different VEEs within many different countries and work alongside experienced QA team members is interpreted as contributing towards harmonisation of views regarding quality rather than achieving uniformity in comparison between visitations. The agency did not mention any training activities specifically targeted at the Office staff.

As an example of effective adaptation to the changing situation a response to the Covid-19 induced lockdown was cited. It prompted EAEVE to establish the so-called “virtual” office which meant reliance on using email, phones and MS Teams as preferred tools for communication. It also meant advisory bodies of EAEVE meeting mainly online, with two exceptions of the hybrid mode (Annex 6 of the SAR). As was already mentioned, initially, visitations to VEEs were postponed, later resumed in a hybrid mode. The panel was provided concrete statistics per procedure on arrangements made (Annex 5 of the SAR). Yet, the necessity to inspect the clinical facilities when carrying out the visitation with a smaller on-site team proved to be challenging. Discovery of the virtual collaboration possibilities allowed operational cost savings by EAEVE which is very important in order to mitigate the negative impact of the current increase in prices.

In order to better understand the financial situation of the agency, additional documentation was requested. The panel was given access to detailed budgets (consisting of revenue and expenditure parts) and detailed financial reports of the past five years covering 2017-2021 (both approved by ExCom). In addition, EAEVE supplied a financial rolling plan 2020-2025 (which was based on the Austrian 1.53% inflation rate in 2019). It showed that during the last two years the association had a surplus at the end of the year. There are also projections for future expenditure. One of the measures considered to stabilise income of the association, which for the most part comes from its members, was to introduce smooth payment fees, the so-called Merged Fee (consisting of membership fees put together with review fees) instead of receiving a stable yearly membership fee and a high fee for visitations every seventh year, and to also make necessary adjustments so that the plan more closely follows the reality of financial spending.

As explained in the SAR, in accordance with the Procedure for operating finances of EAEVE, the Treasurer and President on a monthly basis review handling of finances; on a quarterly basis Office reports are submitted to them as well, with the purpose of revision and for final endorsement by ExCom. Accounts of EAEVE are audited both internally (by the internal Auditor) and externally, evidence on this appears in the minutes of EAEVE's GAs, and can also be read from the statements. So far, all documentation and accounts were found valid and correct. From the minutes of GAs the panel learned that information on finances is provided to EAEVE's membership in a transparent manner.

### **Analysis**

Throughout the documentation which was made available to the panel and also evidence gathered in the interviews it is clear that human resources for running the agency are small, but very well-organised. EAEVE is very conscious that people are its greatest asset and understands that loss of any core staff would present a challenge. The panel notes that in this regard EAEVE is no different from other small quality assurance agencies in the EHEA which rely on the expertise and dedication of its staff and experienced experts serving on advisory bodies. What is important in mitigating associated risks, is having in place clearly documented procedures, internal work routines, and effective communication platforms. Those safeguards seem to be in place.

In terms of professional development of ESEVT Coordinators, the panel is satisfied that it is in place and sufficient. ESEVT experts and members of EAEVE bodies clearly benefit not only from training by EAEVE (through the E-learning Course), but also offered by their home institutions and the national QA agencies. This way EAEVE is saving costs. As for training of Office staff in particular, currently it is left to self-development. The panel encourages that EAEVE offers professional development opportunities to them as well.

Being the association, which performs reviews of its members, EAEVE has a typical structure of the budgets where membership fees make the biggest category of income, followed by evaluation fees and project funds. A decision to merge the membership fees with evaluation fees certainly presents a wise move by EAEVE. It allows diminishing the negative impact of the fluctuation in the number of procedures performed, at the same time balancing the burden of different types of payments by VEEs. The EAEVE President and ESEVT Director were in particular proud of achieving a financial reserve equivalent to one year's office spending. The panel also sees this as an accomplishment. In current times with soaring inflation this is certainly very prudent. However, if inflation remains high for a longer period, careful consideration of its impact on the budgets including the Merged fee will be needed.

Senior leadership clearly appreciated that working with the EU to secure the designated accreditor for veterinary status may require additional resources and plans to address this issue in a conversation with members. In addition, the agency identifies itself that the growing interest in EAEVE accreditation by non-EU European members and from countries outside of Europe may prompt to review

arrangements for the staffing. Thus, the panel advises ExCom to continue keeping a close view on developments and responding accordingly in order to enable further growth. EAEVE should stay even more vigilant about current economic turbulences and consequences these may have on financial projections for the future, in order to act in a timely fashion.

To summarise, the panel thinks that human and financial planning as well as control at EAEVE are appropriate, resources are sufficient for the time being, there are proper procedures for accountability and planning for the future, with an understanding that adaptation must remain vigorous.

#### **Panel commendations**

1. Dedication of EAEVE's bodies and associates is remarkable and worth applause, the agency relies on the service of its loyal members and contributors together with the small but efficient Office staff.

#### **Panel suggestions for further improvement**

1. EAEVE is advised to closely monitor the possibilities for expansion of its membership outside the traditional areas of work and make decisions regarding office staffing levels accordingly in order to provide for future development.
2. Current turbulence in the economy and on political scenes may require more frequent reviews of the financial situation of the association and subsequent revision of projections in order to have a more forward-looking perspective in planning.
3. Offer opportunities for professional development to Office staff.

#### **Panel conclusion: compliant**

### **ESG 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT**

Standard:

Agencies should have in place processes for internal quality assurance related to defining, assuring and enhancing the quality and integrity of their activities.

#### **Evidence**

The SAR gives reference to EAEVE's policy on quality assurance (dated 14/12/2021) which is posted on the website. It starts with the mission and description of the modus operandi of the agency, publicity is being mentioned as a core principle of work organisation, including transparency regarding finances.

There is a designated body of EAEVE, CIQA, established with the purpose of internal quality assurance. As per CIQA Rules of Operation, the main tasks of CIQA are monitoring the procedures of EAEVE from a QA point, giving suggestions for improvement and providing guidance on QA. More concrete timeframes and tasks are also established there, including the following:

- Looking for an equal application of the ESEVT system to all the members without any type of discrimination and to check potential conflicts of interest;
- Verifying the application of the no-conflict of interest mechanism for ESEVT experts and ECOVE members;
- Reviewing effective management of and the reaction/action to the Post Visitation Questionnaires;
- Performing a critical review on the development, results and persons involved in all steps of the annual evaluation processes, including the final decisions taken by ECOVE;
- Reviewing effective management of the ESEVT-related tasks carried out by the Office.

The members vote in the GA on the personal composition of CIQA, and in turn CIQA is answerable to the GA. In addition, CIQA is expected to inform the ExCom, the Director of ESEVT and the EAEVE President about the outcomes of its meetings. The EAEVE President can join CIQA meetings if it is deemed necessary. EAEVE's Office staff provide secretarial support to CIQA and, therefore, attend the meetings *ex officio* but without voting rights. CIQA has its own Quality Improvement Action Plan spanning from 2019 to 2022; the panel was given access to this confidential document and could see the work in progress. There are also detailed minutes of the meetings drafted, the panel is aware of them.

The panel in particular looked at the mechanism of no-conflict-of-interest in place for all participants of the evaluation and decision-making process and asked for additional explanations by the agency. CIQA is tasked to assure that there are no conflicts of interest by experts and members of ECOVE in its decision making. All ESEVT experts are expected to sign a standard declaration stating the lack of conflict of interests and also a commitment to observe the ESEVT SOP and the EAEVE Code of Conduct (Annex I5 of the SOP for ESEVT). Declarations are also signed by members of ECOVE (prior to any meeting). The agency explained that if an ECOVE member was from the VEE that was under discussion or from the country of a VEE that was under discussion, the alternate EAEVE/FVE ECOVE members would be replacing them.

There are developed forms, templates and questionnaires which support consistent application of the standards and implementation of the review process. Feedback from institutions and experts is gathered continuously and analysed. As an example of the closing of the feedback loop, revisions of SOP, in which stakeholders were included, were mentioned. Another example of due care taken regarding management of conflicts of interests, is the proposal that the Conflict-of-Interest declaration should be applied also for *ex officio* members of the ECOVE; this proposal was accepted and implemented as of early 2019.

Externally, ENQA reviews are seen as means to assure the quality of EAEVE and provide accountability to its members and stakeholders. Stakeholders, such as FVE, EBVS and IVSA are said to regularly provide feedback and evaluate the accreditation activities of EAEVE. The panel testifies that representatives of the aforementioned institutions confirmed this.

On 06/01/2016 EAEVE was registered at the EU Transparency Register which is a tool to allow European citizens to see what interests are being represented at Union level and on whose behalf, as well as the financial and human resources dedicated to these activities. EAEVE appears under the category of "Non-governmental organisations, platforms and networks and similar". Update of the records was performed on 19/10/2021. Directives 2005/36/EC and 2013/55/EU on the recognition of professional qualifications are identified as the main EU legislative proposals or policies targeted by the agency.

EAEVE does not have any subcontractors.

### **Analysis**

The mandate of CIQA as an internal quality assurance body is a solid one, encompassing many important tasks. CIQA holds meetings regularly (onsite, on-line, hybrid); the panel could see that agendas are full, with ongoing discussions on a variety of topics. By Rules of Operation, CIQA shall be independent, thus, the panel probed how much members of the Committee felt and acted so. The panel learned that the EAEVE President and ESEVT Director would be invited to some meetings, and that work was carried out in a collaborative way. As to the relations with ECOVE, structurally, there seem to be none, both bodies work independently. When discussing the issue about the ultimate responsibility over quality, after deliberation, it was admitted that CIQA is there for analysis and advice, yet the ultimate decision-making power is with the ExCom. Thus, not all proposals for improvement



of activities get the green light; they are counterbalanced with feasibility assessment and other argumentation, such as restricting bureaucracy. Still, on vital issues there seems to be a wide consensus, e.g., regarding additional measures to avoid conflicts of interests. Also, in recent years, CIQA as an advisory body is playing a more pivotal and influential role.

There are some blind spots, however.

Firstly, in the EAEVE's policy on quality assurance the panel could not find any outline regarding appropriate communication with the relevant authorities of those jurisdictions where EAEVE operates. While in general EAEVE is very open and pro-actively seeking recognition in selected European countries, there are no clear policy and standard routines defined regarding other countries.

Secondly, the policy is silent on the way how the agency establishes the status and recognition of the institutions with which it conducts external quality assurance. While VEEs are elevated to membership in EAEVE after a successful full visitation, the question is open about making sure that those institutions which approach the agency in the first place, with the purpose of receiving a preliminary visitation, are well established legally in their respective higher education systems. Also, it is an open question what would happen to those EAEVE members, who, after undergoing mandatory external QA procedures of their respective countries and systems, would end up with the negative result there and how this would influence their status in EAEVE. It is most relevant to those institutions which are stand-alone veterinary teaching and training establishments, and to a lesser extent to other HEIs where veterinary medicine is just one subject alongside others. This is primarily a question of credibility and reputation, but also a pertinent issue to be considered in the light of the Merged Fee that members are to pay.

Thirdly, and very importantly, CIQA has not looked closely into the issue of diverging opinions between visitation teams and ECOVE. The panel found this difference in opinions and outcomes a relatively frequent occurrence, and inquired further. Neither CIQA, nor ECOVE or ExCom were initially aware how often this took place and what final effect this would bear on VEEs (a more negative or a more positive end outcome by ECOVE compared to that proposed by the visitation teams). Within EAEVE bodies and the wider community it is accepted that ECOVE is there to provide the correct interpretation and application of the standards. The panel does not question this set up as ECOVE is indeed uniquely placed to view the SOP and enforce a consistently rigorous interpretation of it. Yet, it would be reasonable to expect that from an internal quality assurance point of view this gap is analysed and corresponding measures to improve the situation are applied (e.g., to strengthen selection and training of experts etc.).

In terms of management of conflicts of interest, EAEVE's policy is quite strict, e.g., it does not allow an expert of ESEVT to have citizenship of the same country from which a VEE is to be visited. It also excludes the possibility that an ESEVT expert has studied or has been employed by this VEE, and there is no time limit for this clause, the ban is permanent. These kinds of stipulations can be viewed as rigid, yet the panel understands that they work well for EAEVE.

### **Panel recommendations**

1. Review and revise the EAEVE's Policy on Quality Assurance to capture all elements listed under the guidelines of ESG 3.6, including communication with public authorities where EAEVE conducts business and establishment of the status and recognition of the institutions with which it conducts external quality assurance.
2. CIQA shall look into the different decisions proposed by visitation teams and decisions actually made by ECOVE and propose measures to address the gap.

### **Panel conclusion: compliant**

## ESG 3.7 CYCLICAL EXTERNAL REVIEW OF AGENCIES

Standard:

Agencies should undergo an external review at least once every five years in order to demonstrate their compliance with the ESG.

### Evidence

This is a third EAEVE external review against its compliance with the ESG, the previous ones were conducted in 2013 and 2017. The 2018 ENQA panel report paved the way to the [full] membership in ENQA and listing on EQAR.

As requested by the ENQA Board, the agency submitted its follow up report in April 2020. It covered four standards, namely: ESG 3.4 (Thematic Analysis), ESG 2.1 (Consideration of internal quality assurance), ESG 2.5 (Criteria for outcomes), and ESG 2.7 (Complaints and appeals) and also suggestions for further development offered in relation to three standards – ESG 3.1 (Activities, Policy and Processes for Quality Assurance), ESG 3.5 (Resources), ESG 2.4 (Peer-review Experts), and ESG 2.7 (Complaints and appeals). In cases where the agency did not follow the panel recommendations to the full extent, it provided the arguments. The ENQA Board approved the follow-up report as communicated through its letter of 13 October 2020.

In addition, the ENQA Board advised the agency to use the provision of the follow-up visit. It was accepted. The visit took place in 2020. As per ENQA procedure, there is a conversation between the agency and the [small] panel of experts conducted, but there is no expert report produced after it.

Since 01/04/2018 EAEVE has been registered on the EQAR. Until now the agency submitted two substantive change reports (dated 24/03/2021 and 02/07/2021). These reports were both approved; at the same time, the Register Committee used the opportunity to highlight standards which should be emphasised by the external review; consequently, they were included in the tripartite ToR for the present review and are addressed in this report.

### Analysis

EAEVE is subject to the external review once every five years. The agency complied to a large extent with the recommendations of the previous ENQA panel and submitted its follow-up report even ahead of time – instead of May 2020 it was done in April 2020. The follow-up report is very detailed, spanning over 44 pages. The level to which EAEVE implemented the ENQA panel and Board's recommendations of 2017/2018 review differs, as presented in respective parts of the present report. Yet, EAEVE did use the opportunity to reflect and look into all recommendations and suggestions for improvement. EAEVE is fulfilling its obligations to file substantial changes reports to the EQAR.

In the next progress report, the agency is advised to clearly address all recommendations and suggestions for improvement in a structured manner, following the ESGs. It is important to note that while on the surface ESGs may appear somewhat repetitive, yet each standard and guidelines, even if covering similar things, have in focus different aspects which should not be missed. Reflecting on internal agency changes that happened over time in terms of how they relate to specific ESG might also promote better understanding of the relevant expectations and, eventually, might contribute to better alignment to them as well.

**Panel conclusion: compliant**

## ESG PART 2: EXTERNAL QUALITY ASSURANCE

### ESG 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE

Standard:

External quality assurance should address the effectiveness of the internal quality assurance processes described in Part I of the ESG.

#### 2018 review recommendation by ENQA panel

“The technique suggested and provided by the ESEVT SOP for assessing the ESG 2015 Part I should be reviewed to make it more fit for purpose and in order to avoid misconceptions and either overlaps or omissions. Instead of seeing the ESG 2015 Part I as an add-on feature of quality assurance, it is recommended to integrate the ESG 2015 Part I standards and guidelines holistically and directly into the other standards provided in the ESEVT SOP concepts and hands-on templates for writing SERs and evaluation reports. This may render better services to developing and assessing quality and quality assurance policies and practices of higher education institutions.”

#### 18/03/2021 EQAR’s RC recommendation

The next external review of EAEVE should address the major shift in EAEVE’s updated standards and procedures adopted in 2019 and further amended in 2020 in detail and analyse how effective the new approach is in addressing the standards of ESG Part I in practice.

#### Evidence

The present ESEVT SOP dates 2019 (with two amendments as explained below); prior to this, the SOP version of 2016 was valid. Following information in EAEVE’s follow-up report to ENQA (2020), amendments to the SOP are initiated at approximately two to three-year intervals and, after extensive input from relevant stakeholders, are always signed off at an EAEVE GA. During the period of the last five years, covered by the present ENQA review, there have been several revisions of the SOP, developed by the permanent working group, and endorsed as follows:

- Chapter 2 (ESEVT Evaluation process) and Chapter 3 (ESEVT Standards for accreditation) have been approved by the EAEVE General Assembly (30 May 2019) and by the FVE Board (8 April 2019).
- The annexes 4 and 6-18 have been approved by the EAEVE Executive Committee (29 May 2019).
- Chapter 2 (ESEVT Evaluation process) and Annexes 12, 13 and 17 were amended in December 2020.
- Chapter 2 (ESEVT Evaluation process) and Annexes 5, 6, 7, 9, 17 and 18 were further amended in September 2021.

As explained in the Annex 17 of the SOP, the version which was amended in September 2021 is valid for all types of Visitations performed after September 2021. However, a VEE may choose which SOP is valid for its visitation if an agreement for a specific visitation has been formally signed with the EAEVE Office before September 2021; information on those provisions is expected to be mentioned both within the SER and in the Visitation Report. There is a further provision that any RV will be completed under the SOP which was used for the relevant FV. However, the IR (as described in the SOP 2019) is valid for all VEEs independent of the date of their last visitation.

Institutions are expected to produce a SER which follows closely the structure of ESEVT Chapter 3 Standards for Accreditation, the template and the guidelines are contained within Annex 6 of the SOP.

While preparing for the ENQA review, EAEVE engaged in a mapping exercise that provided evidence on how 10 areas of the standards under SOP align to ESG Part I (given in Map 3 of the SAR). This resulted in multiple correlations, which were checked by the panel; in addition, the panel identified several other mapping areas, not indicated by the agency. The outcome of the exercise is presented in the table below.

<b>ESG</b>	<b>ESEVT Standards</b>
I.1 Policy for quality assurance	Area 1: Objectives, Organisation and Quality Assurance policy (Standards 1.1; 1.2; 1.3; 1.4; 1.5, 1.6, 1.7) Area 8: Student assessment (Standards 8.1)
I.2 Design and approval of programmes	Area 3: Curriculum (Standards 3.1; 3.2; 3.3; 3.4)
I.3 Student-centred learning, teaching and assessment	Area 3: Curriculum (Standard 3.2; 3.5; 3.6; 3.7) Area 8: Student assessment (Standards 8.1; 8.2; 8.3; 8.4; 8.5) Area 10: Research programmes, continuing and postgraduate assessment (Standards 10.1; 10.2; 10.3; 10.4)
I.4 Student admission, progression, recognition and certification	Area 7: Student admission, progression and welfare (Standards 7.1; 7.3; 7.5) Area 8: Student assessment
I.5 Teaching staff	Area 1: Objectives, Organisation and Quality Assurance Policy (Standard 1.2) Area 9: Academic and support staff (Standards 9.1; 9.2; 9.3; 9.4; 9.5)
I.6 Learning resources and student support	Area 2: Finances (Standards 2.1; 2.2; 2.3) Area 4: Facilities and equipment (Standards 4.1; 4.2) Area 5: Animal resources and teaching material of animal origin (Standards 5.1; 5.2; 5.3) Area 6: Learning Resources (Standards 6.1; 6.2; 6.3) Area 7: Student admission, progression and welfare (Standard 7.4; 7.7; 7.8)
I.7 Information management	Area 3: Curriculum (Standard 3.2; 3.3) Area 5 Animal resources and teaching material of animal origin (Standard 5.4)
I.8 Public information	Area 1: Objectives, Organisation and Quality Assurance policy (Standard 1.4, 1.5; 1.6) Area 7 (Standard 7.6)
I.9 On-going monitoring and periodic review of programmes	Area 1: Objectives, Organisation and Quality Assurance policy (Standard 1.3; 1.6) Area 2: Finances (Standard 2.3) Area 3: Curriculum (Standard 3.3; 3.4)
I.10 Cyclical external quality assurance	Area 1: Objectives, Organisation and Quality Assurance policy (Standard 1.7)

*Table 1 comparison of the 10 ESG Standards and the 10 ESEVT Areas and Standards*

Amongst a total 18 annexes of the SOP, several stand out in terms of their relevance content-wise to institutions, specifically:

- Annex I of the SOP cites the Article 38 of the EU Directive 2013/55/EU;

- Annex 2 contains the List of subjects and Day One Competences;
- The ESG in their entirety (Parts 1, 2 and 3) are included as Annex 3 of the SOP 2019, however, this annex quotes the ESG of 2005, rather than a current version adopted by European Ministers in their conference on 15 May 2015 (contra to what the text in subtitle of the annex says), which is an error and needs urgent rectification.

Guidelines under this standard expect that external quality assurance recognises and supports institutional responsibility for quality assurance. As an example of a useful result of joint efforts the Report of the ECCVT Expert Working Group on the Impact of Digital Technologies & Artificial Intelligence in Veterinary Education and Practice (adopted by ECCVT on 28 September 2020) was presented to the review panel. Among others, the Director of ESEVT contributed to it. Talking to the agency and VEE representatives, the panel saw that the content and conclusions of the report were of great interest to EAEVE's members. Indeed, the development of new teaching strategies by VEEs including digital technologies, artificial intelligence (AI), distance learning and soft skills is listed as the first key challenge for the future in the SAR of EAEVE.

The SAR details how the standards and guidelines of the SOP are the means by which the ESEVT assesses the compliance of a VEE with part I of the ESG 2015. Since the previous review, work had been carried out to integrate of the ESG part I standards and guidelines holistically into all of the standards provided in the ESEVT SOP and the SERs and evaluation reports of EAEVE. This has been a significant step in working with the recommendation of the last review which addressed the integration of quality across the 10 areas assessed during ESEVT accreditation and the standards of ESG Part I.

Comprehensive training was put in place after the last ENQA review for VEEs in all of the eight EAEVE Regions to ensure understanding of the importance of QA within the Standards in each of the 10 Areas due to be assessed by the ESEVT team during a visitation (the outline of the training course content is included in the SAR, Annex 9).

In the SER the VEEs outline how the elements of Part I are embedded in their policies on education and quality management. All of the 10 Areas of the ESEVT SOP have relevant Standards with QA processes woven into their policies and deliverables, which, as the ESEVT "Rubrics", are set out in Annex 8 of the SOP. It was noted that the 10 ESEVT Areas and their 55 constituent standards are also designed to assess the teaching and facilities related to a clinically related professional course such as veterinary medicine.

## **Analysis**

Chapter 1 of the SOP contains a rather short and dry statement that there are two basic documents – the EU Directive 2013/55/EU (amending the previous one 2005/36/EC) and the ESG approved at the 2015 Ministerial conference. It may appear as a given that the ESEVT SOP rests on the principle that institutions are primarily in charge of their quality and that during visitations effectiveness of the internal quality assurance processes is addressed, however, the panel missed this clear statement from the SOP. On the contrary, on the surface it appears that the SOP places greater emphasis on the ESEVT Evaluation process (it is described under Chapter 2), rather than standards for VEEs which are contained further in the text (included under Chapter 3 and several annexes). To the panel's view, if EAEVE holds that quality starts with institutions and is owned by them, which the panel believes is the case, then this idea should be more clearly conveyed, including re-arrangement of the order of chapters and annexes of the SOP.

Decision making on which version of the SOP is relevant to a specific visitation at a given moment of time is unnecessarily complex. While it provides for a certain choice for a VEE, institutions themselves admitted it is rather confusing. EAEVE also acknowledged that running procedures under different SOPs at the same time creates complication for the secretariat to navigate between documentation

and processes. The panel advises EAEVE to stick to the latest version of the SOP which is valid at the moment of signing an agreement with a VEE, and all subsequent procedures (i.e., RV, IR) shall be informed by the latest SOP. After all, quality is about being relevant to the present-day expectations, not the requirements of the past.

The panel understands that currently the SOP quote in annexes relevant passages of the EU Directive 2013/55/EU, also the Day One Competences, and the entire ESG for the convenience of institutions, to have all most important references in one place. However, Annex 3 needs to be urgently updated to include the ESG 2015 rather than the ESG 2005.

The integration of the ESG in the SOP 2019 (with two amendments) is described below.

### **1. Policy for quality assurance**

The ESEVT SOP outlines the principal aim in setting standards and evaluating the VEE against these (chapter 3) which include the need to ensure that the VEE operates permanent QA and quality enhancement mechanisms. Area 1 of the ESEVT SOP (of the 10 areas assessed – see Map 2) embraces institutional objectives, organisational design and quality assurance policy. Standard 1.4 (of 7 standards within area 1) outlines the requirement for the VEE to have a policy and associated written procedures for the assurance of the quality and standards of its programmes and awards, while also committing to the continual development of a quality culture and the implementation of a strategy for continuous enhancement of quality. It is clearly stated that this must include roles for internal and external stakeholders. Standard 1.6 commits the VEE to monitor and periodically review its activities to ensure they are achieving institutional objectives and are responding to the needs of students and society. Such reviews should be made available to all stakeholders. Standard 1.7 outlines the necessity for the VEE to undergo external review through the ESEVT on a cyclical basis to assure of the links between ESEVT evaluations and a continuous quality assurance process.

### **2. Design and approval of programmes**

The design, approval and subsequent review of study programmes that are delivered by the VEE are assessed under ESEVT Area 3. It is clearly stated that programme learning outcomes must be regularly reviewed, managed and updated to ensure they remain relevant, adequate and are effectively achieved. Standard 3.4 is the key section from a QA perspective. The VEE must have a formally constituted committee structure with effective student representation and clear reporting lines, to oversee and manage the curriculum and its delivery. Clear examples of how the VEE might not be compliant with this standard are flagged in Appendix 9 (SAR) including for example where periodic reviews might suffer from a lack of input from a range of stakeholders. It is clearly articulated that there must be evidence of effective communication between the team responsible for QA and those responsible for developing and reviewing the curriculum where these are separate in the organisational design. An important part of the programme at most VEEs is “External Practical Training (EPT)” or “Extra-Mural Studies (EMS)”, both of which refer to undergraduates spending time away from the VEE to gain experience within a wide range of veterinary related providers such as Farms, Abattoirs, Clinics, Government institutes etc. Where EPT is widely utilised within a programme, the ESEVT team need to assess the QA mechanisms in place to ensure a similar quality/standard of provision for a particular skill /training across the range of providers.

### **3. Student-centred learning, teaching and assessment**

The evaluation of student-centred learning, teaching and assessment is assessed under areas 3 (curriculum), 8 (student assessment) and 10 (research programmes, continuing and postgraduate education). Through student representation on relevant committees that deal with curriculum development and quality assurance (standard 3.3), students are involved in curriculum management and quality assurance of teaching and assessment. The VEE is required to 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 (Standard 8.4).

A significant amount of learning is undertaken outside the VEE. Standard 3.7 of ESEVT indicates that students must take responsibility for their own learning during EPT and outlines key aspects of this approach including for example that students should prepare appropriately for each placement, keep a proper record of their experience by using a logbook provided by the VEE, and evaluate the EPT. Mechanisms are in place for students to complain officially and/or anonymously about issues occurring during EPT. Given that EPT is undertaken out with the VEE, the significance of a robust quality assurance mechanism is highlighted in the requirement for the VEE to have a system of QA to monitor the implementation, progress and then feedback within the EPT activities. The requirements of the partnership between EPT providers, the VEE and the student is conveyed through standard 3.6 which promotes ongoing evaluation and feedback on the EPT programme and on student performance. The VEE must have a designated academic staff member responsible for supervision of the EPT.

Area 8, through its five standards, requires the VEE to have a robust approach to the quality assurance for assessment. Thus, the VEE must demonstrate i) clear lines of responsibility for the assessment strategy that ensure an overall coherent assessment regime and have processes in place to review and change the strategy; ii) timely publication of assessment tasks, grading criteria and pass thresholds alongside commitments to timely feedback to students; iii) have a formal and explicit appeals process for students. The requirement for programme learning outcomes to form the basis of assessment design is foregrounded (standard 8.3).

The SAR recognise that the SOP used by ESEVT does not explicitly define QA within research programmes, continuing and postgraduate education (area 10, annex 9), while highlighting that this area is highly important for the ESEVT visitation ensuring that training is research based and that students have the opportunity to engage in research activities. Area 10 standard 10.2 supports this statement in that the VEE must evidence that all students are trained in relevant scientific method and research techniques and have opportunities to participate in research programmes.

#### **4. Student admission, progression, recognition and certification**

Under Area 7 (Student admission, progression and welfare) VEEs are expected to have and publish regulations that cover all aspects of the student "life cycle". Information shall be accurate and complete both for prospective national and international students. Proper documentation to be issued to a student is covered under Area 8 (Student assessment). Beyond those provisions, there are no expectations clearly laid that 1) recognition shall encompass full qualifications obtained abroad, recognition of prior learning (RPL) and credit transfer; 2) institutional practice for recognition must be in line with the principles of the Lisbon Recognition Convention; 3) cooperation should take place with other institutions, quality assurance agencies and the national ENIC/NARIC centre with a view to ensuring coherent recognition across the country. Thus, at the moment the SOP only partially covers what is expected by ESG 1.4. EAEVE is encouraged to get acquainted with effective practices of other quality assurance agencies in EHEA and results of designated projects.

#### **5. Teaching staff**

The SOP (area 9, academic and support staff) describes five standards that refer to VEE responsibilities for ensuring the quality of staff and the provision of a supportive and developmental working environment (ESEVT, chapter 3). In summary i) the VEE 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 their recruitment and development. ii) The total number, qualifications and skills of all staff involved with the programme, must be sufficient and appropriate to deliver the educational programme and fulfil the VEE's mission and there must be a procedure in place

to assess the teaching competence of staff involved. iii) Staff must be given opportunities to develop and extend their teaching and assessment knowledge and the VEE must clearly define systems of reward for teaching excellence. iv) There should be comprehensive programmes for the professional growth and development of staff and explicit promotion criteria. Staff must have the opportunity to contribute to the VEEs direction and decision-making processes. v) A system for assessment of teaching staff must be in operation and must include student participation.

These standards provide a comprehensive framework for the recruitment of appropriately qualified staff, staff development, opportunities for professional development including in pedagogy and discipline specialisations, while encouraging scholarly activity and innovation in teaching and the use of new technologies. This indicates the requirement for VEEs to have a comprehensive approach to staff development and continuous improvement which is enabled by systems for evaluation of teaching staff which includes student participation, and appropriate feedback mechanisms. The VEE must provide evidence of formal training for all staff involved with teaching including in teaching and evaluation practices, learning and e-resources and quality assurance procedures, and have established criteria and transparent procedures for the promotion of staff, while formal appraisal and information mentoring procedures must be in place. Thus, the SOP covers what is expected by ESG 1.5.

## **6. Learning resources and student support**

The expectations of ESG 1.6 are covered across 4 areas of the ESEVT SOP (2, 4, 5, 6) and their associated nineteen standards. Allocation of funds must be regularly reviewed to ensure that available resources meet requirements and analysis of risk must inform the planning. For many VEEs, the relationship with a 'higher' university body is significant in this regard as to whether or not the VEE has complete control of their finances as an autonomous body. The SOP requires that finances must be demonstrably adequate to support the VEE in meeting its mission and achieving its objectives (area 2). Furthermore, it is specifically mandated that clinical and field services are incorporated as instructional resources, with a clear statement on the requirement for teaching needs to take priority over self-sufficiency of clinical services.

Specific expectations for learning resources are elucidated in area 6, which also incorporates the need to ensure that where programmes are provided in several tracks / languages, learning resources must be available in all used languages. Standard 6.3 mandates that students must be provided with unimpeded access to learning resources, internet and internal study resources that are appropriately aligned with pedagogical approaches and the learning outcomes of the programme. The VEE must also have in place mechanisms to evaluate the impact of changes in learning resources provision (6.3).

Area 4 addresses facilities and equipment to provide an environment conducive to learning. There is comprehensive coverage of the requirements for appropriate and up-to-date physical infrastructure including animal housing facilities, alongside the importance of having strategies in place for maintaining and upgrading these as well as equipment related to learning.

Animal resources and teaching material of animal origins are significant considerations in delivering an effective veterinary degree programme (Area 5). There are clear criteria and defined indicators (SOP, Annex 4) which VEEs must address in order to be accredited, with monitoring required on a yearly basis for ensuring the adequacy of provision, and where there are gaps, the approach to correction.

Area 8 outlines the approach to support staff recruitment and development, highlighted in ESG 1.6 to ensure effective support services (see above, 1.5).

## **7. Information management**

The grid used for mapping the ESG standards against the ESEVT SOP indicates that information management is addressed under area 3, curriculum. It is not clear that area 3 comprehensively



addresses the requirement for the VEE to collect, analyse and use relevant information for the effective management of their programmes. However, across almost all of the areas in the SOP, there are comprehensive sets of data collected for use in the management and continuous improvement across delivery of the programmes e.g., student progression, student feedback on their programme and learning resources, assessment information. In addition, the indicators which set specific thresholds for staffing, access to clinical material and clinical training in some detail, ensure the relevant input factors to support a good student experience are in place.

## **8. Public information**

The VEE public information must note the ESEVT VEE status, and publish the last self-evaluation and visitation reports, and the strategy for continuous enhancement on the website (standard 1.4). The VEE must also provide evidence that it interacts with its stakeholders and the wider society through public information that is 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 (standard 1.5). The outcomes of periodic review of activities that address achievement of objectives and responsiveness to student and societal needs must be analysed and the VEE must make public how this information has been utilised to institutional development and also evidence the involvement of both students and staff in the use of the information for continuous improvement (1.6). There is also a requirement to make public the VEE's policies for managing appeals against decisions made that affect students and prospective students (standard 7.6).

## **9. On-going monitoring and periodic review of programmes**

The expectations of ESG 1.9 for ongoing monitoring and period review of programmes to ensure they achieve the objectives set and the respond to the needs of students and society are addressed through areas 1 (objectives, organisation and quality assurance policy; standards 1.6) and 3 (curriculum) and area 10 (research programmes, continuing and postgraduate education) and addressed in part in sections 1.1 and 1.2 above.

## **10. Cyclical external quality assurance**

Each VEE must undergo external accreditation on a cyclical basis – previously every ten years, now every seven years. The visitation process is the means by which this occurs. Each of the 10 areas is the responsibility of an individual visitation team member to establish if the degree granted by the visited VEE is compliant with the relevant standards (55 in total) within that Area. There are a series of visitations (depending on whether or not the VEE has been visited previously) to support written reports. The visiting team checks the accuracy of the information provided, meets students, staff, representatives of the national veterinary associations and other stakeholders and can request any missing information. The team chair writes the draft Visitation Report in collaboration with the other members of the team. The Visitation Team is responsible for making a unanimous and unambiguous statement on the adequacy of the VEE against each of the 55 ESEVT Standards, i.e., compliant, partially compliant or not compliant. The report of the visitation team is presented to the ECOVE who have the final authority to make a decision on the accreditation status.

The panel concludes, as described in detail above, that the ESEVT SOP standards sufficiently encompass the internal QA processes as described in the ESG Part 1. Therefore, the EQAR recommendation is also addressed.

As mentioned, the panel had access to materials of Educational Days and can confirm the diversity and breadth of their agenda. Throughout the visit the panel heard of the usefulness of Educational Days to VEEs and experts. This is a great way for EAEVE members to support each other.

The panel notes that the ECCVT report on digital technologies and AI in veterinary education and practice is based on the literature review on the topic and its own expert assessment, though EAEVE's visitation reports are not cited as a source. As such, it cannot be accepted as a piece of evidence towards EAEVE meeting expectations of ESG 3.4. However, this fact in no way diminishes the significance of reflection on the chosen theme, in particular for VEEs and EAEVE as an association serving its members having to respond to the current day developments in teaching strategies since in the end it does bear direct influence over the quality of veterinary education provision and acquisition of Day One Competences by each student. This report is seen by the panel as a piece of evidence on how EAEVE supports institutional responsibility for quality assurance and engages with its membership.

#### **Panel commendations**

1. Educational Days are a great forum for EAEVE membership to support each other.

#### **Panel recommendations**

1. Amend Annex 3 of the SOP to include the text of ESG-2015.

#### **Panel suggestions for further improvement**

1. EAEVE together with FVE and other stakeholders is advised to review the structure and content of the ESEVT SOP to more explicitly convey the guiding principles and the idea that VEEs are primarily responsible for the quality of their programmes and other provision and external quality assurance recognises and supports institutional responsibility for quality assurance.
2. The panel advises EAEVE to stick to the latest version of the SOP which is valid at the moment of signing an agreement with a VEE, and all subsequent procedures (i.e., RV, IR) shall be informed by the latest SOP.
3. EAEVE should explicitly include recognition of full qualifications, periods of study and RPL in its standards. The agency is encouraged to explore how it could contribute to the cooperation within the triangle of VEEs, ENIC/NARICs, and other organisations to promote fair recognition and admission as in ESG 1.4.

#### **Panel conclusion: compliant**

## ESG 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE

Standard:

External quality assurance should be defined and designed specifically to ensure its fitness to achieve the aims and objectives set for it, while taking into account relevant regulations. Stakeholders should be involved in its design and continuous improvement.

#### **Evidence**

The ESEVT evaluation process is the one and only procedure implemented by EAEVE. The agency retains the same key method – accreditation of VEEs through a series of visitations (preliminary, full, re-visitations) supported by following reporting obligations (called “the interim report”). The only substantial change which happened in 2020 is that consultative visitations were abolished and replaced with preliminary visitations, although their aims are basically the same – to support the institution on its way to get the full accreditation once it is ready enough to embark on the journey. Another improvement, instigated by the previous ENQA review and related to the clarified nature of this initial visiting was publishing of preliminary visitation reports.

ESEVT is voluntary for institutions, even though within the EU the activity of veterinarians as professionals is regulated. The EAEVE offers an international accreditation process by which it aspires to be recognised as the official accreditation authority for veterinary education establishments (VEEs) within Europe and worldwide. As such, EAEVE's orientation is international, even in cases when it has obtained exclusive responsibility over external quality assurance of veterinary education nationally in some selected countries.

As stated in the Chapter 3 of the SOP, ESEVT aim at setting standards, and evaluating the VEE against them, to ensure that the VEE:

- is well managed,
- has adequate financing to sustain its educational, research and social commitments,
- has appropriate resources of staff, facilities and animals,
- provides an up-to-date professional curriculum,
- provides an appropriate learning environment,
- operates a fair and reliable assessment system,
- operates permanent QA and quality enhancement mechanisms,
- demonstrates compliance with all the ESEVT Standards which when taken together provide an assurance that the veterinary degree meets the requirements of the EU Directives and the ESG recommendations, as well as ensures that its graduates will have acquired the relevant knowledge, skills and competences required for the entry level of a veterinarian.

Stakeholders were involved in the initial development of the ESEVT and drafting of the SOP, as was presented above, also recently in membership of the permanent SOP WG, which discusses the renewal of the SOP to be completed in 2023. During the visit the panel heard frequently of the importance of the relationship with the profession and the critical dialogue with practitioners.

The agency is very conscious of the accreditation costs, thus, economises and keeps them reasonable. There is no differentiation in the workload for those institutions which secured accreditation status after FV, and re-confirmed it in a RV. Expectations for institutional improvement are interwoven within ESEVT standards (e.g., by Standard 3.4 a VEE must have a formally constituted committee structure (which includes effective student representation), which shall 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). In addition, ESEVT indicators, although used by experts in a non-prescriptive way, shall be calculated so as to smooth the annual variations and to avoid 'window dressing' by temporary improvements restricted to the period of the Visitation. The template and guidelines for writing the SER (Annex 6 of SOP) call to address all standards from the point of view of factual information, comments (e.g., subjective information, current limiting factors of improvement) and suggestions for improvement (e.g., list of desired/planned/ongoing changes in descending order of importance).

The agency closely monitors publications and other sources where the EAEVE or ESEVT system is mentioned. To illustrate this, Annex II was attached to the SAR outlining every detail of where, by whom and in what specific context references were made (with quotations).

## **Analysis**

There are four types of evaluation organised in ESEVT, but it is basically within one integrated process of accreditation. At first it appeared somewhat misleading to the panel that there would be four different types of visitations as procedures, however, both during the pre-visit conversation and subsequent on-site visit, the panel clarified that all evaluations (PV, FV, RV, IR) are designed as a string of successive activities within one procedure. The agency is encouraged to more clearly communicate the essence of ESEVT evaluation to outside audiences to be properly understood as an iterative

process, since new institutions cannot opt to go straight to the full visitation without having been subject to preliminary visitation. Equally so, the re-visitiation makes no sense if there was no full visitation in the first instance. The panel is well aware that every higher education system or quality assurance system tends to use its own language which sometimes is opaque to outsiders, thus wishes to suggest the agency, when updating its website and documentation, to ask for feedback from externals (in addition to its members and stakeholders) with the aim to improve clarity of its representation to the outside world.

Despite the fact that EAEVE's accreditation extends to institutions (VEEs) and the agency argues it performs institutional reviews, the panel is of the opinion that EAEVE delivers programmatic procedures. The agency is exclusively concerned about education and training in veterinary medicine, as ESEVT standards and accreditation are focused on them. In cases when an institutional provision is more diverse, EAEVE is not looking at its entire strategies, policies, diversity of subjects and their curriculum etc.

The panel is cognisant that by definition, a QA focus on institutions versus study programmes implies somewhat different methodologies and results. Again, as described above, when negotiating with national authorities regarding the possible transfer of responsibility for regular external QA over veterinary training to EAEVE, perhaps it would be helpful to clarify this focus and lobby for the mandate not for the institutional review, but rather exemptions for the procedures aimed at veterinary studies and accreditation that pertains to such study programmes or their clusters.

The purpose of a preliminary visitation is carefully calibrated to assure that only those institutions which are sufficiently ready, start the process which would lead toward a full visitation resulting in an accreditation decision. However, it is not guaranteed that a preliminary visitation would end with a positive result. Throughout the SOP, the focus is clearly on self-reflection and improvement on the part of a VEE.

The panel realises that the agency is closely following publications in which EAEVE/ESEVT is mentioned in order to gather data towards the value of ESEVT and services by EAEVE.

#### **Panel commendations**

- I. ESEVT as a system has clearly defined noble aims with quality in its DNA.

#### **Panel suggestions for further improvement**

- I. The agency could review its written representation to external audiences to more clearly communicate the essence of the ESEVT system being a programmatic accreditation implemented via four types of successive evaluations.

#### **Panel conclusion: compliant**

### ESG 2.3 IMPLEMENTING PROCESSES

Standard:

External quality assurance processes should be reliable, useful, pre-defined, implemented consistently and published. They include:

- a self-assessment or equivalent
- an external assessment normally including a site visit
- a report resulting from the external assessment
- a consistent follow-up

## **18/03/2021 EQAR's RC recommendation**

The next external review should further pay attention to the consistency in implementation (2.3) under the new SOP.

### **Evidence**

The ESEVT process is described in detail in the SOP 2019 (amended in 2021), as was explained under ESG 2.1. The SER is mandatory both for PV, FV, and RV and is called “the cornerstone of the evaluation process”. The template and guidelines for writing the SER are included in the SOP: as Annex 6 (for FV), Annex 9 (for RV), and Annex 14 / Appendix 1 (template and guidelines for IR). As a standard, for PV, FV and RV, the preparation of the SER shall begin approximately one year before the visitation and is expected to be sent completed to EAEVE not less than 2 months before the Visitation. Requirements of the SER include succinctness (maximum 100 pages, without appendices), completeness and accuracy. Further guidance regarding formatting is given. A SER of poor quality may be considered by ECOVE as a Major Deficiency in itself – it is deemed as non-compliance with Standard 1.5. No hard copies of documents are required, EAEVE accepts electronic versions (in pdf and MS Word format); however, visitors can ask for a hard copy if that is their preference. Eventually VEEs have an obligation to publish their last SER and the Visitation Report, once the entire process is completed.

A site visit is a mandatory element of the PV, FV and RV and is aimed at establishing to what degree the VEE complies with the ESEVT standards. Only EAEVE members of “good standing” are eligible for this process. To allow proper planning, the first contact between the institution and the agency is estimated to take place not less than 14 months before the envisioned visit. Not less than 12 months before any visitation, a VEE is expected to sign an official agreement with EAEVE, which, among other, contains the commitment of the VEE to strictly respect the ESEVT SOP, with regard to the preparation and completion of the Visitation and the publication of the SER and the Visitation Report on its website as well as the websites of EAEVE and DEQAR. As described earlier, the visit duration depends upon the exact procedure a VEE follows. Institutions are obliged to directly fund and arrange travel, provide accommodation and catering for experts. The visit programme must be in compliance with the timetable and guidelines proposed in Annex 7 of the SOP.

Visitation reports are expected after each visit. All members of the Visitation Team must provide their input into all chapters; however, the Chairperson and ESEVT Coordinator jointly identify the main writer for each chapter at least 2 months before the Visitation. There are so called drafts A, B, C, and D developed before the final report is produced (cf. ESG 2.6).

None of the different visitations under ESEVT accreditation have a clear title of being attributed as a follow-up. In the SOP the term “follow-up” itself appears only when quoting the ESG, and under standards for VEEs, but not in relation to the procedure implemented by EAEVE. In its SAR, EAEVE identifies IR as its follow-up process.

The standard expects external quality assurance processes to be useful. Chapter 7 of EAEVE's SAR contains a description of the agency's understanding into which categories stakeholders fall and in which ways they are consulted in general cases and in case of their preparation for this ENQA review, but provides no statistical data and analysis of exact stakeholder opinions. During the site visit, all institutional representatives testified ESEVT was useful. In particular, talking with associate members of EAEVE located in Brazil, Japan, and Indonesia the panel learned that these VEEs had a number of options and were carefully making their choice with which regional accreditors they should associate themselves. The decisions were deliberately made in favour of Europe with its ESEVT and evaluation based on the ESG. Representatives of VEEs were acutely aware of different available approaches; they

all mentioned preparation for EAEVE's visitations was challenging and time consuming but worthwhile and held ESEVT and EAEVE in high regard.

### Analysis

EAEVE follows the external QA model as established by this ESG standard. A particular feature is that the follow-up is integrated in the accreditation process as IR, but also as a RV. The former appears to serve a twin purpose of providing an update on the major changes (in each ESEVT Standards since the previous SAR) and also to report on improvement (progress in the correction of Major Deficiencies (if any) and of Minor Deficiencies and plans for the near future). The RV does not show up in the cycle of steps within a procedure that EAEVE drafted for the SAR, and the panel regards this as an omission, since otherwise RVs have no place within the structure. Therefore, in the panel's view, the procedure, implemented by EAEVE can be translated into the language of ESG as follows:

<b>ESG 2.3</b>	<b>ESEVT Evaluation process</b>
a self-assessment or equivalent	Self-evaluation Report [for member VEEs] / Application and Preliminary Self-evaluation Report [for new VEEs]
an external assessment normally including a site visit	Consultative visitation [prior to 2020] / Preliminary Visitation [2020 onwards], Full Visitation
a report resulting from the external assessment	Visitation Report
a consistent follow-up	Re-Visitation, Interim Report

There are major milestones in terms of timing and output which are clearly defined by the SOP. Templates are developed for convenience of VEEs and visitation teams.

The text under ESG 2.3 calls for external quality assurance processes as implemented by the agency being reliable, useful, pre-defined, implemented consistently and published. The panel is of the opinion that EAEVE is in line with these expectations.

### Panel recommendations

- I. When updating the SOP, in order to achieve greater transparency between the ESEVT accreditation procedure and the ESG model, provide clear references as to how the ESEVT corresponds to the ESG in terms of the terminology, in particular for the follow-up.

### Panel conclusion: compliant

### ESG 2.4 PEER-REVIEW EXPERTS

Standard:

External quality assurance should be carried out by groups of external experts that include (a) student member(s).

### Evidence

EAEVE's visitations are implemented by international teams. The ESEVT Expert Application [form] and Acceptance Procedure was last revised in 2018-2019 and approved by ExCom on 31 January 2019. It is published on the agency's website. To become an EAEVE expert, one can be nominated or self-nominated, in that case a support letter from the VEE's Head (or, for practitioners, from the FVE Board) is required. Expert calls are announced by EAEVE and ECCVT (for practitioners). All experts

sign declarations on the absence of conflicts of interests and the commitment to act in accordance with the Code of Conduct (Annex 15 of the SOP). Institutions can request replacement of experts on the basis of conflicts of interests, those concerns shall be addressed to ECOVE.

Self-nominations are not automatically accepted, there are three more steps in the process before one is included in the visitation team. Firstly, the EAEVE Office requests advisory opinions from the ESEVT Coordinators' Group. Secondly, a decision of acceptance is made by the President of EAEVE and the Director of ESEVT. Thirdly, an invitation is sent to the candidate to follow the E-learning course for ESEVT Experts. This E-learning course includes testing knowledge of the EAEVE Code of Conduct, the ESEVT SOP, and the inbuilt QA and ESG principles embedded within the SOP. EAEVE experts with whom the panel spoke testified of the rigorousness of the approach and the difficulty in passing the E-learning course. Student experts follow a similar selection and testing procedure except it is IVSA which administers a call for student applications four times a year. Other steps in the process are similar to the academic and labour market representatives on the panels. New experts work under the guidance and supervision of the ESEVT Coordinator.

For the FV, EAEVE appoints a team of eight individuals/experts with different backgrounds and skills. For other types of visitations, teams are smaller (cf. EAEVE'S Functions, Activities, Procedures). The current pool of EAEVE's experts includes a total of 180 Experts (124 male / 56 female). The list of ESEVT experts, with information on country and organisation represented, both academics and practitioners, with an area of expertise indicated, is published on the website (updated 10 October 2022). Annual summaries of EAEVE's activities also contain statistical data on experts, more specifically on their gender, profile (such as experts of basic sciences, experts of clinical sciences (companion animals or food producing animals), experts of food safety and quality, of QA), category (practitioners, students), and also the number of ESEVT coordinators.

In 2017, EAEVE introduced a Competency Framework for ESEVT Experts which was informed by ENQA's QA professional competencies framework and other sources. The practical implication of this is that the competency framework is linked to the E-learning training course, and presence of these competencies is assessed by a Multiple-Choice Questionnaire. Another consequence is that based on this framework, a diversity of competencies is expected to feature on the panel.

At the beginning of the visitation all experts are given an extensive ppt which explains the links between the ESEVT Standards and the ESG, any recent amendments to the ESEVT SOP, and other supplementary important information. In addition, as stated in the SAR, a series of webinars for all ESEVT experts has been initiated, the agency plans to hold them yearly. After the visit, there is a confidential post-visitation questionnaire filled (Annex 16a of the SOP).

Students are included in the panels; their contribution is clearly mentioned on the cover page of a visitation report. The number of eligible students in 2019 was twelve, six in 2020, and eleven in 2021. There is a special promotional video created, aimed at students as potential visitation team members.

## **Analysis**

The expert selection procedure is transparent and well defined. Being a European level quality assurance agency, EAEVE operates with international panels exclusively and is worth praising for the diversity of expertise on its teams in terms of seven identified competences and geographical representation as well. The current pool of experts seems to be fit for the needs of ESEVT accreditation.

Still, as in all subject specific communities, there is a danger of closeness and 'group think' which may stifle innovation and lead towards more lax views in judging peer performance. Therefore, the decision to take a quality assurance specialist on board, not necessarily coming from the veterinary education community, is a wise move. The agency is encouraged to continue with this approach.

The procedure for signing declarations regarding absence of conflicts of interests is well established. However, there is currently no requirement for the duration of absence of conflict of interests prior to the review mentioned in the statements. The panel suggests to explicitly include a period (e.g., 5 years) for having no connections (including e.g., positions as a consultant or guest lecturer) with the VEEs prior to the review.

EAEVE is commended for the rigorous approach to expert training. Experts are essentially required to self-prepare for the passing of the E-learning course, which was said to be very demanding – not all experts pass all questions from the first time. This preparation is then complemented by training offered by the agency which seems to be effective.

The panel looked specifically into how student experts are selected and treated on the panels. The SAR notes that a student member is regarded as an equal partner with the other members of the accreditation team and plays a full role in decision making. Student experts with whom the panel talked confirmed this is the case. Given the number of yearly procedures to be implemented, the number of eligible student experts currently is just enough, but running tight. EAEVE may wish to expand its pool of student experts to always guarantee replacement in case this is needed. While the difficulty in attracting students was cited both by students themselves and other members of EAEVE, the agency is encouraged to think of creative ways to address the issue, together with VEEs, with additional encouragement and incentives / rewards.

#### **Panel commendations**

1. The agency implements ESEVT accreditation procedures exclusively with international panels.
2. A rigorous approach is applied towards expert training, consisting of self-training and training offered by EAEVE.

#### **Panel suggestions for further improvement**

1. The agency is encouraged to continue in its efforts to attract quality assurance professionals outside of the veterinary education and training community, with the aim to expand the expert pool and to further increase its diversity.
2. To assure the necessary pool of student experts, EAEVE should think of creative ways to address the issue, together with VEEs, with additional encouragement and rewards.

#### **Panel conclusion: compliant**

### ESG 2.5 CRITERIA FOR OUTCOMES

Standard:

Any outcomes or judgements made as the result of external quality assurance should be based on explicit and published criteria that are applied consistently, irrespective of whether the process leads to a formal decision.

#### **2018 review recommendation by ENQA panel**

“The panel iterates the recommendation given under ESG 2.1 above. EAEVE is strongly advised to review its template for experts’ reporting, in addition to reviewing its template for drafting the SERs, in order to align the template content to the quality criteria (rubrics) laid out in the SOP chapters, and to do so by integrating ESG 2015 Part 1 (standard 11 of the SOP 2016) holistically into the quality assessment criteria presented in standards 1 – 10 of the SOP 2016



in order to both avoid undue overlap and promulgate better understanding of the quality concepts fostered by ESG 2015 Part I.

While the panel is convinced that having done so will suffice to make sure that all reports explicitly cover all quality parameters in a more holistic and systematic way, the panel advises to check more intensely that this is in fact the case.”

### **18/03/2021 EQAR’s RC recommendation**

The next external review should further pay attention to the decision-making on outcomes (2.5) under the new SOP.

### **Evidence**

Standards for accreditation are laid in Chapter 3 of the SOP, accompanied with indicators and an explanation of their calculation, contained in Annex 4 of the SOP. On the website, current and older versions of the SOP (i.e., SOP of May 2019 as amended in December 2020 and September 2021; SOP May 2019, SOP May 2016) are published, older documents from 2008 till 2012 are available upon request. Types of ECOVE’s decisions are listed in their Rules of Operation, publicly available via the website.

As to the first ENQA panel 2018 recommendation, the SOP in substance was renewed by removing Standard 11 and integrating its QA principles into the remaining 10 Standards (called Areas); the number of the Sub-standards (so-called “Rubrics”) was also diminished, as stated in the EAEVE Follow-up Report. As was already written, there is a working group in charge of drafting the next version of the SOP, the panel spoke to some members of the group.

The panel reviewed a sample of the Visitation and Re-visitation reports that are published on the EAEVE website. The Visitation reports are written according to the SOP that are deemed valid for the visitation and follow the guidelines and standards. After a short introduction these reports are structured according to the SOP standards, followed by the ESEVT Indicators and Rubrics, an Executive Summary and Glossary. The chapters on the standards are subdivided in sections with details on each substandard, comprising findings, comments (if relevant), suggestions for improvement (if applicable) and the ECOVE decision on compliance with the substandard. The Executive Summary gives an overview of commendations (areas worth of praise), minor deficiencies (areas of concern) and major deficiencies (item of non-compliance with ESEVT standards). The report concludes with the overall ECOVE decision (accreditation, conditional accreditation, pending accreditation, no accreditation). One or more Major Deficiencies result in a re-visit. The re-visitation reports are basically structured along the same lines as the visitation reports but focus exclusively on the areas in which Major and Minor Deficiencies have occurred. For Major Deficiencies a decision is made on whether the Major deficiency has been fully corrected. The report ends with an overall ECOVE decision (accreditation if the Major deficiencies have been corrected or non-accreditation if this is not the case).

In the SAR, EAEVE refers to two types of judgments made – by ESEVT teams and by ECOVE – and separately gives analysis on both. While the agency is convinced the decision making between expert teams and the ECOVE works well, the problematic area cited by EAEVE is in the possibility provided to VEEs to choose the preferred version of the SOP against which the institution should be evaluated. There are at least two situations in which such a clash may arise: 1) any Re-visitation will be completed under the SOP which was used for the relevant Full Visitation (as foreseen in Annex 17 of the SOP); 2) at the moment when a VEE applies for accreditation, one version of the SOP may be valid as opposed to the moment the actual visitation is carried out – especially considering the delays caused by COVID-19. As mentioned earlier, this results in multiple SOPs being applied at the same time, also slightly different sets of criteria being used, and differences in reports as well.

As was explained in the chapter on ESG 3.3 and specifically regarding independence of formal outcomes and elsewhere in this report, decisions are predefined. As per the SOP, the VEE may be found compliant, partially compliant (in case of one or several Minor Deficiencies) or not compliant (one or several Major Deficiencies) with the relevant ESEVT Standard. The Glossary at the end of the SOP contains the following definitions:

- Major Deficiency: a deficiency that significantly affects the quality of education and the VEE's compliance with the ESEVT Standards;
- Minor Deficiency: a deficiency that does not significantly affect the quality of education or the VEE's compliance with the ESEVT Standards.

In the SAR and during meetings, the agency explained that consistency of the application of criteria was ensured by multiple instruments, ranging from expert training to expertise of individuals involved in all processes, including ESEVT teams, ECOVE and CIQA.

While the decision by ECOVE is based on the report of the ESEVT team, they both have input into the finalisation of the report (c.f. ESG 2.6), where ECOVE is the one which can make amendments on the team's judgments and has the upper hand in all cases. Statistics, provided by the agency in the SAR indicated that between September 2017 to March 2022, ECOVE examined 85 ESEVT Visitation Reports and accepted 44 Visitation Reports as they stood, but in 26 cases changed the outcome of the ESEVT Report. The panel was curious about the impact these changes had on institutions. From additionally requested data, which was received during the visit, the panel learned that out of the 70 reports that have been submitted to ECOVE (for Visitations that took place between September 2017 – January 2022), 11 were amended resulting in a change of the VEE's status; 15 were amended without effect on the VEE's status. In all 11 cases it was a "downgrade" (in four cases from full to conditional accreditation, in seven cases from conditional to non-accreditation).

The panel in particular looked at the clarity of distinction between what makes a Minor vs. Major Deficiency (as the latter results in non-compliance with standards) and asked multiple groups of interviewees how they understood the concepts as there was no definitive list of those. It was said that a Major Deficiency was the one which prevented achievement of Day One Competences. In addition, the panel learned that the Thematic analysis of 2016-2019 in many cases served as a very important reference source in decision making to discriminate between Minor and Major Deficiencies and in passing the final judgments.

## **Analysis**

The ESEVT criteria are explicit and published. As was already mentioned, the SOP was revised in a wide consultative process, and a further revision is under way. However, the application of multiple SOPs at the same time creates an unnecessary level of complication for everybody involved – from a VEE, to the Office, to the ESEVT teams and ECOVE. This is counter-productive and indeed is recommended to be abolished. This could mean that some of ESEVT team / ECOVE recommendations may not be fully applicable at the moment of the re-visitation (if that is organised against the current set of the accreditation standards) or interim report, yet staying up-to-date, relevance of external quality assurance and its impact on the present-day compliance are more important than alignment to expectations of the past.

The panel saw efforts by EAEVE to address the ENQA 2018 recommendation. Yet, full integration of the ESG and the SOP standards seems to be a hard task. This is attested by the fact that the ESG are included separately as Annex 3 of the SOP, as are excerpts of the Directive 2013/55/EU (Annex 1 of the SOP) and the list of Day One Competences derived from different pieces of EU legislation (Annex 2 of the SOP). The panel gathers that while full integration of these documents into one set of ESEVT standards is desirable, it may not be fully achievable in practice. The panel considers there should be

some room for manoeuvre for the agencies. Since the ESG are primarily concerned with principles and academic characteristics of higher education studies, institutional governance and administration, and omit both research and practical training aspects, this creates space for additional guidance to be developed and applied. Especially for more professionally oriented subject specific agencies, such as EAEVE.

After having analysed the sample of reports, the panel concludes that all quality parameters are included in the visitation reports and the indicated deficiencies are fully covered in the re-visitation reports. Thus, the 2018 ENQA review panel recommendation and the 2021 EQAR RC recommendation have been sufficiently addressed.

As was mentioned before, the panel was in particular attentive to two questions, namely: 1) what is a Minor Deficiency vs. a Major Deficiency; 2) a divergence between judgments proposed by ESEVT teams and the final judgments made by ECOVE and what impact this had for VEEs. Thus, additional evidence from the agency was requested and considerable time spent exploring the issue both in meetings and during the post-visit analysis. In conclusion, the panel came to form an opinion that while ECOVE was acting fully within its mandate, clearer guidance on what constitutes major deficiencies is desirable within the SOP. At the same time, it was obvious and acknowledged by EAEVE that ESEVT expert training needs to be strengthened with the knowledge resulting from ECOVE judgments. Also, it appeared that CIQA had a blind spot regarding this difference in judgments and the impact they have on institutions, thus, it could spend more time analysing the issues at hand and identifying appropriate measures to diminish the gap.

#### **Panel recommendations**

- I. EAEVE should stick to the application of one set of currently valid SOP to all VEEs irrespective which visitation is implemented so that institutions are (re)evaluated against the currently valid set of requirements at all times.

#### **Panel suggestions for further improvement**

- I. We welcome efforts to clarify the interpretations of Major and Minor Deficiencies and to enhance a common understanding amongst ECOVE and experts. Using the knowledge that is in the ECOVE minutes and compiling what could be called a consistency book of decisions and arguments for these decisions could be helpful in this respect.

#### **Panel conclusion: compliant**

### ESG 2.6 REPORTING

Standard:

Full reports by the experts should be published, clear and accessible to the academic community, external partners and other interested individuals. If the agency takes any formal decision based on the reports, the decision should be published together with the report.

#### **2018 review recommendation by ENQA panel**

“The panel acknowledges that consultative visitations are not a separate quality assurance activity of EAEVE but a part of the same ESEVT procedure (applied in some predefined cases), but for full transparency, the panel recommends publishing also the reports resulting from this part.”

## 2018 EQAR RC's recommendation

Consultative visitation reports should be published in full as their function is inherently linked to the following full visitation, which is undisputedly establishing a judgement vis-à-vis the general public. It would be sufficient to publish the consultative visitation report once the full procedure has been completed, that is, together with final visitation report and decision, rather than separately.

### Evidence

In the SAR, EAEVE provided links to three examples of reports resulting in different decisions – accreditation, conditional accreditation and non-accreditation. Following the links, both SERs of institutions and accreditation reports were found. The ECOVE decision is cited within each report. The panel viewed those and several other reports of VEEs and saw that reports followed the pre-established structure, were written in a clear language and spanned 45-70 pages in case of a full visitation and were 9-15 pages long in case of a re-visit. Both on EAEVE's website (<https://www.eaeve.org/esevt/ser-and-visitation-report-of-visited-establishments>) and on DEQAR, positive, conditional and negative reports were found, including joint visitation reports. However, so far, among these none were the output of a consultative visitation (as was observed during the previous ENQA review) or preliminary visitations which replaced consultative visitations in 2020.

The structure of the report is defined by the ESEVT SOP. In particular, it must closely follow established templates and cover all standards. More specifically, in the Visitation Report, each chapter is subdivided into 4 parts:

- findings;
- comments;
- suggestions of the Visitation Team (which must be strictly limited in number, agreed by the whole team i.e., not linked to personal opinions, relevant for the visited VEE, and in agreement with the ESEVT SOP);
- decision of the Visitation Team (in case of non-compliance, the Major Deficiencies must be clearly listed in agreement with a standardised terminology).

As was already mentioned, there are four draft reports produced, versions bearing numbering in letters A-D. The draft A is solely based on the institutional SER. The draft B needs to be completed before the end of the Visitation and shall contain the information presented in the SER complemented by visiting the facilities, consulting the databases, meeting the relevant persons, and shall include expert assessment. The draft C is issued within 14 days after the end of the Visitation and sent to the VEE for identification of possible factual errors. The draft D is the one which is proofread and presented for ECOVE's consideration. The Final Visitation Report is formally issued by ECOVE which takes the decision and may amend the report to match their decision.

The question of who owns the reports – the ESEVT Coordinator, the ESEVT team or ECOVE – was in focus and explored to a great extent during the visit to Vienna. ESEVT experts all confirmed that being part of visitation teams required a great deal of devotion and meant long working hours not only before the visit, but especially during the visit itself, as the major part of drafting should be concluded before the end of the visit. Experts whom the panel met confirmed they owned the report while presenting final conclusions to ECOVE as defined in the ESEVT.

### Analysis

The publication of reports is a joint responsibility of both the agency and VEEs (the VEEs also publish the interim-reports) on their respective websites and as far as the panel could see, this is followed in practice.

As to the 2018 ENQA panel recommendation, partly it still stands. EAEVE is encouraged to improve its external communication that all visitations are part of the one ESEVT accreditation procedure. Currently, the focus is still on different types of visitations and associated procedures which may be confusing for outsiders. When talking to the agency staff, the panel learned that there are plans to update its website. The panel fully agrees that while EAEVE's website is a true treasure trove of information and historical data, the website could be revamped to improve clarity of information provision and search function of the reports in particular, which will be more relevant with every new visitation concluded and the amount of data increasing. Explaining different categories under which ESEVT reports are published (which apparently is tied to a different part of ESEVT procedure and associated outcomes) might be useful as well as how to navigate between them which is currently challenging for an external person.

To date a small number of consultative visitations were implemented, but none of these new procedures resulted in published reports, as far as the panel could conclude from the EAEVE website and DEQAR. The reason for this may lie in the nature of EQAR's RC recommendation which allows postponement of publishing of CV reports till the associated FV is implemented. Thus, currently the policy for full transparency in publishing is in place, but the practical implementation of 2018 EQAR RC's recommendation still remains to be verified.

The agency pays close attention to the quality of reports, which is attested by the elaborate re-iterative procedure of drafting them.

There is further room for improvement regarding several aspects of publishing on DEQAR.

Firstly, the agency cites in its SAR, that all reports are published on the DEQAR, however the panel cannot confirm this is the case. While at the moment of drafting the current ENQA review report, 85 visitations have been concluded counting statistics for the last five years, only 30 reports on 27 VEEs in 13 countries were uploaded onto the DEQAR. The agency is advised to fill the gap and upload all its reports for the last five years onto the DEQAR, as well as continue publishing all upcoming ones.

Secondly, the records within the reports themselves and on respective DEQAR card do not match always, creating confusion for the reader as to what the final decision is. For example, within a report [https://backend.deqar.eu/reports/EAEVE/121602\\_20210422\\_1121\\_FinalReportKaunas2012.pdf](https://backend.deqar.eu/reports/EAEVE/121602_20210422_1121_FinalReportKaunas2012.pdf) the panel found the ECOVE decision being "non approval" accompanied with a list of five major deficiencies, while on the related DEQAR file card the formal decision is listed as "positive" <https://www.eqar.eu/qa-results/search/by-report/report/?agency=EAEVE&id=58856>. The agency should review all content published on it or related to it in the EQAR and DEQAR and work towards streamlined and unambiguous information provision.

### **Panel recommendations**

1. EAEVE should follow its own policy and publish preliminary visitation reports in a timely manner. EAEVE should monitor that its policy to publish preliminary visitation reports after completion of the full visitation is fully implemented by VEEs as well.

### **Panel suggestions for further improvement**

1. External communication via the website would benefit from streamlining as the agency is intending to do so.
2. The agency is advised to increase publicity of its work by uploading all ESEVT reports onto the DEQAR.

### **Panel conclusion: compliant**

## ESG 2.7 COMPLAINTS AND APPEALS

Standard:

Complaints and appeals processes should be clearly defined as part of the design of external quality assurance processes and communicated to the institutions.

### 2018 review recommendation by ENQA panel

“EAEVE should make the complaints procedure (concerning procedural faults, as contrasted by appeals concerning flaws of judgement) explicit by explaining its existence and its procedures, e.g., in the SOP. Whether or not the complaints procedure can be integrated into the same framework as the appeals procedures, thus creating only one type of process, is a matter of judgement open to EAEVE policy. Since the appeal procedures can take a lot of time due to fact that ECOVE meets only twice a year, abbreviations in process should be considered, e.g., by using telephone conferences or Skype meetings.”

### Evidence

In the SAR, the agency provides information on the decreased number of appeals received during the present review period (two appeals) compared to the previous ENQA review period (seven appeal cases). While five appeals were dismissed, of the two cases which were investigated further, one was fully justified in the end, and another was partially justified.

As explained in the SAR, both appeals and complaints processes are now defined in the ESEVT SOP of 2019 (as amended in 2021), this way they are communicated to institutions. In particular, a complaint process is defined as the one centred on procedural faults that have been made during the ESEVT evaluation process. By contrast, the appeal shall be sent in cases when the VEE believes that the decision by ECOVE is not justified by the findings in the Visitation Report.

Institutions are expected to file official complaints by e-mail to the EAEVE Office not later than two months after the last day of the Visitation. The complaint is then forwarded to CIQA which must analyse the documents and evidence, including seeking further information from all relevant parties. The next step includes informing the EAEVE ExCom about CIQA’s conclusions as soon as possible and no later than two months after receiving the relevant information. The ExCom has the authority to decide whether to dismiss or to accept (totally or partially) the complaint and inform all concerned parties about its decision and subsequent actions.

Appeals shall be addressed to the ECOVE Chairperson through the EAEVE Office. Institutions have an obligation to notify their probable appeal within 10 working days after the receipt by mail of the ECOVE decision and final Visitation Report, and to send the complete appeal in writing within two months of receipt by mail of the ECOVE decision and the final Visitation Report. The appeal is dealt with in two stages as follows:

- The first stage includes reconsideration by the ECOVE during its next meeting; attendance of the Chairperson and the Coordinator of the relevant Visitation Team may be requested. At this first stage, the appeal may be accepted or dismissed.
- The second stage, should the VEE be dissatisfied with the outcome of the first stage, includes formal consideration by an Appeal Panel of three experienced VEE members, two of which are appointed by the EAEVE and the FVE, while the appealing VEE has the right to nominate a third member; this process being coordinated by the President of the EAEVE. Initially, the appeal shall be discussed by correspondence. In the event it escalates further, a meeting may be necessary. There are no limitations to what kind of decisions an Appeal Panel may come up with, yet their decision is final.

As mentioned, during the period falling under the present ENQA review, two appeals were filed. By comparison, the SAR does not provide clear information on the number of complaints dealt with by CIQA. From additional evidence requested – minutes of CIQA meetings – the panel saw that the question of complaints was on the agenda several times (on 18 January 2022; 1 December 2020 [this case in particular concerned a former student complaint against an institution]; and 28 May 2019).

## **Analysis**

The agency worked towards improvement of its compliance to the present standard without any delay. Consideration of the new complaints process was on the agenda of CIQA as early as spring 2018, and, as explained in the EAEVE's follow-up report (April 2020), a more formal complaint procedure was introduced into the Draft SOP which was accepted by the EAEVE GA in Zagreb in May 2019. As a result, the 2018 review recommendation by the ENQA panel is addressed as follows:

- appeals and complaints processes, including actors involved and their responsibilities, are now clearly defined in the SOP, thus, making this part of the recommendation being fully addressed;
- another part of the recommendation is addressed partially since an abbreviation in the appeals process is foreseen not in the first and third, but only in the second stage of the appeal. The first stage is a meeting of ECOVE, the second stage is by correspondence among an Appeals Panel, and the optional third stage is a meeting of an Appeals Panel. When the meetings are held, their format itself is not very clearly defined. Yet, from a clause that all expenses of this meeting must be paid by the VEE, it is understood that the meeting in the optional third stage should be held as a physical meeting, not by electronic means.

The panel noticed a long period – of several months – between when the CIQA meeting was held and when the minutes of the meeting were approved. This is so because the minutes are agreed in the next live meeting, instead of being discussed and finalised by using videoconference facilities or by correspondence. The panel advises the agency to reconsider this practice for the sake of effectiveness and closing the loop earlier rather than later.

The small number of appeal cases received attests to the rigorousness of the ESEVT process, and also speaks of the healthy system in which institutions are not afraid to object and raise concerns. Those two appeal cases which were fully and partially justified resulted in internal corrective actions on the part of the agency. This demonstrates that EAEVE is learning from the practice and improving. The agency keeps track of the number and nature of complaints, however, scrutiny on them was not easily available in the SAR. For the future, both statistics and analysis of complaints should be more readily available for the next external review of EAEVE.

## **Panel suggestions for further improvement**

1. Given the lessons of the pandemic lockdown and the virtual office implemented by EAEVE, it may be worthwhile to further define the formats of the meetings held for the scrutiny of appeals and complaints, more often using videoconference means.
2. Statistics and analysis on complaints should be more readily available for the next external review of EAEVE.

## **Panel conclusion: compliant**

# ADDITIONAL OBSERVATIONS

## ANALYSIS OF STAKEHOLDER FEEDBACK

The approach that the agency took when drafting its SAR in the chapter which should contain stakeholder opinion, is diverging from The Guide of Content for the Self-assessment Report of ENQA Agency Reviews which expects “Opinions of stakeholders, e.g., recent analysis and critical reflection on stakeholders’ opinions of the agency’s key EQA activities”. The agency is advised to more closely follow the ENQA guidelines for the SAR production. Also, when deciding how to present stakeholder feedback, EAEVE might draw inspiration from other agencies’ SARs.

## GLOBAL OUTREACH

Being self-critical, in the SAR EAEVE questioned itself to which extent the ESEVT system, based on the EU Directive 2005/36/EC as amended by Directive 2013/55/EU and the ESG, is suitable to VEEs in Asia, Africa, and America. The panel understands this as a broader concern about external QA to remain fit for purpose, about relevance of the ESEVT standards and the accreditation procedure as such. While there are no definite answers once and for all, the ongoing dialogue with EAEVE’s membership and stakeholders is key.



# CONCLUSION

## SUMMARY OF COMMENDATIONS

### ESG 3.1

1. EAEVE, with dedication of its membership and bodies, such as ExCom, ECOVE and CIQA, is achieving a lot, while the Office size remains modest.
2. Adoption of the strategic approach to planning, under the past and present leadership, is a clear achievement of EAEVE.

### ESG 3.2

1. As a result of the agency's efforts, the number of visitations where there were national and international accrediting agencies observing EAEVE's work has been increasing during the last five years. This helps build mutual trust and gives potential to further expansion of EAEVE's legal mandate, based on continued membership in ENQA and the EQAR.

### ESG 3.5

1. Dedication of EAEVE's bodies and associates is remarkable and worth applause, the agency relies on the service of its loyal members and contributors together with the small but efficient Office staff.

### ESG 2.1

1. Educational Days are a great forum for EAEVE membership to support each other.

### ESG 2.2

1. ESEVT as a system has clearly defined noble aims with quality in its DNA.

### ESG 2.4

1. The agency implements ESEVT accreditation procedures exclusively with international panels.
2. A rigorous approach is applied towards expert training, consisting of self-training and training offered by EAEVE.

## OVERVIEW OF JUDGEMENTS AND RECOMMENDATIONS

### ESG 3.1 – compliant

1. The agency shall look for practical solutions to include students fully in the governance of EAEVE.

### ESG 3.2 – compliant

### ESG 3.3 – compliant

### ESG 3.4 – compliant

1. Thematic analysis should be expanded and include a variety of selected topics, in addition to the general analysis of findings from visitation reports, and should include identification of general trends, also areas of good practice and persistent difficulty.

### ESG 3.5 – compliant

### ESG 3.6 – compliant

1. Review and revise the EAEVE's Policy on Quality Assurance to capture all elements listed under the guidelines of ESG 3.6, including communication with public authorities where EAEVE conducts business and establishment of the status and recognition of the institutions with which it conducts external quality assurance.
2. CIQA shall look into the different decisions proposed by visitation teams and decisions actually made by ECOVE and propose measures to address the gap.

ESG 3.7 – compliant

ESG 2.1 – compliant

1. Amend Annex 3 of the SOP to include the text of ESG-2015.

ESG 2.2 – compliant

ESG 2.3 – compliant

1. When updating the SOP, in order to achieve greater transparency between the ESEVT accreditation procedure and the ESG model, provide clear references as to how the ESEVT corresponds to the ESG in terms of the terminology, in particular for the follow-up.

ESG 2.4 – compliant

ESG 2.5 – compliant

1. EAEVE should stick to the application of one set of currently valid SOP to all VEEs irrespective which visitation is implemented so that institutions are (re)evaluated against the currently valid set of requirements at all times.

ESG 2.6 – compliant

1. EAEVE should follow its own policy and publish preliminary visitation reports in a timely manner. EAEVE should monitor that its policy to publish preliminary visitation reports after completion of the full visitation is fully implemented by VEEs as well.

ESG 2.7 – compliant

1. In light of the documentary and oral evidence considered by it, the review panel is satisfied that, in the performance of its functions, EAEVE is in compliance with the ESG.

## **SUGGESTIONS FOR FURTHER IMPROVEMENT**

ESG 3.1

1. In the strategy document, include the expected outcomes enabling measurement of the successful achievement of EAEVE's strategic objectives.
2. EAEVE could produce a consolidated yearly plan of all activities (visitations and all other) and more comprehensive and yearly reports. This would allow yet better monitoring of achievements and reflection.
3. Larger public outreach, among other, could be achieved by communication via selected social media channels.

ESG 3.2

1. Members of EAEVE bodies whom the panel met communicated the vision of EAEVE to be the official accreditation authority for VEEs within Europe. The panel encourages EAEVE to

intensify its efforts in that direction and work with its members, FVE and the European Commission to that end.

2. Meanwhile, until EAEVE gains more prominent status within the EU, officers should continue dialogue with national authorities, especially in countries where EAEVE has more than one member, and seek to coordinate procedures with national QA agencies in order to alleviate the burden on institutions.

#### ESG 3.4

1. EAEVE is advised to get acquainted with a dedicated ENQA publication<sup>5</sup> on the implementation of thematic analysis by other European agencies and draw inspiration from there.

#### ESG 3.5

1. EAEVE is advised to closely monitor the possibilities for expansion of its membership outside the traditional areas of work and make decisions regarding office staffing levels accordingly in order to provide for future development.
2. Current turbulence in the economy and on political scenes may require more frequent reviews of the financial situation of the association and subsequent revision of projections in order to have a more forward-looking perspective in planning.
3. Offer opportunities of professional development to Office staff.

#### ESG 2.1

1. EAEVE together with FVE and other stakeholders is advised to review the structure and content of the ESEVT SOP to more explicitly convey the guiding principles and the idea that VEEs are primarily responsible for the quality of their programmes and other provision and external quality assurance recognises and supports institutional responsibility for quality assurance.
2. The panel advises EAEVE to stick to the latest version of the SOP which is valid at the moment of signing an agreement with a VEE, and all subsequent procedures (i.e., RV, IR) shall be informed by the latest SOP.
3. EAEVE should explicitly include recognition of full qualifications, periods of study and RPL in its standards. The agency is encouraged to explore how it could contribute to the cooperation within the triangle of VEEs, ENIC/NARICs, and other organisations to promote fair recognition and admission as in ESG 1.4.

#### ESG 2.2

1. The agency could review its written representation to external audiences to more clearly communicate the essence of the ESEVT system being a programmatic accreditation implemented via four types of successive visitations.

#### ESG 2.4

1. The agency is encouraged to continue in its efforts to attract quality assurance professionals outside of the veterinary education and training community, with the aim to expand the expert pool and to further increase its diversity.
2. To assure the necessary pool of student experts, EAEVE should think of creative ways to address the issue, together with VEEs, with additional encouragement and rewards.

---

<sup>5</sup> 2020 ENQA study by Carmen Tomas and Maria Kelo entitled "ESG 2015–2018 ENQA Agency Reports: Thematic Analysis" <https://www.enqa.eu/wp-content/uploads/ESG-2015-ENQA-Thematic-Analysis-final.pdf>

#### ESG 2.5

1. We welcome efforts to clarify the interpretations of Major and Minor Deficiencies and to enhance a common understanding amongst ECOVE and experts. Using the knowledge that is in the ECOVE minutes and compiling what could be called a consistency book of decisions and arguments for these decisions could be helpful in this respect.

#### ESG 2.6

1. External communication via the website would benefit from streamlining as the agency is intending to do so.
2. The agency is advised to increase publicity of its work by uploading all ESEVT reports onto the DEQAR.

#### ESG 2.7

1. Given the lessons of the pandemic lockdown and the virtual office implemented by EAEVE, it may be worthwhile to further define the formats of the meetings held for the scrutiny of appeals and complaints, more often using videoconference means.
2. Statistics and analysis on complaints should be more readily available for the next external review of EAEVE.

# ANNEXES

## ANNEX I: PROGRAMME OF THE SITE VISIT



European Association for  
Quality Assurance in Higher Education

### EAEVE review – Visit schedule

SESSION NO.	TIMING (CET)	TOPIC	PERSONS FOR INTERVIEW	ISSUES TO BE DISCUSSED	LEAD PANEL MEMBER
<b>PRE-VISIT ONLINE PREPARATION</b> <b>7 SEPTEMBER 2022</b> <b>ZOOM LINK: <a href="https://us02web.zoom.us/j/6021785156">HTTPS://US02WEB.ZOOM.US/J/6021785156</a></b>					
0-1	10:00 – 11:00 (60 min)	Review panel's kick-off meeting	Review Panel: <ul style="list-style-type: none"> <li>• Mark Frederiks, Coordinator International Policy at Accreditation Organisation of the Netherlands and Flanders (NVAO), Chair, quality assurance professional (ENQA nominee)</li> <li>• Aurelija Valeikienė, Deputy Director at Centre for Quality Assessment in Higher Education (SKVC), Secretary, quality assurance professional (ENQA nominee)</li> <li>• Andrea Nolan, Professor of Veterinary Pharmacology, Principal and Vice-Chancellor at Edinburgh Napier University, United Kingdom, Academic (EUA nominee)</li> <li>• Francisco Joaquín Jiménez Gonzalez, Master student in Science and Technology in Architecture at Universidad Politécnica de Cartagena, Spain, Student (ESU nominee, member of the European Students' Union Quality Assurance Student Experts Pool)</li> </ul> ENQA Review Coordinator – Alexis Fabregas, Project Officer	Reflection on SAR of EAEVE and any other additional documentation received. Identification of open issues to be explored with the agency resource person.	Mark Frederiks
0-2	90 min	Meeting with the agency resource persons	<b>ESEVT Coordinator, Professor at the VEE of Lyon</b> <b>EAEVE Office Manager</b>	Specific legal context in which an agency operates, the key characteristics of the	

				agency's external QA activities, checking upon the latest developments.	
0-3	30	Review panel's kick-off meeting continued	Review panel	Reflection on findings of the meeting with the agency resource person. Further preparations for the visit.	Mark Frederiks

<b>DAY 0</b> <b>13 SEPTEMBER 2022 [TUESDAY]</b> <b>VENUE:</b>					
1	18.00 – 19.30	Review panel's preparations for day 1	Review panel	Preparations for upcoming meetings in terms of issues to be explored, division of responsibilities over leading the sessions.	Mark Frederiks

<b>DAY 1</b> <b>14 SEPTEMBER 2022 [WEDNESDAY]</b> <b>VENUE: EAEVE HEAD OFFICE, HIETZINGER KAI 87, 1130 WIEN, AUSTRIA</b>					
--	--	--	--	--	--

SESSION NO.	TIMING (CET)	TOPIC	PERSONS FOR INTERVIEW (TO BE NOMINATED BY EAEVE, UP TO 7 PERSONS PER INTERVIEW MAXIMUM; NORMALLY NO PERSON SHOULD APPEAR MORE THAN TWICE IN MEETINGS, EXCEPTIONS TO BE DISCUSSED AND AGREED SEPARATELY)	ISSUES TO BE DISCUSSED	LEAD PANEL MEMBER
2	8.30 – 8.45 (15 min)	Tour of the offices.		ESG 3.5	
3	8.45 – 9.15 (30 min)	Review panel's private meeting			Mark Frederiks
4	9.15 – 10.00 (45 min)	Meeting with the <b>Director</b>	<b>President of EAEVE, Professor at the VEE of Lyon</b> <b>Director of ESEVT, Professor at the VEE of Liege</b>	Context of EAEVE operations; all aspects of compliance towards ESG Part 2 and Part 3	
5	10.15 – 11.00 (45 min)	Meeting with the <b>team responsible for preparation of the self-assessment report</b>	<b>ESEVT Coordinator, Professor at the VEE of Lyon</b> <b>President of EAEVE, Professor at the VEE of Lyon</b> <b>Office Manager, EAEVE employee</b>	ESG Part 2 and Part 3, ESG 3.4; ESG 3.6; ESG 3.7	
6	11.15 – 12.10 (55 min)	Meeting with the <b>Executive Committee</b>	<b>President of EAEVE, Professor at the VEE of Lyon</b> <b>Vice-President, Rector of the VEE of Vienna</b> <b>Treasurer of EAEVE, Dean of the VEE of Zagreb</b> Region 1 representative: <b>Dean of the VEE of Dublin</b> Region 2 representative: <b>Dean of the VEE of Madrid Complutense</b> Region 3 representative: <b>Dean of the VEE of Naples</b>	To discuss the legal, institutional, academic and other contexts pertaining to operations of EAEVE; compliance to ESG 3.1, ESG 3.2, ESG 3.3, ESG 3.5, ESG 3.6, ESG 3.7, ESG 2.2	

			Region 4 representative: Dean of the VEE of Toulouse Region 6 representative: Dean of the VEE of Tartu		
	12.25 – 13.10 (45 min)	Lunch break			
7	13.10 – 14.00 (50 min)	Meeting with the <b>Committee on Internal Quality Assurance (CIQA)</b>	<b>Chairperson of CIQA, Professor at the VEE of Helsinki</b> CIQA members: QA Expert at the ELTE University, Budapest Professor of the VEE of Ghent Professor of the VEE of Padova	ESG Part 2, a special focus on 2.7, ESG 3.1, ESG 3.4, ESG 3.5, ESG 3.6	
8	14.15 – 15.00 (45 min)	Meeting with <b>staff in charge of external QA activities</b>	<b>Director of ESEVT, Professor at the VEE of Liege</b> <b>ESEVT Coordinator, Professor at the VEE of Bristol</b> <b>Visitations Officer, EAEVE employee</b> ESEVT Coordinators: Professor of the VEE of Cluj-Napoca Professor of the VEE of Oslo	ESG Part 2, ESG 3.1, ESG 3.4, ESG 3.5, ESG 3.6	
9	15.15 – 16.15 (60 min)	Meeting with the <b>European Committee of Veterinary Education (ECOVE)</b>	<b>Chairperson of ECOVE, Professor at the VEE of Vienna</b> Vice Chairperson of ECOVE, Deputy Vice Chancellor at University of Lincoln ECOVE members: EAEVE representative, Professor at the VEE of Dublin EAEVE representative, Professor at the VEE of Oslo FVE representative, Veterinary Policy Officer at FVE	ESG Part 2, special focus on ESG 2.5 and ESG 2.7	
10	16.15 – 17.00 (45 min)	Wrap-up meeting among panel members and preparations for day II		Wrap-up meeting among panel members and preparations for Day 2	Mark Frederiks
<b>DAY II</b> <b>15 SEPTEMBER 2022 [THURSDAY]</b> <b>VENUE: EAEVE HEAD OFFICE, HIETZINGER KAI 87, 1130 WIEN, AUSTRIA</b>					
SESSION NO.	<b>TIMING (CET)</b>	<b>TOPIC</b>	<b>PERSONS FOR INTERVIEW (TO BE NOMINATED BY EAEVE, UP TO 7 PERSONS PER INTERVIEW MAXIMUM; NORMALLY NO PERSON SHOULD APPEAR MORE THAN TWICE IN MEETINGS, EXCEPTIONS TO BE DISCUSSED AND AGREED SEPARATELY)</b>	<b>ISSUES TO BE DISCUSSED</b>	<b>LEAD PANEL MEMBER</b>
11	8.30 – 9.15 (45 min)	Review panel's private discussion			Mark Frederiks

12	9.15 – 10.05 (50 min)	Meeting with representatives of <b>The Federation of Veterinarians Europe (FVE)</b>	<b>Vice President of FVE</b> <b>Senior Policy Officer of FVE</b>	ESG part 2, ESG 3.1, 3.2, 3.3, 3.4	
13	10.20 – 11.10 (50 min)	Meeting with <b>quality assurance officers of VEEs / VEE's</b> representatives involved in external QA activities based within EHEA	<i>Please consider representatives of VEEs reviewed (to be reviewed) by EAEVE. Within Europe, to include full members, candidate members and associates</i> Full member: <b>Professor from the VEE of Zagreb</b> <b>Professor at the VEE of Bologna</b> <b>Professor at the VEE of Copenhagen</b> Associate: see interview scheduled at 13:10	ESG 2.1, ESG 2.2, ESG 2.3, ESG 2.4, ESG 2.5, ESG 2.6, ESG 2.7 ESG 3.3, ESG 3.6	
14	11.25 – 12.10 (45 min)	Meeting with <b>heads of VEEs</b> based within EHEA	<i>Please consider heads (rectors / vice-rectors) of VEEs reviewed by EAEVE within Europe, to include full members, candidate members and associates</i> Full member: <b>Rector of the VEE of Vienna</b> <b>Dean of VEE of Zagreb</b> Candidate member: <b>Dean of the VEE of Madrid UAX</b> Associate: see interview scheduled at 13:10	ESG part 2, ESG 3.3	
	12.25 – 13.10 (45 min)	Lunch break			
15	13.10 – 14.00 (50 min)	Meeting with representatives of reviewed <b>VEEs based outside Europe</b>	<b>Professor at Hokkaido University, VEE of VetNorth Japan</b> <b>Vice Dean of the Obihiro University (VetNorth Japan)</b> <b>Professor at Kagoshima University (VetJapan South)</b> <b>Vice Dean of the VEE of Sao Paulo (Brazil)</b> <b>Dean of the VEE of Cairo (Egypt)</b> <b>Representative from the VEE of Cairo (Egypt)</b> <b>Dean of the VEE of Bogor (Indonesia)</b>		
16	14.15 – 15.10 (55 min)	Meeting with <b>representatives from the reviewers' pool, including those who served on appeals panels</b>	<i>Please consider inviting experts representatives of academia and labour market who served on EAEVE panels</i> <b>Professor at the VEE of Lugo (Bucharest appeal 2021)</b> <b>Private practitioner in Castelnau de Medoc (Bucharest appeal 2021)</b> <b>Professor at the VEE of Brno (Bucharest appeal 2021 + Brno appeal 2014)</b>	ESG part 2, ESG 3.3	
17	15.25 – 16.15 (50 min)	Meeting with <b>representatives of the agencies</b> with which EAEVE conducted joint activities or is	<b>RCVS Director of Education</b> <b>AVMA Director of Education and Research</b>		



		planning them in the future			
18	16.15 – 17.00 (45 min)	Wrap-up meeting among panel members: preparation for day III and provisional conclusions			Mark Frederiks
<b>DAY III</b> <b>16 SEPTEMBER 2022 [FRIDAY]</b> <b>VENUE: SEMINAR ROOM – PARKHOTEL SCHÖNBRUNN, HIETZINGER HAUPTSTRASSE 10-14, 1130 WIEN, AUSTRIA</b>					
SESSION NO.	TIMING (CET)	TOPIC	PERSONS FOR INTERVIEW	ISSUES TO BE DISCUSSED	LEAD PANEL MEMBER
20	8.30 – 9.15 (45 min)	Review panel's private discussion			Mark Frederiks
19	9.15 – 10.05 (50 min)	Meeting with <b>student reviewers and students of reviewed VEEs, who contributed to internal QA of VEEs</b>	<b>Past President of IVSA</b> <b>Past European representative of IVSA</b> <b>SOP WG member</b> <b>Student Expert</b>	ESG 2.7, ESG 2.3, ESG 2.4, ESG 2.5	
	10.05 – 10.15 (10 min)	Review panel's private discussion			Mark Frederiks
20	10.15 – 10.55 (40 min)	Meeting with <b>other stakeholders</b> , such as IVSA, employers, etc.	<b>Past President of IVSA</b> <b>Past European representative of IVSA</b> <b>Vice President of FVE</b> <b>Vice President of FVE</b>	ESG 2.1, ESG2.2, ESG 2.3, ESG 2.4, ESG 2.5, ESG 2.6, ESG 3.1	
21	10.55 – 11.30 (35 min)	Review panel's private discussion		To agree on final issues to clarify with EAEVE	Aurelija Valeikienė
22	11.30 – 12.30 (60 min)	Meeting with the <b>Director of ESEVT, President of EAEVE</b>	<b>President of EAEVE, Professor at the VEE of Lyon</b> <b>Director of ESEVT, Professor at the VEE of Liege</b>	To clarify any pending issues	
	12.30 – 13.15 (45 min)	Lunch break			
23	13.15 – 14.00 (50 min)	Meeting among panel members		To agree on the main findings per each ESG	Mark Frederiks

24	14.00 – 14.30 (60 min)	Final de-briefing meeting with EAEVE Office staff, Executive Committee, ECOVE members etc.	<b>President of EAEVE, Professor at the VEE of Lyon</b> <b>Director of ESEVT, Professor at the VEE of Liege</b> <b>Vice-President of EAEVE, Rector of the VEE of Vienna</b> <b>Treasurer of EAEVE, Dean of the VEE of Zagreb</b> <b>Chairperson of ECOVE, Professor at the VEE of Vienna</b> <b>Chairperson of CIQA, Professor at the VEE of Helsinki</b> <b>ESEVT Coordinator, Professor at the VEE of Bristol</b> <b>Office Manager, EAEVE employee</b> <b>Visitations Officer, EAEVE employee</b> <b>Project &amp; Finance Officer, EAEVE employee</b> <b>EAEVE Secretary, EAEVE employee</b>	To inform about preliminary findings	Mark Frederiks
25	14.30 – 15.00 (30 min)	Panel members and ENQA review coordinator		Feedback and reflection on the visit, discussion on further work to be done	All Panel members & Alexis Fabregas

In blue colour – on-site participation

In grey colour – on-line participation

## **ANNEX 2: TERMS OF REFERENCE OF THE REVIEW**

### **External review of the European Association of Establishments for Veterinary Education (EAEVE) by ENQA**

#### **Annex I:**

### **TRIPARTITE TERMS OF REFERENCE BETWEEN EAEVE, ENQA AND EQAR**

December 2021

#### **I. Background and context**

The European Association of Establishments for Veterinary Education (EAEVE) was founded in 1988 and initially based in Maisons-Alfort, France. Later, the administrative office was based in Brussels, Belgium and since 2007, the seat of EAEVE and its offices have been in Vienna, Austria. The vision for EAEVE is to be the official accreditation authority for veterinary education establishments within Europe. The mission of EAEVE is to evaluate, promote and further develop the quality and standard of veterinary medical establishments and their teaching within, but not limited to, the member states of the European Union (EU). The primary objective is to monitor the harmonization of the minimum standards set down in the study programme for veterinary surgeons in European Union Directive 2005/36. This is enacted through the European System of Evaluation of Veterinary Training (ESEVT), which is managed by the EAEVE but with joint responsibility together with the Federation of Veterinarians of Europe (FVE). A list of Establishments' status is maintained.

Other objectives are to reinforce cooperation between member establishments and to act as a forum for discussion in order to improve and harmonize veterinary education. Additional tasks are the facilitation of information exchange, staff exchange, student exchange and teaching materials exchange between members.

Members are the faculties, schools and universities involved in teaching and research in veterinary medicine and science. In 2021, out of the 110 Veterinary Educational Establishments (VEEs) existing in Europe, 102 are members of the EAEVE.

The European System of Evaluation of Veterinary Training (ESEVT) is managed by the EAEVE but with joint responsibility together with the Federation of Veterinarians of Europe (FVE). The main objective of the ESEVT is to evaluate if the professional qualifications provided by the Veterinary Education Establishments (VEEs) are compliant with the relevant EU Directives and the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG).

The ESEVT evaluation process is an accreditation procedure of all EAEVE members as defined by the EAEVE Statutes. In the Standard Operating Procedure (SOP), the term 'VEE' (Veterinary Education Establishment) refers to such a member. As stated in the EAEVE Statutes, the ESEVT is based on a compulsory system of Visitations together with periodic Interim Reports provided by the VEE. To be accredited by the ESEVT, a VEE and each study programme it provides leading to the degree of veterinarian must be compliant with the EU Directives on the recognition of professional qualifications and the ESG. If a VEE offers more than one study programme to become a veterinarian, e. g. in different languages or in collaboration with other VEEs, all study programmes must be evaluated.

Four types of evaluation are organised by ESEVT, i.e.:

-) Full Visitation:

To be accredited by ESEVT, a VEE must apply for Full Visitation and must demonstrate that the Establishment and the curriculum it provides meet all the Standards set out in the ESEVT SOP and are compliant with the EU Directives on the recognition of professional qualifications (for veterinarians and other Health professions) and the ESG 2015.

-) Re-visitation:

One year after the previous (full) Visitation at the latest, a VEE that considers that it has rectified its Major Deficiency/es must ask ECOVE through the EAEVE Office for a Re-visitation.

-) Preliminary Visitation:

The Preliminary Visitation is a prerequisite for granting membership in EAEVE, as stated in the EAEVE Statutes. The Preliminary Visitation is integrated with a (full) Visitation which must be completed within a 3-year period after the completion of the Preliminary Visitation for all candidate VEEs seeking membership of EAEVE. The Preliminary Visitation is dedicated solely to new VEEs in Europe and VEEs from outside Europe, which are not aware of the ESG and the SOP requirements and should benefit from a two-step evaluation.

-) Interim Report:

Three and a half years after the (full) Visitation, all VEEs that are members of EAEVE must send a concise Interim Report to the EAEVE Office.

Upon an official request from the visited VEE, ECOVE may accept to share Visitors with other veterinary accreditation bodies in case of Joint Visitations within the International Accreditors Working Group (IAWG). However, the Visitation programme must be fully compliant with the ESEVT SOP, e. g. specific ESEVT Visitation team, Self-Evaluation Report (SER), Visitation Report, Exit Presentation. Currently, together with other veterinary accreditation bodies of the IAWG, EAEVE is working on the Joint Visitations' procedure. However, it must be emphasised that the last Joint Visitation was performed in 2018 under the former SOP and there are no Joint Visitations planned by any of our member VEEs in the near future.

EAEVE has been a member of the European Association for Quality Assurance in Higher Education (ENQA) since 2018 and is applying for ENQA renewal of membership.

EAEVE has been registered on the European Quality Assurance Register for Higher Education (EQAR) since 2018 and is applying for the renewal of EQAR registration.

## **2. Purpose and scope of the review**

This review will evaluate the extent to which EAEVE (the agency) complies with each of the standards of Parts 2 and 3 of the *Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)* and support the agency in its efforts to continually review and enhance its work. Such an external review is a requirement for agencies wishing to apply for ENQA membership and/or for EQAR registration.

### **2.1 Activities of the agency within the scope of the ESG**

To apply for ENQA membership and EQAR registration, this review will analyse all of the agency's activities that fall within the scope of the ESG, e.g., reviews, audits, evaluations or accreditations of higher education institutions or programmes that relate to teaching and learning (and their relevant links to research and innovation). All activities are reviewed irrespective of geographic scope (within or outside the EHEA) or whether they are obligatory or voluntary in nature.

The following activities of EAEVE thus have to be addressed in the external review:

- ESEVT accreditation visitations, including:
  - Full Visitation
  - Re-visitation
  - Preliminary Visitation
  - Interim Report

The self-evaluation report and the external review report are expected to pay specific attention to those issues where the Register Committee concluded in its last decision that the agency complied only partially with the ESG, namely standards 2.1, 2.5 and 2.6 (see last [decision](#)). Moreover, the review should pay attention to the matters highlighted in the Register Committee's decisions on EAEVE's Substantive Change Report made since the last review (see <https://data.deqar.eu/agency/48/>).

The review should also analyse whether ESG compliance is equally assured in the case of Joint Visitations with other agencies (in the context of IAWG), in particular where those agencies are not EQAR-registered.

### 3. The review process

The review will be conducted following the methodology of ENQA Agency Reviews. The process is designed in line with the *Guidelines for ENQA Agency Reviews* and the requirements of the *EQAR Procedures for Applications*.

The review procedure consists of the following steps:

- Formulation of, and agreement on the Terms of Reference for the review between EAEVE, ENQA and EQAR (including publishing of the Terms of Reference on ENQA's website<sup>6</sup>);
- Nomination and appointment of the review panel by ENQA;
- Notification of EQAR about the appointed panel;
- Self-assessment by the agency, including the preparation and publication of a self-assessment report;
- A site visit of the agency by the review panel;
- Preparation and completion of the final review report by the review panel;
- Scrutiny of the final review report by ENQA's Agency Review Committee;
- Publication of the final review report;
- A decision from the EQAR Register Committee on the agency's registration on EQAR;
- A decision from the ENQA Board on ENQA membership;
- Follow-up on the panel's recommendations to the agency, including a voluntary progress visit.

#### 3.1 Nomination and appointment of the review panel

The review panel consists of four members: one or two quality assurance experts (at least one of which is currently employed by an ENQA member agency), an academic employed by a higher education institution, a student member, and potentially a labour market representative (if requested). One of the members serves as the chair of the review panel, and another member as a review secretary. For ENQA Agency Reviews at least one of the reviewers is an ENQA nominee (most often the QA professional[s]). At least one of the reviewers is appointed from the nominees of either the European University Association (EUA) or the European Association of Institutions in Higher Education (EURASHE), and the student member is always selected from among the ESU-nominated reviewers. If requested, the labour market representative may come from the Business Europe nominees or from ENQA. An additional panel member may be included in the

---

<sup>6</sup> The agency is encouraged to publish the ToR on its website as well.

panel at the request of the agency. In this case, an additional fee is charged to cover the reviewer's fee and travel expenses.

The panel will be supported by the ENQA Review Coordinator (an ENQA staff member) who will monitor the integrity of the process and ensure that ENQA's requirements are met throughout the process. The Review Coordinator will not be the secretary of the review and will not participate in the discussions during the site visit interviews.

Current members of the ENQA Board are not eligible to serve as reviewers.

ENQA will provide the agency with the proposed panel composition and the curricula vitae of the panel members to establish that there are no known conflicts of interest. The reviewers will have to agree to a non-conflict of interest statement that is incorporated in their contract for the review of this agency.

### **3.2 Self-assessment by the agency, including the preparation of a self-assessment report**

The agency is responsible for the execution and organisation of its own self-assessment process and must adhere to the following guidance:

- Self-assessment is organised as a project with a clearly defined schedule and includes all relevant internal and external stakeholders;
- The self-assessment report is expected to contain:
  - a brief description of the HE and QA system;
  - the history, profile, and activities of the agency;
  - a presentation of how the agency addresses each individual standard of Parts 2 and 3 of the ESG for each of the agency's external QA activities, with a brief, critical reflection on the presented facts;
  - opinions of stakeholders;
  - the instances of partial compliance noted in the most recent EQAR Register Committee decision of inclusion/renewal and any other aspects that may have been raised by the EQAR Register Committee in subsequent change report decisions (if relevant);
  - reference to the recommendations provided in the previous review and actions taken to meet those recommendations;
  - a SWOT analysis;
  - reflections on the agency's key challenges and areas for future development.
- All the agency's external QA activities (as defined under section 2.1) are described and their compliance with the ESG is analysed in the SAR.
- The report is well-structured, concise, and comprehensive. It clearly demonstrates the extent to which the agency performs its tasks of external quality assurance and meets the ESG.

The self-assessment report is submitted to the ENQA Secretariat, which has two weeks to carry out a screening. The purpose of a screening is to ensure that the self-assessment report is satisfactory for the consideration of the panel. The Secretariat will not judge the content of information itself but rather whether or not the necessary information, as outlined in the *Guidelines for ENQA Agency Reviews*, is present. If the self-

assessment report does not contain the necessary information and fails to respect the requested form and content, the ENQA Secretariat reserves the right to ask for a revised version within two weeks.

The final version of the agency's self-assessment report is then submitted to the review panel a minimum of eight weeks prior to the site visit. The agency publishes the completed SAR on its website and sends the link to ENQA. ENQA will publish this link on its website as well.

### **3.3 A site visit by the review panel**

The review panel will draft a proposal of the site visit schedule which must be submitted to the agency at least six weeks before the planned dates of the visit. The schedule is to include an indicative timetable of the meetings and other exercises to be undertaken by the review panel during the site visit, the duration of which is usually 2,5 days. The approved schedule must be given to the agency at least one month before the site visit to properly organise the requested interviews.

In advance of the site visit (ideally at least two weeks before the site visit), the panel will organise an obligatory online meeting with the agency. This meeting is held to ensure that the panel reaches a sufficient understanding of:

- The specific national/legal context in which the agency operates;
- The specific quality assurance system to which the agency belongs;
- The key characteristics of the agency's external QA activities.

The review panel will be assisted by the ENQA Review Coordinator during the site visit. The review coordinator will act as the panel's chief liaison with the agency, monitor the integrity of the review process and its consistency, and ensure that ENQA's overall expectations of the review are considered and met.

The site visit will close with a final debriefing meeting in which the panel outlines its general impressions and provides an overview of the judgement on the agency's ESG compliance. The panel will not comment on whether or not the agency would be granted/reconfirmed membership with ENQA or registration on EQAR.

### **3.4 Preparation and completion of the final review report**

Based on the review panel's findings, the review secretary will draft the report in consultation with the review panel. The report will follow the purpose and scope of the review as defined under sections 2 and 2.1. It will also provide a clear rationale for the panel's findings concerning each standard of Parts 2 and 3 of the ESG. When preparing the report, the review panel should also bear in mind *EQAR's Policy on Use and Interpretation of the ESG for the European Register of Quality Assurance Agencies*<sup>7</sup> to ensure that the report contains sufficient information for the Register Committee to consider the agency's application for registration on EQAR.

A draft will first be submitted to the ENQA Review Coordinator who will check the report for consistency, clarity, and language, and it will then be submitted to the agency – usually within 10 weeks of the site visit – for comment on factual accuracy and grave misunderstandings only. The agency will be given two weeks to do this and should not submit any additional material or documentation at this stage. Thereafter, the review panel will take into account the agency's feedback on possible factual errors and finalise and submit the review report to ENQA.

The report should be finalised within three months of the site visit and will normally not exceed 40-50 pages in length.

---

<sup>7</sup> Available at: <https://www.eqar.eu/about/official-documents/#use-and-interpretation-of-the-esg>

### **3.5. Publication of the report and a follow-up process**

The agency will receive the review panel's report and publish it on its website once the Agency Review Committee has validated the report. The report will also be published on the ENQA website together with the statement of the Agency Review Committee validating external review reports by assessing the integrity of the review process and checking the quality and consistency of the reports. Importantly, during this process, and prior to final validation of the report, the Agency Review Committee has the option to request additional (documentary) evidence or clarification from the review panel, review coordinator or the agency if needed. The review report will be published on ENQA website regardless of the review outcome.

As part of the review's follow-up activities, the agency commits to react on the review recommendations and submit a follow-up report to ENQA within two years of the validation of the final external review report. The follow-up report will be published on the ENQA website.

The follow-up report may be complemented by an optional progress visit to the agency performed by two members of the original panel (whenever possible). The visit, which normally takes place 2-3 years after the verification of the final external review report (and after submission of the follow-up report), aims to offer an enhancement-oriented and strategically driven dialogue that ordinarily might be difficult to truly integrate in the compliance-focused site visit. The progress visit thus does not have the objective of checking the agency's ESG compliance or how the agency has followed up on the recommendations, but rather provides an arena for strategic conversations that allow the agency to reflect on its key challenges, opportunities, and priorities. Should the agency not wish to take advantage of this opportunity, it may opt out by informing the ENQA Review Coordinator about this.

## **4. Use of the report**

ENQA will retain ownership of the report. The intellectual property of all works created by the review panel in connection with the review contract, including specifically any written reports, will be vested in ENQA.

The report is used as a basis for the Register Committee's decision on the agency's registration on EQAR. In the case of an unsuccessful application to EQAR, the report may also be used by the ENQA Board to reach a conclusion on whether the agency can be admitted/reconfirmed as a member of ENQA. The review process is thus designed to serve two purposes. In any case, the review report should only be considered final after validation by the Agency Review Committee. After submission to ENQA but before validation by the ARC, the report may not be used or relied upon by the agency, the panel, or any third party and may not be disclosed without ENQA's prior written consent. The approval of the report is independent of the decision on EQAR registration or ENQA membership.

For the purposes of EQAR registration, the agency will submit the review report (once validated by the Agency Review Committee) to EQAR via email before expiry of the agency's registration on EQAR. The agency should also include its self-assessment report (in a PDF format), a Declaration of Honour, and any other documents that may be relevant for the application (i.e., annexes, statement to the review report, updates). EQAR is expected to consider the review report and the agency's application at its Register Committee meeting as stipulated in the indicative review schedule below and before the decision on ENQA membership by the ENQA Board.

To apply for ENQA membership, the agency is also requested to provide a letter addressed to the ENQA Board outlining its motivation for applying for membership and the ways in which the agency expects to contribute to the work and objectives of ENQA during its membership. This letter will be considered by the Board together with the confirmation of EQAR listing when deciding on the agency's membership. Should the agency not be granted the registration in EQAR or the registration is not renewed, the decision on



ENQA membership will be taken based on the final review report, the application letter, and the statement from the Agency Review Committee. The decision on membership will be published on ENQA's website.

#### 5. Indicative schedule of the review

Agreement on Terms of Reference	December 2021
Appointment of review panel members	March 2022
Self-assessment completed	31 May 2022
Screening of SAR by ENQA Review Coordinator	June 2022
Preparation of the site visit schedule and indicative timetable	July 2022
Briefing of review panel members	July 2022
Review panel site visit	September 2022
Draft of review report and its submission to ENQA Review Coordinator for verification of its compliance with the Guidelines	November 2022
Draft of review report to be sent for a factual check to the agency	December 2022
Agency statement on the draft report to the review panel (if necessary)	December 2022
Submission of the final report to ENQA	January 2023
Validation of the review report by the Agency Review Committee	February 2023
Publication of report	February 2023
EQAR Register Committee meeting and initial consideration	March 2023
Decision on ENQA membership by the ENQA Board	April 2023

## ANNEX 3: GLOSSARY

AAVS	Asian Association of Veterinary Schools
AI	Artificial Intelligence
AVBC	Australasian Veterinary Boards Council Inc.
AVMA	American Veterinary Medical Association
CIQA	Committee on Internal Quality Assurance
DEQAR	Database of the European Quality Assurance Register
EAEVE	European Association of Establishments for Veterinary Education
EBVS	European Board of Veterinary Specialisation
ECCVT	European Coordination Committee for Veterinary Training
ECOVE	European Committee of Veterinary Education
EHEA	European Higher Education Area
EMS	Extra-Mural Studies
ENQA	European Association for Quality Assurance in Higher Education
EPT	External Practical Training
ESEVT	European System of Evaluation of Veterinary Training
ESG	<i>Standards and Guidelines for Quality Assurance in the European Higher Education Area, 2015</i>
EU	European Union
ExCom	Executive Committee of EAEVE
FV	Full Visitation
FVE	the Federation of Veterinarians of Europe
GA	General Assembly
HE	higher education
HEI	higher education institution
IAWG	International Accreditors Working Group
IR	Interim Report
IVSA	International Veterinary Student Association
P SER	Preliminary self-evaluation report
PV	Preliminary Visitation
QA	quality assurance
RCVS	Royal College of Veterinary Surgeons
RV	Re-visitation
SAR	self-assessment report
SOP	Standard Operating Procedure
VEEs	Veterinary Education Establishments
VTH	Veterinary Teaching Hospital

## ANNEX 4. DOCUMENTS TO SUPPORT THE REVIEW

### DOCUMENTS PROVIDED BY EAEVE

1. Standard Operating Procedure (SOP) 2019 as amended in September 2021 (Annex 1 to SAR) [link to the website]
2. Exceptional Transitory Amendment of the SOP (due to COVID-19) (Annex 2 to SAR) [link to the website]
3. Strategic Plan 2020-2025 (Annex 3 to SAR) [link to the website]
4. Information on distribution of the draft ENQA SAR to relevant stakeholders for revision (with dates on SAR being sent and feedback submitted) (Annex 4 to SAR)
5. A table on visitations completed outside the EU between October 2014 and until December 2021 (Annex 5 to SAR)
6. A list of meetings of the EAEVE Committees during the Covid-19 pandemic with dates and mode (online vs. onsite) (Annex 6 to SAR)
7. A list of visitations completed in a hybrid mode between October 2020 and October 2021 (Annex 7 to SAR)
8. A list of Principles of ENQA reviews (Annex 8 to SAR)
9. Points raised during the QA training courses in 2017, which reflected on the importance of QA components in each of the 10 Areas due to be assessed by the ESEVT team during a visitation (Annex 9 to SAR)
10. ESEVT Visitor Competency Framework (Annex 10 to SAR) [link to the website]
11. A list with Details of Publications where EAEVE is Mentioned (Annex 11 to SAR)
12. Judgements reached by ECOVE between September 2017 – March 2022 (Annex 12 to SAR) [link to the website]
13. EAEVE Statutes 2022
14. EAEVE Strategic Plan 2015-2020
15. EAEVE Strategic Plan 2015-2020 – Mid term analysis approved by ExCom on 17 May 2017
16. ESEVT Visitation Programme 2018-2022 (lists of institutions including dates, panel members, EAEVE Coordinators)
17. Calendar of Activities of the Office 2018-2022 (xls files)
18. Financial Rolling Plan 2020-2025 (amended in May 2022)
19. Financial reports 2017-2021
20. EAVE budgets 2017-2021 approved by GA
21. CIQA Action Plan 2019-2022 (amended in Jan 2022)
22. A list with names and presenters of Educational Day 2017-2022 (a list with links to all presentations on EAEVE website, protected by password)
23. Materials by Pierre Lekeux, ESEVT Director for Continuing Education session for ESEVT experts dated 24 May 2022
24. Materials of EAEVE QA Meetings 2017
25. EAVE GA minutes of GA meetings 2017-2021
26. ExCom minutes since 30 May 2018 to 31 March 2022
27. Minutes of ECOVE meetings between May 2018 and March 2022
28. Summary lists of EAEVE Activities for each year between 2018-2021
29. E-learning course of the ESEVT Visitors (based on SOP 2019 as amended in September 2021)
30. Information on ESEVT Coordinators and their QA Training
31. A description of conflict of interest as understood by EAEVE with Annexes (Annex 1 Declaration stating the lack of conflicts of interest with the visited Veterinary Education Establishment (VEE) and the commitment to strictly respect the ESEVT SOP and the EAEVE Code of Conduct; Annex 2

- containing a sample of Conflict of interest statement for members of ECOVE for the ECOVE evaluation meeting of 8 June 2022) (as approved by the EAEVE Executive Committee on 29 May 2019))
32. ExCom Rules of Procedure approved by ExCom on 21 June 2021, approved by the GA on 30 September 2021
  33. ECOVE Rules of Operation approved by ExCom on 18 June 2020
  34. CIQA Rules of Operation by ExCom on 29 September 2020
  35. Minutes and plans of CIQA meetings #14, 15, 16, 17, 18, 19, 21, 22, 23, 24; extraordinary meetings on 3 February and 25 March 2022
  36. Information on application of ESG principles when EAEVE conducts procedures outside the EHEA
  37. CVs of some EAEVE representatives
  38. Report of the ECCVT expert working group on the impact of digital technologies & artificial intelligence in veterinary education and practice (adopted by ECCVT on 28 September 2020)
  39. Statistical data on reports that have been submitted to ECOVE and the end result of their amendments

## **OTHER SOURCES USED BY THE REVIEW PANEL**

1. EAEVE's previous review reports, ENQA Board's decision letters and the agency's follow-up report accessed at ENQA website: <https://www.enqa.eu/reviews-database/acronym/aeave/>
2. EQAR registration decisions and reports on EAEVE accessed at the EQAR website: <https://www.eqar.eu/register/agencies/agency/?id=48>
3. Follow Up Report After External Review by ENQA. April 2020. [https://www.enqa.eu/wp-content/uploads/EAEVE-Follow-up-report\\_April-2020.pdf](https://www.enqa.eu/wp-content/uploads/EAEVE-Follow-up-report_April-2020.pdf)

## ENQA AGENCY REVIEW 2023

THIS REPORT presents findings of the ENQA Agency Review of the European Association of Establishments for Veterinary Education (EAEVE), undertaken in 2022.

**enqa.**

European Association for  
Quality Assurance in Higher Education