



**European System of Evaluation
of Veterinary Training
(ESEVT)**

Manual of Standard Operating Procedure

**EUROPEAN ASSOCIATION OF ESTABLISHMENTS
FOR VETERINARY EDUCATION
(EAEVE)**

**FEDERATION OF VETERINARIANS
OF EUROPE
(FVE)**

Table of contents

Introduction.....	3
Chapter 1. Basic documents for the recognition of professional qualifications and for Quality Assurance in the EU.....	4
Chapter 2. ESEVT evaluation process.....	5
1. Visitations.....	5
2. Re-visitation.....	12
3. Consultative Visitation.....	14
4. Interim Report.....	16
Chapter 3. ESEVT Standards for Accreditation	18
Standard 1: Objectives and Organisation.....	18
Standard 2: Finances.....	19
Standard 3: Curriculum.....	19
Standard 4: Facilities and equipment.....	20
Standard 5: Animal resources and teaching material of animal origin	22
Standard 6: Learning resources.....	22
Standard 7: Student admission, progression and welfare.....	23
Standard 8: Student assessment	24
Standard 9: Academic and support staff.....	25
Standard 10: Research programmes, continuing and postgraduate education.....	26
Standard 11: Outcome Assessment and Quality Assurance	26
Annex 1. EU Directive on the recognition of professional qualifications (Directive 2013/55/EU)	28
Annex 2. List of subjects and Day One Competences.....	29
Annex 3. List of European Standards for Quality Assurance in the European Higher Education Area.....	34
Annex 4. ESEVT Indicators	37
Annex 5. Deposits and fees for the ESEVT.....	42
Annex 6. Template and guidelines for the writing of the SER	43
Annex 7. Timetable and guidelines for the Visitation	62
Annex 8. Template and guidelines for the writing of the Visitation Report.....	64
Annex 9. Template and guidelines for the writing of the Re-visitation SER (RSER).....	77
Annex 10. Timetable and guidelines for the Re-visitation	79
Annex 11. Template and guidelines for the writing of the Re-visitation Report.....	80
Annex 12. Timetable and guidelines for the Consultative Visitation	83
Annex 13. Template and guidelines for the writing of the Consultative Visitation Report.....	85
Annex 14. Template and guidelines for the Interim Report.....	91
Annex 15. Declaration stating the lack of conflicts of interest with the visited Establishment and the commitment to strictly respect the ESEVT SOP and the EAEVE Code of Conduct	93
Annex 16. Post-Visitation questionnaire	94
Annex 17. ESEVT transitional procedures between Budapest SOP and Uppsala SOP.....	96
Glossary	97

Introduction

This document sets out the Standard Operating Procedures (SOP) of the European System of Evaluation of Veterinary Training (ESEVT) which is managed by the European Association of Establishments for Veterinary Education (EAEVE) in association with the Federation of Veterinarians of Europe (FVE). The chapter 2 (ESEVT evaluation process) and the chapter 3 (ESEVT standards for accreditation) have been approved by the EAEVE General Assembly (12 May 2016) and by the FVE General Assembly (3 June 2016). The annexes 4 to 17 have been approved by the EAEVE Executive Committee (11 May 2016).

The main objective of the ESEVT is to check if the professional qualifications provided by the veterinary educational Establishments are compliant with the relevant EU Directives and the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG).

The transitional procedures between the Budapest SOP (2012) and the Uppsala SOP (2016) are described in annex 17.

Chapter 1. Basic documents for the recognition of professional qualifications and for Quality Assurance in the EU

Minimum training requirements for veterinarians relevant for the automatic recognition of their qualification throughout the EU are laid down in the EU Directive on the recognition of professional qualifications, i.e. article 38 of the Directive 2005/36/EC as amended by Directive 2013/55/EU (see Annex 1).

Further details are provided by the EU Directive 2005/36/EC Annex 5.4.1, which is currently being amended in the Directive 2013/55/EU by the EU Commission under the Delegated Act procedure (see Annex 2).

The Standards for Quality Assurance in the European Higher Education Area have been updated in September 2014 and have been approved by the Ministerial Conference in May 2015 (see Annex 3).

Chapter 2. ESEVT evaluation process

(as approved by the EAEVE General Assembly on 12 May 2016)

The ESEVT evaluation process is a fully transparent Accreditation procedure based on a system of Visitation together with periodic Interim Reports provided by the Establishment. It is compulsory for EAEVE members, as stated in the EAEVE statutes.

To be accredited by ESEVT, a veterinary degree provided by an Establishment must meet all the standards set out in chapter 3, in order to be compliant with the EU Directives on the recognition of professional qualifications and the ESG.

If an establishment offers more than one veterinary programme, e.g. in different languages, all programmes must be evaluated.

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

-) Full Visitation (called Visitation in this document);
-) Re-visitation;
-) Consultative Visitation;
-) Interim Report.

1. Visitations

1.1. Agreement for an evaluation between the Establishment and the ESEVT

Not less than 14 months before the intended Visitation, the Establishment (which must be an EAEVE member in good standing) must contact the EAEVE Office to ask for a Visitation.

Not less than 12 months before the intended Visitation, an official Visitation Agreement must be signed by the Establishment's Head.

This agreement must mention:

-) the date and type of Visitation;
-) the name and details of the Establishment's Head and of the Liaison Officer for the Visitation;
-) the Visitation fee to be paid in agreement with Annex 5;
-) the version and date of the ESEVT SOP which is valid for the Visitation;
-) the commitment of the Establishment to strictly respect the ESEVT SOP, with regard to the preparation of the Visitation, the completion of it and the publication on its website of the SER and the Visitation Report.

The Visitation must be carried out during a period of full academic activity, i.e. when most staff and students are present on site.

The deposit and fees for the evaluation process are provided at Annex 5.

1.2. Identification of the Visitation Team

Not less than 6 months before the Visitation, the European Committee on Veterinary Education (ECOVE), through the EAEVE Office, appoints the members of the Visitation Team and sends to the Establishment the list and details of each Visitor.

The Visitation Team is composed of 8 Visitors:

-) 1 expert in Basic Sciences (BS);
-) 1 expert in Clinical Sciences in companion animals (including Equine and exotic pets) (CS-CA);
-) 1 expert in Clinical Sciences in food-producing animals (including Animal Production and Herd Health Management) (CS-FPA);
-) 1 practitioner (proposed by FVE) (P);
-) 1 expert in Food Safety and Quality (including Veterinary Public Health) (FSQ);
-) 1 expert in Quality Assurance (QA);
-) 1 student (min -1yr or max +1yr graduate veterinary student proposed by an association of veterinary students of an Establishment with the Accreditation status *(or Approval status during the transition period)* and recommended by an ESEVT expert) (ST);
-) 1 ESEVT Coordinator (CO).

One of the Visitors is designated by ECOVE as Chairperson on the basis of his/her experience as ESEVT Visitor and leadership.

All academic Visitors must be associated with an Establishment with ESEVT (conditional) Accreditation status *(or Approval status during the transition period)*.

All Visitors (regardless of the type of Visitation) must:

-) have successfully completed the e-learning course for ESEVT Visitors;
-) be fluent in English, both speaking and writing;
-) have been granted their University degree and work in a country other than the visited one;
-) sign a declaration confirming that they have no conflict of interest with the visited Establishment and a commitment to strictly follow the ESEVT SOP and the EAEVE code of Conduct (see Annex 15).

If the visited Establishment considers that there is a conflict of interest with one of the selected Visitors, it may inform ECOVE through the EAEVE Office 2 weeks after receiving the Visitation team list at the latest. If the conflict of interest is obviously justified by the Establishment, ECOVE decides to replace this Visitor.

Upon an official request from the visited Establishment, ECOVE may accept observers from other official bodies, in addition to the ESEVT Visitors.

Upon an official request from the visited Establishment and in order to save time and money, ECOVE may accept to share Visitors with other veterinary accreditation bodies in case of joint Visitations within the International Accreditors Working Group.

However:

-) the joint Visitation Team must include among others 1 ESEVT Coordinator, 1 Student and no less than 2 ESEVT Experts,
-) all ESEVT fields of expertise (i.e. BS, CS-CA, CS-FPA, FSQ, QA) must be covered within the joint Visitation team,
-) the Visitation Agreement, the SER and the Visitation Report must be written in full agreement with the ESEVT SOP,
-) the Visitation programme must be compliant with the ESEVT SOP.

The main duties of the Visitors are to establish if the veterinary degree granted by the visited Establishment is compliant with the ESEVT Standards (see chapter 3).

More specifically, the duties of the Visitors are:

-) before the Visitation, to read the Self Evaluation Report (SER), to write the draft report for their respective chapters (as allocated by the Chairperson and Coordinator) and to send it together with a list of questions and issues to be clarified to the Coordinator 2,5 weeks before the visitation at the latest;
-) during the Visitation, to check the accuracy of the information provided in the SER, to visit the facilities, to consult the databases, to meet students, staff, representatives of the national veterinary associations and other stakeholders, to request any missing information and to finalise the writing of the draft Visitation Report for their respective chapters in collaboration with the other members of the team;
-) immediately after the Visitation, to send their comments on the final draft of the Visitation Report to the Coordinator and the post-visitation questionnaire (Annex 16) to the EAEVE Office.

The main duties of the Chairperson are to chair all the meetings during the Visitation, to make decisions (after consulting the Visitation Team) when an unexpected problem occurs during the Visitation and, subsequently, to be available to ECOVE to discuss the Visitation Report and answering any questions that may arise.

The main duties of the Coordinator are to coordinate the whole Visitation process in close contact with EAEVE Office, the Chairperson and the visited Establishment (i.e. its preparation, its completion and the writing of the Visitation Report), in order to help the experts in their duties, to facilitate contacts with the Establishment, to ensure a strict implementation of the SOP, and to guarantee an equal level of all reports.

The main duties of the Liaison Officer are to facilitate the whole Visitation process in agreement with the ESEVT SOP and to be in close contact with the EAEVE Office, the Coordinator and the Establishment's Head before, during and after the Visitation. The Liaison Officer must provide the Visitors with the information requested before and during the Visitation, to address any technical problems and to organise the relevant meetings in the most efficient way.

The Liaison Officer must be a senior member of the Establishment who is:

-) well aware of both the ESEVT SOP and the structure and functioning of the Establishment;
-) fluent in English;
-) easily accessible by e-mail and by phone and readily available at all times, particularly during the visitation.

1.3. Travel arrangements and accommodation

Not less than 4 months before the Visitation, the Establishment must:

-) contact each Visitor in order to make suitable travel arrangements (each Visitor must be present on site at least 1 hour before the start of the first team meeting and must be present until the end of the final presentation);
-) buy the tickets (economy class) and send them to each Visitor or reimburse Visitors buying their own tickets under the same conditions;
-) book the rooms in a convenient 3* or 4* hotel with Wi-Fi, a restaurant and a meeting room fully devoted to the Visitation Team;
-) purchase an insurance for each Visitor in order to cover the risk of accidents occurring during the travels and the Visitation.

All transportation of the Visitors (e.g. between airport, train station, hotel, restaurant and visited sites) must be organised and funded by the Establishment.

1.4. Self evaluation report (SER)

The SER must be the result of an objective, accurate and in-depth review of the Establishment and the education it provides. It must contain accurate factual information together with a SWOT analysis, including the measures proposed to address the weaknesses and threats identified by the Establishment.

The SER must demonstrate how the Establishment meets the ESEVT Standards described in chapter 3.

The SER has to be written following the SOP, which was valid at the time of the agreement between the Establishment and EAEVE. If the Establishment wishes to do so, it may follow the most recent SOP. In any case, the Establishment must state in the introduction of its SER which SOP it follows (version, date).

The SER must closely follow the template and guidance provided in Annex 6.

It is strongly recommended that the preparation of the SER begins about one year before the Visitation, involves key members of staff in its process and is approved by the Establishment's governing body.

Not less than 2 months before the Visitation, the SER must be sent by the Establishment to all members of the Visitation Team and to the EAEVE Office, both by surface-mail (hard copy) and by e-mail (electronic version in a Word format).

1.5. Programme for the Visitation

The major aim of the Visitation is to establish whether the Establishment complies with the ESEVT Standards described in chapter 3. The Visitation Team must verify and supplement the information presented in the SER by visiting the facilities, consulting the databases and meeting the relevant people.

A secondary objective is to propose, if appropriate, a few operational suggestions for improving training. These suggestions must be relevant for the visited Establishment and in compliance with the ESEVT SOP.

The programme of the Visitation must be in compliance with the timetable and guideline proposed at Annex 7. Any modification proposed by the Establishment must be accepted by the Chairperson and the Coordinator. When required, on-site changes must be possible in order to allow Visitors to verify or complete information.

Interactions between the Visitation Team and the Establishment should have a collegial tone, be based on mutual trust and a desire to arrive at a full understanding of the current status of the educational programme of the Establishment.

Wherever possible, the Visitation Team will work as a group to enable all of them to see the relationships between the various parts of the curriculum and the degree of integration. If needed, the Visitation Team may split into smaller groups to retrieve as much information as possible during the Visitation.

The Visitation Team must meet groups of teaching staff who represent a broad range of disciplines and levels of experience, as well as support staff, students and external stakeholders. An opportunity is provided during the Visitation for any staff member or student to meet confidentially with the Visitation Team and/or to send confidential communications to the team by e-mail.

1.6. Visitation Report

The Visitation Report has to be written following the SOP which was valid at the time of the agreement between the Establishment and EAEVE unless the Establishment has explicitly agreed to follow the most recent SOP (refer to point 1.4). In any case, the SOP used to write the Visitation Report must coincide with the SOP the Establishment followed when preparing its SER. In the Visitation Report, the Visitation Team must state in the Introduction which SOP it follows (version, date).

Not less than 2,5 weeks before the Visitation, each Visitor must have read the full SER, completed the delegated chapters in the draft Visitation Report (at least the sections 'Findings' and 'Questions to be asked/issues to be clarified during the Visitation') and sent it to other members of the Visitation Team. Then, the Coordinator puts them together as Draft A.

The Visitation Report must be completed in agreement with the template and guidance provided in Annex 8.

All members of the Visitation Team are expected to contribute to all chapters but a principal writer is identified for each chapter by the Chairperson and Coordinator at least 2 months before the Visitation.

The standard distribution is as follows. It may be modified at the discretion of the Chairperson:
Introduction: CO (helped by Chairperson)

1) Objectives and Organisation: CO (helped by QA)

2) Finances: CO

3) Curriculum:

 General curriculum: BS (helped by QA)

 Basic Sciences: BS

 Clinical Sciences in companion animals (including equine and exotic pets): CS-CA (helped by P)

 Clinical Sciences in food-producing animals: CS-FPA (helped by P)

 Animal production: CS-FPA

 Food Safety and Quality: FSQ

 Professional Knowledge: P

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

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

6) Learning resources: BS (helped by ST)

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

8) Student assessment: QA (helped by ST)

9) Academic and support staff: CS-CA (helped by P)

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

11) Outcome Assessment and Quality Assurance: QA (helped by FSQ)

Executive Summary: CO (helped by Chairperson)

Indicators: CO (helped by FSQ)

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

The draft A Visitation Report is based on the input of each Visitor. It must be assembled by the Coordinator and sent to all members of the Visitation Team 2 weeks before the start of the Visitation at the latest. At this stage, it is solely based on the SER. A list of questions to be

asked to the Establishment and issues to be clarified during the Visitation must be added to the findings and comments. The globalised list of questions is sent by the Coordinator to the Establishment 2 weeks before the start of the Visitation at the latest, in order to allow the Liaison Officer sufficient time to collect the required data. The Establishment must provide answers to these questions as soon as possible and at the start of the Visitation at the latest.

The draft B Visitation Report (based on findings, comments, suggestions and identification of potential deficiencies) must be completed before the end of the Visitation.

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

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 Establishment, 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).

After a proofreading by the Chairperson and Coordinator and a final agreement by all members of the Visitation Team, the draft C Visitation Report is issued 14 days after the end of the Visitation at the latest and sent to the Establishment for the identification of potential factual errors with a two weeks' notice.

In agreement with the Chairperson, the Coordinator corrects the relevant factual errors and sends the draft D to the EAEVE Office for a final proofreading before the EAEVE Office presents the Report for the next ECOVE meeting. The ECOVE members must receive the draft D Visitation Report not less than 1 month before their meeting.

With the support of the EAEVE Office and the Coordinator, the Final Visitation Report is issued by ECOVE. It is communicated to the Establishment's Head prior to publication on the website of both EAEVE and the Establishment.

Two months after the Visitation at the latest, the Establishment must return the post-visitiation questionnaire (Annex 16) to the EAEVE Office.

1.7. ECOVE decision

ECOVE must base its decision on the SOP which was valid at the time of the agreement between the Establishment and EAEVE unless the Establishment has explicitly agreed to follow the most recent SOP (refer to points 1.4 and 1.6). In any case, the SOP on which ECOVE has based its decision must coincide with the SOP the Establishment followed when preparing its SER. In its decision, ECOVE must state on which SOP it has based its decision on (version, date).

For each visited Establishment, the ECOVE analyses and discusses the draft D Visitation Report and decides to confirm or amend the recommendations of the Visitation Team. The Chairperson and/or the Coordinator must be available to ECOVE for discussing the Visitation Report and for answering any questions that may arise. The Major Deficiencies must be clearly listed in agreement with a standardised terminology and the Establishment's status clearly identified, i.e.:

-) Accreditation in case of no Major Deficiency;
-) Conditional Accreditation in case of 1 single Major Deficiency;
-) Non-Accreditation in case of several Major Deficiencies.

Accreditation is valid for 7 years from the date of the (full) Visitation; Conditional Accreditation is valid for 3 years from the date of the (full) Visitation. When the validity period is exceeded, the Establishment automatically reverts to Non-Accreditation status.

Immediately after the meeting, the ECOVE Chairperson through the EAEVE Office informs the Establishment's Head by e-mail and letter about:

-) the granted status;
-) the Major Deficiencies;
-) the appeal process;
-) the obligation to publish the final Visitation Report issued by ECOVE on the website of EAEVE and the Establishment.

1.8. Appeal process

If the Establishment believes that the decision by ECOVE is not justified by the findings in the visitation report, it must inform the ECOVE Chairperson through the EAEVE Office of its intention to appeal the ECOVE decision within two weeks. That notification and the argued basis for the appeal must be made in writing 2 months after the receipt by mail of the ECOVE decision and final Visitation Report by the Establishment at the latest.

The first stage of the appeal process involves reconsideration by the ECOVE during its next meeting. The Chairperson and the Coordinator of the relevant Visitation Team may be asked to participate in the reconsideration process. The appeal may be accepted or dismissed.

If the ECOVE dismisses the appeal and if the Establishment intends to continue the appeal process, it is then considered formally by an appeal panel. The panel will comprise three members, all of whom should preferably have chaired a Visitation Team. The appointment of the panel is coordinated by the President of EAEVE or his/her nominee in the event that s/he is ineligible through other considerations. One member each is appointed by the EAEVE and the FVE, with the appealing Establishment having the right to nominate a third member. At least one member must have expertise relating to the subject area(s) under dispute. The panel selects its own Chairperson. All three members must sign a declaration confirming that they have no conflict of interest with the visited Establishment and a commitment to strictly follow the ESEVT SOP and the code of Good Practices for Visitors (see Annex 15).

The appeal and the discussion of it is first to be carried out by correspondence. If a decision cannot be reached by this means, the Chairperson of the Appeal Panel may consider that a meeting is necessary, at the Establishment or elsewhere, between the members of the panel, representatives of the Establishment and the Chairperson and/or Coordinator of the Visitation Team. In this case all expenses must be paid by the Establishment.

Once the Appeal Panel has reached a decision, by majority if necessary, its Chairperson will inform the ECOVE of its decision by submitting an adjudicating statement. The EAEVE Office is responsible for informing the Establishment of the appeal panel's decision in writing. The decision of the panel is final.

Until the end of the appeal process, the Visitation Report is not published and the appealing Establishment holds its current status.

2. Re-visitation

2.1. Agreement for a Re-visitation between the Establishment and the ECOVE

Two years after the previous (full) Visitation at the latest, an Establishment that considers that it has rectified its Major Deficiencies may ask ECOVE through the EAEVE Office for a Re-visitation. The official request signed by the Establishment's Head needs to be accompanied by a Re-visitation SER providing evidence that the Major Deficiencies identified during the Visitation have been corrected and that an on-going process is in place in order to correct the Minor Deficiencies.

If ECOVE agrees about a Re-visitation, it will be organised by the EAEVE Office at the expense of the Establishment.

Not less than 3 months before the Re-visitation, an official Re-visitation agreement must be signed by the Establishment's Head.

This agreement must mention:

-) the date of the Re-visitation;
-) the Re-visitation fee to be paid in agreement with Annex 5;
-) the commitment of the Establishment to strictly respect the ESEVT SOP, with regard to the preparation of the Re-visitation, the completion of it and the publication on its website of the Re-visitation SER (RSER) and the Re-visitation Report.

A Re-visitation must be performed 3 years after the previous Visitation at the latest and can only be performed once. If this interval is exceeded, only a (full) Visitation can be planned.

2.2. Identification of the Re-visitation Team

3 months before the Re-visitation at the latest, ECOVE through the EAEVE Office appoints the members of the Re-visitation Team and sends to the Establishment the list and details of each Visitor.

The Re-visitation Team is composed of minimum 2 Visitors, i.e. 1 member of the previous Visitation Team (most often the Chairperson, who will chair the Re-visitation Team) and a Coordinator. 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 (full) Visitation.

All Visitors must fulfil the criteria specified in point 1.2 and be experienced ESEVT Visitors.

The duty of the Visitors is mainly to evaluate whether the Major Deficiencies identified by ECOVE after the Visitation have been corrected. It is also to evaluate if an on-going process is in place in order to correct the Minor Deficiencies.

More specifically, the duties of the Visitors are:

-) before the Re-visitation, to read the RSER;

-) during the Re-visitation, to check the accuracy of the information provided in the RSER and, when relevant for the correction of the Deficiencies, visiting facilities, consulting databases, meeting people and searching for any missing information;
-) within two weeks after the Re-visitation, to finalise the Re-visitation Report and to send the post-visitation questionnaire (Annex 16) to the EAEVE Office.

2.3. Travel arrangements and accommodation

Travel arrangement and accommodation are the same as for a Visitation (refer to point 1.3).

2.4. Re-visitation SER (RSER)

The RSER, which must be sent to the EAEVE Office at the same time as the request for Re-visitation, must provide factual and accurate information providing evidence that the Major Deficiencies identified during the Visitation have been corrected and that an on-going process is in place in order to correct the Minor Deficiencies.

Not less than 2 months before the Re-visitation, the RSER is sent by the Establishment to all members of the Re-visitation Team and to the EAEVE Office, both by post-mail (hard copy) and by e-mail (electronic version in Word format).

The RSER must be completed in agreement with the template and guidance provided at Annex 9.

2.5. Programme of the Re-visitation

The aim of a Re-visitation is to evaluate whether the Major Deficiencies identified during the previous Visitation have been fully corrected, whether an on-going process is in place in order to correct the Minor Deficiencies, and whether the Establishment is now fully compliant with the ESEVT Standards described in chapter 3.

The Re-visitation Team will have to verify and supplement the information presented in the RSER by visiting the facilities, consulting the databases and meeting the relevant people.

The programme of the Re-visitation must be in agreement with the timetable and guideline provided in Annex 10. Any modification proposed by the Establishment must be agreed by the Chairperson. When required, on-site changes in the Re-visitation programme must be possible in order to allow Visitors to verify or complete some information.

2.6. Re-visitation Report

The Re-visitation Report must be completed in agreement with the template and guidance provided at Annex 11.

A draft A Re-visitation Report (based mainly on findings, comments, suggestions and decision recommended by the Re-visitation Team for each Major Deficiency) is immediately written by the Re-visitation Team under the coordination and proofreading of the Coordinator.

14 days after the end of the Re-visitation at the latest, the Coordinator through the EAEVE Office sends it to the Establishment for the identification of potential factual errors with a two weeks' period allowed for response.

The Coordinator corrects the relevant factual errors and sends the draft B Re-visitation Report to the EAEVE Office for a final proofreading before the EAEVE office presents the Report for consideration by the next ECOVE meeting. The ECOVE members must receive the draft B Re-visitation Report not less than 1 month before their meeting.

With the support of the EAEVE Office, the Final Re-visitation Report is issued by ECOVE. It is communicated to the Establishment's Head prior to publication on the website of both EAEVE and the Establishment.

Two months after the Re-visitation at the latest, the Establishment must return the post-visitation questionnaire (Annex 16) to the EAEVE Office.

2.7. ECOVE decision

For each revisited Establishment, the ECOVE analyses the Re-visitation Report and decides to confirm or amend the recommendations proposed by the Re-visitation Team. The Chairperson must be available to ECOVE for discussing the Re-visitation Report and for answering any questions that may arise. The remaining Major Deficiencies after the Re-visitation must be clearly listed in agreement with a standardised terminology and the Establishment's status clearly granted, i.e.:

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

Immediately after the meeting, the ECOVE Chairperson through the EAEVE Office informs the Establishment's Head by e-mail and letter about:

-) the granted status;
-) the remaining Major Deficiencies (if any);
-) the appeal process;
-) the obligation to publish the final Re-visitation Report adopted by ECOVE on the website of EAEVE and the Establishment.

The new granted status lasts 7 years from the date of the (full) Visitation (and not from the date of the Re-visitation).

If the Establishment has not been granted with the Accreditation status after the Re-visitation, another Re-visitation cannot be planned and the Non-Accreditation status will be valid until the next (full) Visitation.

When the validity period is exceeded, the Establishment is automatically reclassified to a Non-Accreditation status.

2.8. Appeal process

The appeal process after an ECOVE decision based on a Re-visitation is identical to the one after a Visitation.

3. Consultative Visitation

The purpose of a Consultative Visitation is an appraisal of the overall compliance of an Establishment with ESEVT Standards. The Visitation is advisory in nature and the result is not listed nor made public. After the Consultative Visitation, a report is issued by the Consultative

Visitation Team and includes the findings and the potential Major Deficiencies identified by the experts.

A Consultative Visitation is a prerequisite for granting membership in EAEVE, as stated in the EAEVE statutes.

Other candidates for Consultative Visitations are Establishments preparing for Accreditation by ESEVT and wishing a preliminary and inconsequential evaluation.

3.1. Agreement for a consultative evaluation between the Establishment and the ESEVT

Not less than 14 months before the intended Consultative Visitation, the Establishment must contact the EAEVE Office to ask for a Consultative Visitation.

Not less than 12 months before the intended Consultative Visitation, an official Consultative Visitation agreement must be signed by the Establishment's Head.

This agreement must mention:

-) the date of Consultative Visitation;
-) the name and details of the Establishment's Head and of the Liaison Officer for the Consultative Visitation;
-) the Consultative Visitation fee to be paid in agreement with Annex 5;
-) the commitment of the Establishment to strictly respect the ESEVT SOP, both for the preparation of the Consultative Visitation and for the completion of it.

3.2. Identification of the Consultative Visitation Team

Not less than 6 months before the Consultative Visitation, ECOVE through the EAEVE Office appoints the members of the Consultative Visitation Team and sends to the Establishment the list and details of each Visitor.

The Visitation Team is composed of 2 Visitors with complementary expertise.

One of the Visitors is designated by ECOVE as Chairperson on the basis of his/her experience as an ESEVT Visitor and leadership.

All visitors must fulfil the criteria specified in point 1.2.

The main duties of the Visitors, Chairperson and Liaison Officer are the same as for a Visitation.

3.3. Travel arrangements and accommodation

Travel arrangements and accommodation are the same as for a Visitation (refer to point 1.3).

3.4. Consultative SER (CSER)

The CSER must be the result of a review of the Establishment and the education it provides. It must provide factual and accurate information together with a SWOT analysis, including the measures proposed to address the weaknesses and threats identified by the Establishment.

The CSER must demonstrate how the Establishment meets or plans to meet the ESEVT Standards described in chapter 3.

The CSER must be completed in agreement with template and guidance provided for the SER (Annex 6).

Not less than 2 months before the Consultative Visitation, the CSER is sent by the Establishment to all members of the Consultative Visitation Team and to the EAEVE Office, both by post-mail (hard copy) and by e-mail (electronic version in Word format).

3.5. Programme of the Consultative Visitation

The aim of the Consultative Visitation is to evaluate if the Establishment complies with the ESEVT Standards described in chapter 3. The Consultative Visitation Team has to verify and supplement the information presented in the CSER by visiting the facilities, consulting the databases and meeting the relevant people.

The programme of the Consultative Visitation must be in agreement with the timetable and guideline proposed at Annex 12. The programme is scheduled to take 2 full days on site, the first one mainly devoted to visiting the facilities and the second one to meeting the relevant people. Any modification proposed by the Establishment must be agreed by the Chairperson.

When required, on-site changes must be possible in order to allow Visitors to verify or complete some information.

3.6. Consultative Visitation Report

The Consultative Visitation Report must be completed in agreement with template and guidance provided in Annex 13.

A draft Consultative Visitation Report (based on findings, comments, suggestions and putative list of Major Deficiencies) is initiated by the Visitors (on the basis of the CSER and under the coordination of the Chairperson) before the Consultative Visitation, is completed immediately after it, corrected for factual errors by the Establishment and finally proofread by the Chairperson and the EAEVE Office.

One month after the end of the Consultative Visitation at the latest, the EAEVE Office sends the final Consultative Visitation Report to the Establishment and presents it for confidential information to the next ECOVE meeting.

Two months after the Consultative Visitation at the latest, the Establishment must return the post-visitation questionnaire (Annex 16) to the EAEVE Office.

4. Interim Report

3,5 years after the (full) Visitation, all Establishments that are members of EAEVE must send a concise Interim Report to the EAEVE Office.

It must include:

-) the name and details of the current Establishment's Head;
-) any major changes in each ESEVT Standard since the previous SER;
-) progress in the correction of Deficiencies (if any) and plans for the near future;
-) the expected date of the next evaluation (Consultative Visitation, Visitation or Re-visitation);
-) updated list of Indicators.

The Interim Report must be completed in agreement with the template and guidance provided in Annex 14.

After being reviewed by an ESEVT Coordinator designated by ECOVE, the Interim Report is sent by the EAEVE Office to ECOVE for consideration during its next meeting.

In case of lack of Interim Report or evidences in the Interim Report of the occurrence of potential major issues, ECOVE may send a warning to the Establishment.

Chapter 3. ESEVT Standards for Accreditation

(as approved by the EAEVE General Assembly on 12 May 2016)

Introduction

ESEVT's principal aim in setting standards, and evaluating the Establishment against them, is to ensure that the Establishment:

-) 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 *ad hoc* QA and quality enhancement mechanisms.

Compliance with all the ESEVT Standards taken together provides an assurance that the veterinary degree meets the requirements of the EU Directives and ESG recommendations and guarantees that its graduates will have acquired the relevant knowledge, skills and competences required for the entry-level of a veterinarian.

Standard 1: Objectives and Organisation

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

1.2 The Establishment must develop and follow its mission statement which must embrace all the ESEVT standards.

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

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

1.5 The organisational structure must allow input not only from staff and students but also from external stakeholders.

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

Standard 2: Finances

2.1 Finances must be demonstrably adequate to sustain the requirements for the Establishment to meet its mission and to achieve its objectives for education, research and services.

2.2 The finance report must include both expenditures and revenues and must separate personnel costs, operating costs, maintenance costs and equipment.

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

2.4 Clinical and field services must function as instructional resources. Instructional integrity of these resources must take priority over financial self-sufficiency of clinical services operations. Clinics must be run as efficiently as possible.

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

Standard 3: Curriculum

3.1. The curriculum must be designed, resourced and managed to ensure all graduates have achieved the graduate attributes expected to be fully compliant with the EU Directive 2005/36/EC as amended by directive 2013/55/EU and its Annex V.4.1.

3.2. The learning outcomes for the programme must be explicitly articulated to form a cohesive framework.

3.3. Programme learning outcomes must be communicated to staff and students and:

-) underpin and ensure the effective alignment of all content, teaching, learning and assessment activities of the degree programme;
-) form the basis for explicit statements of the objectives and learning outcomes of individual units of study;
-) be regularly reviewed, managed and updated to ensure they remain relevant, adequate and are effectively achieved.

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

-) determine the pedagogical basis, design, delivery methods and assessment methods of the curriculum,
-) oversee QA of the curriculum, particularly gathering, evaluating, making change and responding to feedback from stakeholders, peer reviewers and external assessors, and data from examination/assessment outcomes,
-) review the curriculum at least every seven years by involving staff, students and stakeholders,
-) identify and meet training needs for all types of staff, maintaining and enhancing their competence for the on-going curriculum development.

3.5. The curriculum must include the subjects (input) listed in Annex V of EU Directive 2005/36/EC and must allow the acquisition of the Day One Competences (output) (see Annex 2).

This must concern all groups of subjects, i.e.:

-) Basic Sciences;
-) Clinical Sciences;
-) Animal Production;
-) Food Safety and Quality;
-) Professional Knowledge.

3.6. External Practical Training (EPT) are training activities organised outside the Establishment, the student being under the direct supervision of a non academic person (e.g. a practitioner). EPT cannot replace the core intramural training nor the extramural training under the close supervision of academic staff (e.g. ambulatory clinics, herds visits, practical training in FSQ).

3.7. Since the veterinary degree is a professional qualification with Day One Competences, EPT must complement and strengthen the academic education by enhancing for the student the handling of all common domestic animals, the understanding of the economics and management of animal units and veterinary practices, the communication skills for all aspects of veterinary work, the hands-on practical and clinical training, the real-life experience, and the employability of the prospective graduate.

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

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

3.10. Students must take responsibility for their own learning during EPT. This includes preparing properly before each placement, keeping a proper record of their experience during EPT by using a logbook provided by the Establishment and evaluating the EPT. Students must be allowed to complain officially or anonymously about issues occurring during EPT.

Standard 4: Facilities and equipment

4.1. All aspects of the physical facilities must provide an environment conducive to learning.

4.2. The veterinary Establishment must have a clear strategy and programme for maintaining and upgrading its buildings and equipment.

4.3. Lecture theatres, teaching laboratories, tutorial rooms, clinical facilities and other teaching spaces must be adequate in number, size and equipped for the instructional purposes and must be well maintained. The facilities must be adapted for the number of students enrolled.

4.4. Students must have ready access to adequate and sufficient study, self-learning, recreation, locker, sanitary and food services facilities.

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

4.6. Facilities must comply with all relevant legislation including health, safety, biosecurity and EU animal welfare and care standards.

4.7. The Establishment's livestock facilities, animal housing, core clinical teaching facilities and equipment must:

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

4.8. Core clinical teaching facilities must be provided in a VTH with 24/7 emergency services at least for companion animals and equines, where the Establishment can unequivocally demonstrate that standard of education and clinical research are compliant with all ESEVT Standards, e.g. research-based and evidence-based clinical training supervised by academic staff trained to teach and to assess, availability for staff and students of facilities and patients for performing clinical research and relevant QA procedures. For ruminants and pigs, on-call service must be available if emergency services do not exist for those species in a VTH. The Establishment must ensure state-of-the-art standards of teaching clinics which remain comparable with the best available in the private sector.

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

4.10. All core teaching sites must provide dedicated learning spaces including adequate internet access.

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

4.12. Operational policies and procedures (including biosecurity, good laboratory practice and good clinical practice) must be taught and posted for students, staff and visitors.

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

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

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

Standard 5: Animal resources and teaching material of animal origin

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

5.2. It is essential that a diverse and sufficient number of surgical and medical cases in all common domestic animals and exotic pets be available for the students' clinical educational experience and hands-on training.

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

5.4. The VTH must provide nursing care skills and instruction in nursing procedures.

5.5. Under all situations students must be active participants in the workup of patients, including physical diagnosis and diagnostic problem oriented decision making.

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

Standard 6: Learning resources

6.1. State-of-the-art learning resources must be available to support veterinary education, research, services and continuing education. Timely access to learning resources, whether through print, electronic media or other means, must be available to students and staff and, when appropriate, to stakeholders. State-of-the-art procedures for bibliographical search and for access to databases and learning resources must be taught to undergraduate students.

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

6.3. The Establishment must provide students with unimpeded access to learning resources which include scientific and other relevant literature, internet and internal study resources, and equipment for the development of procedural skills (e.g. models). The use of these resources

must be aligned with the pedagogical environment and learning outcomes within the programme, and have mechanisms in place to evaluate the teaching value of innovations in learning resources.

6.4. The relevant electronic information, database and other intranet resources must be easily available for students and staff both in the Establishment's core facilities via wireless connection (Wi-Fi) and from outside the Establishment via Virtual Private Network (VPN).

Standard 7: Student admission, progression and welfare

7.1. The selection criteria for admission to the programme must be consistent with the mission of the Establishment. The number of students admitted must be consistent with the resources available at the Establishment for staff, buildings, equipment, healthy and diseased animals, and materials of animal origin.

7.2. In relation to enrolment, the Establishment must provide accurate information in all advertisements regarding the educational programme by providing clear and current information for prospective students. Further, printed catalogue and electronic information must state the purpose and goals of the programme, provide admission requirements, criteria and procedures, state degree requirements, present Establishment descriptions, clearly state information on tuition and fees along with procedures for withdrawal, give necessary information for financial aid programmes, and provide an accurate academic calendar.

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

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

7.5. The Establishment must regularly review and reflect on the selection processes to ensure they are appropriate for students to complete the programme successfully, including consideration of their potential to meet all the ESEVT Day One Competences in all common domestic species (see Annex 2).

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

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

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

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

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

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

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

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

7.14. Mechanisms must be in place by which students can convey their needs and wants to the Establishment.

7.15. The Establishment must provide students with a mechanism, anonymously if they wish, to offer suggestions, comments and complaints regarding compliance of the Establishment with the ESEVT standards.

Standard 8: Student assessment

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

8.2. The assessment tasks and grading criteria for each unit of study in the programme must be clearly identified and available to students in a timely manner well in advance of the assessment.

8.3. Requirements to pass must be explicit.

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

8.5. The Establishment must have a process in place to review assessment outcomes and to change assessment strategies when required.

8.6. Programme learning outcomes covering the full range of professional knowledge, skills, competences and attributes must form the basis for assessment design and underpin decisions on progression.

8.7. Students must receive timely feedback on their assessments.

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

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

Standard 9: Academic and support staff

9.1. The Establishment must ensure that all staff are appropriately qualified and prepared for their roles, in agreement with the national and EU regulations. A formal training (including good teaching and evaluation practices, learning and e-learning resources, biosecurity and QA procedures) must be in place for all staff involved with teaching. Most FTE academic staff involved in veterinary training must be veterinarians. It is expected that greater than 2/3 of the instruction that the students receive, as determined by student teaching hours, is delivered by qualified veterinarians.

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

9.3. Staff who participate in teaching must have received the relevant training and qualifications and must display competence and effective teaching skills in all relevant aspects of the curriculum that they teach, regardless of whether they are full or part time, residents, interns or other postgraduate students, adjuncts or off-campus contracted teachers.

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

9.5. The Establishment must provide evidence that it utilises a well-defined, comprehensive and publicised programme for the professional growth and development of academic and support staff, including formal appraisal and informal mentoring procedures. Staff must have the opportunity to contribute to the Establishment's direction and decision making processes.

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

Standard 10: Research programmes, continuing and postgraduate education

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

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

10.3. All students must have opportunities to participate in research programmes.

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

Standard 11: Outcome Assessment and Quality Assurance

11.1 The Establishment must have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders must develop and implement this policy through appropriate structures and processes, while involving external stakeholders.

11.2 The Establishment must have processes for the design and approval of their programmes. The programmes must be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme must be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.

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

11.4 The Establishment must consistently apply pre-defined and published regulations covering all phases of the student "life cycle", e.g. student admission, progression, recognition and certification.

11.5 The Establishment must assure themselves of the competence of their teachers. They must apply fair and transparent processes for the recruitment and development of staff.

11.6 The Establishment must have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.

11.7 The Establishment must ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

11.8 The Establishment must publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible.

11.9 The Establishment must monitor and periodically review their programmes to ensure that

they achieve the objectives set for them and respond to the needs of students and society. These reviews must lead to continuous improvement of the programme. Any action planned or taken as a result must be communicated to all those concerned.

11.10 The Establishment must undergo external quality assurance in line with the ESG on a cyclical basis.

Annex 1. EU Directive on the recognition of professional qualifications (Directive 2013/55/EU)

All professional veterinary degrees offered in the European Union are required to meet certain 'minimum training requirements'. These are set out in Article 38 of the EU Directive 2013/55/EU as follows:

'The training of veterinarians shall comprise a total of at least five years of full-time theoretical and practical study, which may in addition be expressed with the equivalent ECTS credits, at a university or at a higher institute providing training recognised as being of an equivalent level, or under the supervision of a university, covering at least the study programme referred to in point 5.4.1 of Annex V (of Directive 2005/36/EC).

Training as a veterinarian shall provide an assurance that the professional in question has acquired the following knowledge and skills:

- (a) adequate knowledge of the sciences on which the activities of a veterinarian are based and of the Union law relating to those activities;
- (b) adequate knowledge of the structure, functions, behaviour and physiological needs of animals, as well as the skills and competences needed for their husbandry, feeding, welfare, reproduction and hygiene in general;
- (c) the clinical, epidemiological and analytical skills and competences required for the prevention, diagnosis and treatment of the diseases of animals, including anaesthesia, aseptic surgery and painless death, whether considered individually or in groups, including specific knowledge of the diseases which may be transmitted to humans;
- (d) adequate knowledge, skills and competences for preventive medicine, including competences relating to inquiries and certification;
- (e) adequate knowledge of the hygiene and technology involved in the production, manufacture and putting into circulation of animal feedstuffs or foodstuffs of animal origin intended for human consumption, including the skills and competences required to understand and explain good practice in this regard;
- (f) the knowledge, skills and competences required for the responsible and sensible use of veterinary medicinal products, in order to treat the animals and to ensure the safety of the food chain and the protection of the environment.'

Annex 2. List of subjects and Day One Competences

(as approved by the ECCVT on 26 March 2015 and proposed to the EU DG Grow as Annex 5.4.1 of the EU Directive 2013/55/EU)

Introduction

A. The study programme to become a veterinarian must include the subjects listed below (input) and must allow the acquisition of Day One Competences listed below (output).

B. Competence is a concept that integrates knowledge, skills and attitudes. Competence requires acquisition of technical skills but further involves applying relevant knowledge, and having the confidence and ability to transfer what has been learnt to a variety of contexts.

C. 'Day One Competence' is the minimum standard required and is the starting point for a variety of roles in the veterinary profession (e.g. as Practitioner, Hygienist, Scientist, National Veterinary Services Officer, Animal Welfare Officer, Designated Veterinarian, ..). After graduation, on going professional development will be needed in whichever field the new graduate decides to enter, and some roles may require postgraduate training and further formal qualifications (e.g. EBVS Diplomate, PhD).

D. A new graduate who has achieved day one competence should be capable to independently perform appropriate entry-level tasks and duties of the veterinary profession and confident enough to practise veterinary medicine at a primary care level on their own, while knowing when it is appropriate to seek direction from more experienced colleagues. New graduates are likely to need more time to perform some procedures. Support and direction from more senior colleagues should be available.

E. Veterinary educational Establishments are responsible for developing the day one competence of their students and ensuring that they have met the competences by the time they graduate. They are greatly assisted in this by the practising arm of the veterinary profession, which provides extra-mural work placements so that students can practise applying these competences in the workplace.

F. These day one competences are in agreement with the EU Directives, Regulations and Proposals related to veterinary professional qualifications, i.e.:

-) Directive 2005/36/EC amended by Directive 2013/55/EU (on the recognition of professional qualifications);
-) Directive 2010/63/EU (on the protection of animals used for scientific purposes);
-) Regulation 852/2004/EC (on the hygiene of foodstuffs) ;
-) Regulation 853/2004/EC (on specific hygiene rules for food of animal origin) ;
-) Regulation 854/2004/EC (on specific rules for the organisation of official controls on products of animal origin intended for human consumption) ;
-) Regulation 1099/2009/EU (on the protection of animals at the time of killing) ;
-) Proposals on Regulation on Animal Health and Regulation on Official Controls.

1. Day One Competences

- 1.1 Understand the ethical and legal responsibilities of the veterinarian in relation to patients, clients, society and the environment.
- 1.2 Demonstrate knowledge of the organisation, management and legislation related to a veterinary business.
- 1.3 Promote, monitor and maintain health and safety in the veterinary setting; demonstrate knowledge of systems of QA; apply principles of risk management to their practice.
- 1.4 Communicate effectively with clients, the public, professional colleagues and responsible authorities, using language appropriate to the audience concerned.
- 1.5 Prepare accurate clinical and client records, and case reports when necessary, in a form satisfactory to colleagues and understandable by the public.
- 1.6 Work effectively as a member of a multi-disciplinary team in the delivery of services.
- 1.7 Understand the economic and emotional context in which the veterinarian operates.
- 1.8 Be able to review and evaluate literature and presentations critically.
- 1.9 Understand and apply principles of clinical governance, and practise evidence-based veterinary medicine.
- 1.10 Use their professional capabilities to contribute to the advancement of veterinary knowledge, in order to improve the quality of animal care and veterinary public health.
- 1.11 Demonstrate ability to cope with incomplete information, deal with contingencies, and adapt to change.
- 1.12 Demonstrate that they recognise personal and professional limits, and know how to seek professional advice, assistance and support when necessary.
- 1.13 Demonstrate an ability of lifelong learning and a commitment to learning and professional development. This includes recording and reflecting on professional experience and taking measures to improve performance and competence.
- 1.14 Take part in self-audit and peer-group review processes in order to improve performance.
- 1.15 Obtain an accurate and relevant history of the individual animal or animal group, and its/their environment.
- 1.16 Handle and restrain animal patients safely and with respect of the animal, and instruct others in helping the veterinarian perform these techniques.
- 1.17 Perform a complete clinical examination and demonstrate ability in clinical decision-making.
- 1.18 Develop appropriate treatment plans and administer treatment in the interests of the patients and with regard to the resources available.
- 1.19 Attend all species in an emergency and perform first aid.
- 1.20 Assess the physical condition, welfare and nutritional status of an animal or group of animals and advise the client on principles of husbandry and feeding.
- 1.21 Collect, preserve and transport samples, select appropriate diagnostic tests, interpret and understand the limitations of the test results.
- 1.22 Communicate clearly and collaborate with referral and diagnostic services, including providing an appropriate history.
- 1.23 Understand the contribution that imaging and other diagnostic techniques can make in achieving a diagnosis. Use basic imaging equipment and carry out an examination effectively as appropriate to the case, in accordance with good health and safety practice and current regulations.
- 1.24 Recognise suspicious signs of possible notifiable, reportable and zoonotic diseases and take appropriate action, including notifying the relevant authorities.
- 1.25 Access the appropriate sources of data on licensed medicines.

- 1.26 Prescribe and dispense medicines correctly and responsibly in accordance with legislation and latest guidance.
- 1.27 Report suspected adverse reactions.
- 1.28 Apply principles of bio-security correctly, including sterilisation of equipment and disinfection of clothing.
- 1.29 Perform aseptic surgery correctly.
- 1.30 Safely perform sedation, and general and regional anaesthesia; implement chemical methods of restraint.
- 1.31 Assess and manage pain.
- 1.32 Recognise when euthanasia is appropriate and perform it with respect of the animal, using an appropriate method, whilst showing sensitivity to the feelings of owners and others, with due regard to the safety of those present; advise on disposal of the carcass.
- 1.33 Perform a systematic gross post-mortem examination, record observations, sample tissues, store and transport them.
- 1.34 Perform ante-mortem inspection of animals destined for the food-chain, including paying attention to welfare aspects; correctly identify conditions affecting the quality and safety of products of animal origin, to exclude those animals whose condition means their products are unsuitable for the food-chain.
- 1.35 Perform inspection of food and feed including post-mortem inspection of food producing animals and inspection in the field of food technology.
- 1.36 Advise on, and implement, preventative programmes appropriate to the species and in line with accepted animal health, welfare and public health standards.

2. Underpinning knowledge and understanding

In order to be able to undertake their professional duties effectively, new veterinary graduates will need a breadth of underpinning knowledge and understanding of the biological, animal and social sciences and laws related to the animal industries. This will include, but is not restricted to, the following:

- 2.1 Understanding of and competence in, the logical approaches to both scientific and clinical reasoning, the distinction between the two, and the strengths and limitations of each.
- 2.2 Research methods and the contribution of basic and applied research to veterinary science.
- 2.3 The structure, function and behaviour of animals and their physiological and welfare needs, including healthy common domestic animals, captive wildlife and laboratory-housed animals.
- 2.4 A knowledge of the businesses related to animal breeding, production and keeping.
- 2.5 The aetiology, pathogenesis, clinical signs, diagnosis and treatment of the common diseases and disorders that occur in all common domestic species.
- 2.6 Awareness of other diseases of international importance that pose a risk to national and international biosecurity and trade.
- 2.7 Legislation relating to animal care and welfare, animal movement, and notifiable and reportable diseases.
- 2.8 Medicines legislation and guidelines on responsible use of medicines, including responsible use of antimicrobials and antiparasitic drugs.
- 2.9 The principles of disease prevention and the promotion of health and welfare.
- 2.10 Veterinary public health issues, including epidemiology, transboundary epizootic diseases, zoonotic and food-borne diseases, emerging and re-emerging diseases, food hygiene and technology.
- 2.11 Principles of effective interpersonal interaction, including communication, leadership, management and team working.

2.12 The ethical framework within which veterinarians should work, including important ethical theories that inform decision-making in professional and animal welfare-related ethics.

3. List of subjects

The programme of studies leading to the evidence of formal qualifications in veterinary medicine shall include at least the subjects listed below.

Instruction in one or more of these subjects may be given as part of, or in association with, other courses.

3.1. Basic subjects

-) Medical physics
-) Chemistry (inorganic and organic sections)
-) Animal biology, zoology and cell biology
-) Feed plant biology and toxic plants
-) Biomedical statistics

3.2. Specific veterinary subjects

3.2.1. Basic Sciences:

-) Anatomy, histology and embryology
-) Physiology
-) Biochemistry
-) General and molecular genetics
-) Pharmacology, pharmacy and pharmacotherapy
-) Pathology
-) Toxicology
-) Parasitology
-) Microbiology
-) Immunology
-) Epidemiology
-) Professional communication
-) Professional ethics
-) Ethology
-) Animal welfare
-) Animal nutrition

3.2.2. Clinical Sciences:

-) Obstetrics, reproduction and reproductive disorders
-) Diagnostic pathology
-) Medicine and surgery including anaesthesiology
-) Clinical practical training in all common domestic animal species
-) Preventive medicine
-) Diagnostic imaging
-) State veterinary services and public health
-) Veterinary legislation, forensic medicine and certification
-) Therapy in all common domestic animal species
-) Propaedeutics of all common domestic animal species

3.2.3. Animal Production

-) Animal Production and breeding

-) Economics
-) Animal husbandry
-) Herd health management

3.2.4. Food Safety and Quality

-) Inspection and control of food and feed
-) Food hygiene and food microbiology
-) Practical work in places for slaughtering and food processing plants
-) Food technology including analytical chemistry

The content and distribution of the theoretical and practical training among the various groups of subjects shall be balanced and coordinated in such a way that the knowledge and experience may be acquired in a manner which will enable the veterinarians to perform all their duties.

Annex 3. List of European Standards for Quality Assurance in the European Higher Education Area

(as approved by the European Ministerial Conference on 15 May 2015)

Part 1: European standards and guidelines for internal quality assurance within higher education institutions

1.1 Policy and procedures for quality assurance: Institutions should have a policy and associated procedures for the assurance of the quality and standards of their programmes and awards. They should also commit themselves explicitly to the development of a culture, which recognises the importance of quality, and quality assurance, in their work. To achieve this, institutions should develop and implement a strategy for the continuous enhancement of quality. The strategy, policy and procedures should have a formal status and be publicly available. They should also include a role for students and other stakeholders.

1.2 Approval, monitoring and periodic review of programmes and awards: Institutions should have formal mechanisms for the approval, periodic review and monitoring of their programmes and awards.

1.3 Assessment of students: Students should be assessed using published criteria, regulations and procedures which are applied consistently.

1.4 Quality assurance of teaching staff: Institutions should have ways of satisfying themselves that staff involved with the teaching of students are qualified and competent to do so. They should be available to those undertaking external reviews, and commented upon in reports.

1.5 Learning resources and student support: Institutions should ensure that the resources available for the support of student learning are adequate and appropriate for each programme offered.

1.6 Information systems: Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes of study and other activities.

1.7 Public information: Institutions should regularly publish up to date, impartial and objective information, both quantitative and qualitative, about the programmes and awards they are offering.

Part 2: European standards for the external quality assurance of higher education

2.1 Use of internal quality assurance procedures: External quality assurance procedures should take into account the effectiveness of the internal quality assurance processes described in Part 1 of the European Standards and Guidelines.

2.2 Development of external quality assurance processes: The aims and objectives of quality assurance processes should be determined before the processes themselves are developed, by all those responsible (including higher education institutions) and should be published with a description of the procedures to be used.

2.3 Criteria for decisions: Any formal decisions made as a result of an external quality

assurance activity should be based on explicit published criteria that are applied consistently.

2.4 Processes fit for purpose: All external quality assurance processes should be designed specifically to ensure their fitness to achieve the aims and objectives set for them.

2.5 Reporting: Reports should be published and should be written in a style, which is clear and readily accessible to its intended readership. Any decisions, commendations or recommendations contained in reports should be easy for a reader to find.

2.6 Follow-up procedures: Quality assurance processes which contain recommendations for action or which require a subsequent action plan, should have a predetermined follow-up procedure which is implemented consistently.

2.7 Periodic reviews: External quality assurance of institutions and/or programmes should be undertaken on a cyclical basis. The length of the cycle and the review procedures to be used should be clearly defined and published in advance.

2.8 System-wide analyses: Quality assurance agencies should produce from time to time summary reports describing and analysing the general findings of their reviews, evaluations, assessments etc.

Part 3: European standards for external quality assurance agencies

3.1 Use of external quality assurance procedures for higher education: The external quality assurance of agencies should take into account the presence and effectiveness of the external quality assurance processes described in Part 2 of the European Standards and Guidelines.

3.2 Official status: Agencies should be formally recognised by competent public authorities in the European Higher Education Area as agencies with responsibilities for external quality assurance and should have an established legal basis. They should comply with any requirements of the legislative jurisdictions within which they operate.

3.3 Activities: Agencies should undertake external quality assurance activities (at institutional or programme level) on a regular basis.

3.4 Resources: Agencies should have adequate and proportional resources, both human and financial, to enable them to organise and run their external quality assurance process(es) in an effective and efficient manner, with appropriate provision for the development of their processes and procedures.

3.5 Mission statement: Agencies should have clear and explicit goals and objectives for their work, contained in a publicly available statement.

3.6 Independence: Agencies should be independent to the extent both that they have autonomous responsibility for their operations and that the conclusions and recommendations made in their reports cannot be influenced by third parties such as higher education institutions, ministries or other stakeholders.

3.7 External quality assurance criteria and processes used by the agencies: The processes, criteria and procedures used by agencies should be pre-defined and publicly available. These

processes will normally be expected to include:

-) a self-assessment or equivalent procedure by the subject of the quality assurance process;
-) an external assessment by a group of experts, including, as appropriate, (a) student member(s), and site visits as decided by the agency;
-) publication of a report, including any decisions, recommendations or other formal outcomes;
-) a follow-up procedure to review actions taken by the subject of the quality assurance process in the light of any recommendations contained in the report.

3.8 Accountability procedures: Agencies should have in place procedures for their own accountability.

Annex 4. ESEVT Indicators

(as approved by the EAEVE Executive Committee on 11 May 2016)

Introduction

1. Indicators are to be used in a non-prescriptive way in the evaluation of an Establishment. They reflect its given situation at the time of the Visitation, allowing for EAEVE to compare between Establishments and to recognise of trends.
2. The Indicators are calculated from data which are the means of the last three complete academic years, in order to smooth the annual variations and to avoid temporary improvements restricted to the period of the Visitation.
3. In case of tracking (options), the relevant Indicators (I4 to I7) are calculated on the basis of the teaching provided to all undergraduate students, independently of their track. The specific values for each track are provided as an annex.
4. A specific Indicator must not be interpreted in a strictly mathematical and isolated sense, but in the light of all other Indicators and data. For instance, for a specific species, a low number of intra-mural patients may be compensated by a high number of extra-mural patients seen by students under the supervision of a staff member or otherwise qualified and quality assured veterinarians.
5. The recommended minimal values established by ECOVE are equal to the 20th percentile, i.e. the value below which 20% of the values from Establishments with Accreditation status are currently found. These minimal values do not serve as lower threshold levels but are interpreted as a complex set of data in the light of all other observations made.
6. The Indicators are calculated by using the relevant Excel file available on the EAEVE website. The completed Excel file must be sent to the Coordinator and to the EAEVE Office.
7. The complete list of Indicators is also provided by the Establishment on this standardised format at the end of the SER. These proposed Indicators are reviewed by the Coordinator during the site Visitation and the copy validated by the Visitation Team is incorporated in the Visitation Report.

List of Indicators

Staff and students

I1: n° of FTE academic staff involved in veterinary training¹ / n° of undergraduate students²

I2: n° of FTE veterinarians involved in veterinary training³ / n° of students graduating annually⁴

I3: n° of FTE support staff involved in veterinary training⁵ / n° of students graduating annually⁴

Types of training

I4: n° of hours of practical (non-clinical) training⁶

I5: n° of hours of clinical training⁷

I6: n° of hours of FSQ and VPH training⁸

I7: n° of hours of extra-mural practical training in FSQ and VPH⁹

Patients available for intra-mural clinical training

I8: n° of companion animal patients seen intra-murally¹⁰ / n° of students graduating annually⁴

I9: n° of ruminant and pig patients seen intra-murally¹¹ / n° of students graduating annually⁴

I10: n° of equine patients seen intra-murally¹² / n° of students graduating annually⁴

I11: n° of rabbit, rodent, bird and exotic patients seen intra-murally¹³ / n° of students graduating annually⁴

Animals/herds/units available for extra-mural clinical training

I12: n° of companion animal patients seen extra-murally¹⁴ / n° of students graduating annually⁴

I13: n° of individual ruminants and pig patients seen extra-murally¹⁵ / n° of students graduating annually⁴

I14: n° of equine patients seen extra-murally¹⁶ / n° of students graduating annually⁴

I15: n° of visits to ruminant and pig herds¹⁷ / n° of students graduating annually⁴

I16: n° of visits to poultry and farmed rabbit units¹⁸ / n° of students graduating annually⁴

Necropsies available for clinical training

I17: n° of companion animal necropsies¹⁹ / n° of students graduating annually⁴

I18: n° of ruminant and pig necropsies²⁰ / n° of students graduating annually⁴

I19: n° of equine necropsies²¹ / n° of students graduating annually⁴

I20: n° of rabbit, rodent, bird and exotic pet necropsies²² / n° of students graduating annually⁴

Indicators used only for statistical purposes (and therefore not included in the final Visitation Report and not published on the websites)

I21: n° of FTE specialised veterinarians involved in veterinary training²³ / n° of students graduating annually⁴

I22: n° of PhD-students graduating annually²⁴ / n° of students graduating annually⁴

Appendix explaining the calculation of the indicators

All values represent an annual average calculated from the last 3 complete academic years. All values (except I22) concern the training of undergraduate veterinary students.

¹ Total number of full-time equivalent (FTE) academic staff in veterinary training (e.g. 100 persons employed full-time (100%) + 50 persons employed half-time (50%) + 10 persons employed quarter-time (25%) = 127,5 FTEs).

Post-graduate students who are registered for a specialised or doctoral degree (i.e. interns, residents, PhD students or equivalent postgraduate students) are not included in these figures unless they are paid and trained to regularly perform structured practical and/or clinical training (for a minimal of 10% and for a maximum of 50% of their annual workload) and are supervised by permanent academic staff (e.g. 10 residents employed half-time (50%) for clinical training of undergraduate students + 8 PhD students employed quarter-time (25%) for practical training of undergraduate students = 7 FTEs).

Researchers, invited speakers, unpaid lecturers and other persons who only occasionally contribute to the training of undergraduate students are not included in these figures but should be reported for information in the SER.

² Total number of undergraduate veterinary students. These students have to be officially registered in the database of the Establishment.

³ Total number of FTE veterinarians (DVM or equivalent degree) in veterinary training.

⁴ Total number of graduate veterinary students. These students have to be officially granted the veterinary degree (i.e. at least five years of full-time theoretical and practical study in agreement with the EU Directives) provided by the Establishment being evaluated.

⁵ Total number of FTE support staff involved in veterinary training. Only support staff who are dedicated to administrative, teaching or research tasks related to students and to care of facilities, equipment or animals in the Establishment are taken into account in the Indicators.

^{6*} Total number of hours of supervised practical (non-clinical) training. It includes inter alia laboratory experiments, microscopic examination of histological and pathological specimens, work on documents and idea-formulation without the handling of animals (e.g. assay work, clinical case studies, handling of herd-health monitoring programmes, risk assessment for VPH, computer-aided exercises), work on normal animals (e.g. physiology, ante mortem inspection), work on cadavers, carcasses and organs (e.g. dissection, post mortem inspection, Food Safety and Quality).

^{7*} Total number of hours of supervised clinical training. This training strictly focuses on hands-on procedures by students, which include the relevant diagnostic, preventive and therapeutic activities in the different species. It concerns individual patients, herds and production units and normal animals in a clinical environment.

Propaedeutic, diagnostic necropsies, therapeutic and surgical hands-on activities on cadavers, organs and animal dummies are also classified as clinical training but may not replace the hands-on training on live patients. Simply observing the teacher doing clinical tasks is not considered as clinical training.

^{8*} Total number of hours of theoretical and practical training in Food Safety and Quality (FSQ) and Veterinary Public Health (VPH).

^{9*} Total number of hours of extra-mural practical training in FSQ and VPH (e.g. slaughterhouses, meat inspections, VPH institutes).

^{10**} Total number of companion animal (dogs and cats) patients seen at the VTH. Each patient has to be officially recorded in the electronic patient record system of the Establishment and has to be individually examined/treated by at least 1 student under the supervision of at least 1 member of staff.

^{11**} Total number of ruminant and pig patients seen at the teaching hospital/clinic. Each patient has to be officially recorded in the electronic patient record system of the Establishment and has to be individually examined/treated by at least 1 student under the supervision of at least 1 member of staff.

^{12**} Total number of equine patients seen at the teaching hospital/clinic. Each patient has to be officially recorded in the electronic patient record system of the Establishment and has to be individually examined/treated by at least 1 student under the supervision of at least 1 member of staff.

^{13**} Total number of rabbit, rodent, bird and exotic pet patients seen at the VTH. Each patient has to be officially recorded in the electronic patient record system of the Establishment and has to be individually examined/treated by at least 1 student under the supervision of at least 1 member of staff.

^{14**} Total number of companion animal (dogs and cats) patients seen extra-murally (e.g. dispensaries). Each patient has to be officially recorded and has to be individually examined/treated by at least 1 student under the supervision of at least 1 member of staff. Patients seen during EPT are not taken into account in the Indicators.

^{15**} Total number of individual ruminant and pig patients seen extra-murally (e.g. ambulatory clinics). Each patient has to be officially recorded and has to be individually examined/treated by at least 1 student under the supervision of at least 1 member of staff. Patients seen during EPT are not taken into account in the Indicators.

^{16**} Total number of equine patients seen extra-murally (e.g. training centres). Each patient has to be officially recorded and has to be individually examined/treated by at least 1 student under the supervision of at least 1 member of staff. Patients seen during EPT are not taken into account in the Indicators.

¹⁷ Total number of visits to ruminant and pig herds under the close supervision of academic staff.

¹⁸ Total number of visits to poultry and farmed rabbit units under the close supervision of academic staff.

¹⁹ Total number of post-mortem examinations carried out on whole carcasses of companion animals (dogs and cats).

²⁰ Total number of post-mortem examinations carried out on whole carcasses of ruminants and pigs.

²¹ Total number of post-mortem examinations carried out on whole carcasses of equines.

²² Total number of post-mortem examinations carried out on whole carcasses of rabbits, rodents, birds and exotic pets. Necropsies of other animals (e.g. sea mammals, wild animals) must be mentioned in the SER in table 5.1.6. in the item 'others'.

²³ Total number of FTE specialised veterinarians in veterinary training. The specialised veterinary status must be officially recognised by the relevant National Accreditation body for national specialisations and/or by the European and/or American Board of Veterinary Specialisation (EBVS/ABVS).

²⁴ Total number of graduate students who are officially granted a third cycle degree (PhD or equivalent doctoral degrees in agreement with the relevant EU directives).

* The number of hours given in items 6 to 9 must apply to ALL undergraduate veterinary students, independently of electives/tracking. Specific data for each track (i.e. pre-specialisation) may be given in an annex.

** Each live animal having received a given procedure (e.g. vaccination, surgery) or treated for one specific clinical episode during a year is counted as 1 single patient, even if it has been examined/treated by several departments/units/clinics (including revisions). Only other visits of the same animal with a different condition would be considered as a different patient in the given year.

Annex 5. Deposits and fees for the ESEVT

(as approved by the EAEVE General Assembly on 12 May 2016)

1. Membership fee

The membership fee is 2000€/year and must be paid the first April of each year at the latest. Establishments not in order of payment are neither allowed to vote at the General Assembly nor to be evaluated by ESEVT.

2. Evaluation fees

-) (full) Visitation: 8000€
-) Consultative Visitation: 3000€
-) Re-visitation: 4000€ post Non-Accreditation and 2000€ post Conditional Accreditation
-) Interim Report: free of charge

A deposit (50% of the fee) must be transferred to the EAEVE account when the official visitation agreement is signed by the Establishment's Head, in order to start the visitation process.

The residual amount (50%) must be transferred to the EAEVE account at the latest 6 months before the start of a (full) Visitation and 3 months before the start of a Consultative Visitation or a Re-visitation.

The deposit and residual fee are non-refundable when the Establishment asks for cancellation or postponement, except in the event of force majeure (e.g. natural disaster).

Annex 6. Template and guidelines for the writing of the SER

(as approved by the EAEVE Executive Committee on 11 May 2016)

Forewords (to be read before the writing of the SER)

The SER is the cornerstone of the evaluation process. It must be the result of an in-depth review of the Establishment and the education and training it provides to prepare its students to qualify to join the veterinary profession.

*It is strongly recommended that the preparation of the SER begins about one year before the Visitation at the latest, involves key members of staff in its preparation and is approved by the Establishment's governing body. **Not less than 2 months before the Visitation, the SER (and the appendices) must be sent by the Establishment to all members of the Visitation Team and to the EAEVE Office, both by surface-mail (hard copy) and by e-mail (electronic version in a pdf and Word format).***

*The SER must be concise (**maximum 70 pages without the appendices**), complete, accurate and written in English (UK) in agreement with the ESEVT template. An inadequate SER may be considered by ECOVE as a Major Deficiency, e.g. lack of compliance with Standard 11.8.*

*All standards must be addressed with Factual Information, Comments (e.g. subjective information, current limiting factors of improvement) and Suggestions of Improvement (e.g. list of desired/planned/on-going changes in descending order of importance). All the questions in the template must be answered. If there is no activity in the Establishment which corresponds to the question, 'not applicable' must be stated. **The term 'student' used alone means undergraduate students.***

The texts in italic in this template must be deleted in the final copy of the SER.

Long lists of explanatory material and extracts of official texts must be excluded from the core SER and provided as appendices (with cross-reference in the core SER) or provided during the Visitation in the Team room.

The SER and the Visitation Report, which are considered confidential until the final decision of ECOVE, are eventually published on the Establishment and EAEVE websites.

Contents of the SER

Introduction

1. Objectives and Organisation

2. Finances

3. Curriculum

4. Facilities and equipment

5. Animal resources and teaching material of animal origin

6. Learning resources

7. Student admission, progression and welfare

8. Student assessment

9. Academic and support staff

10. Research programmes, continuing and postgraduate education

11. Outcome Assessment and Quality Assurance

List of ESEVT Indicators

Glossary

List of appendices

Introduction

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

Main features of the Establishment

Main developments since the last Visitation

(or, if there has not been a previous one, in the period since the veterinary degree programme began); it must cover the response to the recommendations of the last Visitation and a summary of the main changes e.g. in organisation, finances, curriculum, facilities and equipment, number of staff and students

Major problems encountered by the Establishment (*whether resolved or not*)

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

1. Objectives and Organisation (see Standards 1.1 to 1.6 in Chapter 3)

1.1. Factual information

1.1.1. Details of the Establishment, i.e. official name, address, phone number, Email and website addresses, Establishment's Head, name and degrees of the person(s) responsible for the professional, ethical, and academic affairs of the VTH, official authority overseeing the Establishment

1.1.2. Summary of the Establishment Strategic Plan with an updated SWOT analysis (*Strengths, Weaknesses, Opportunities and Threats*), the mission and the objectives

1.1.3. Summary of the Establishment Operating Plan with timeframe and indicators of achievement of its objectives

1.1.4. Organisational chart (*diagram*) of the Establishment

1.1.5. List of departments/units/clinics and councils/boards/committees with a very brief description of their composition/function/responsibilities (*further information may be provided in the appendices*)

1.1.6. Description of how (*procedures*) and by who (*description of the committee structure*) the strategic plan and the organisation of the Establishment are decided, communicated to staff, students and stakeholders, implemented, assessed and revised

1.2. Comments

1.3. Suggestions for improvement

2. Finances (see Standards 2.1 to 2.5 in Chapter 3)**2.1. Factual Information**

2.1.1. Description of the global financial process of the Establishment

2.1.2. Degree of autonomy of the Establishment on the financial process

2.1.3. % of overhead to be paid to the official authority overseeing the Establishment on revenues from services and research grants

2.1.4. Annual tuition fee for national and international students

2.1.5. Estimation of the utilities (*e.g. water, electricity, gas, fuel*) and other expenditures directly paid by the official authority and not included in the expenditure tables

2.1.6. List of the on-going and planned major investments for developing, improving and/or refurbishing facilities and equipment, and origin of the funding

2.1.7. Prospected expenditures and revenues for the next 3 academic years

2.1.8. Description of how (*procedures*) and by who (*description of the committee structure*) expenditures, investments and revenues are decided, communicated to staff, students and stakeholders, implemented, assessed and revised

Table 2.1.1. Annual expenditures during the last 3 academic years (in Euros)

Area of expenditure	AY*	AY-1	AY-2	Mean
Personnel				
Operating costs				
Maintenance costs				
Equipment				
Total expenditure				

* The last full academic year prior the Visitation

Table 2.1.2. Annual revenues during the last 3 academic years (in Euros)

Revenues source	AY*	AY-1	AY-2	Mean
Public authorities				
Tuition fee (standard students)				
Tuition fee (full fee students)				
Clinical services				
Diagnostic services				
Other services				
Research grants				
Continuing Education				
Donations				
Other sources**				
Total revenues				

** Please specify

Table 2.1.3. Annual balance between expenditures and revenues (in Euros)

Academic year	Total expenditures	Total revenues	Balance***
AY-2			
AY-1			
AY*			

*** Total revenues minus total expenditures

PS Tables 2.1.1., 2.1.2. and 2.1.3. may be replaced by the official financial reports of the Establishment (translated in English) for the last three academic years

2.2. Comments

2.3. Suggestions for improvement

3. Curriculum (see Standards 3.1 to 3.10 in Chapter 3)

3.1. Factual information

Definitions

Core subject: *subject taken by every student*

Electives: *each student must select from a list of permissible subjects; the inherent nature of an elective is that students make a distinction and select; however, the total number of hours to be taken by each student out of the various subject groups should be stated*

EPT: *External Practical Training. These are training periods that are an integral part of the curriculum, but which are taken outside the Establishment and under the supervision of a non academic teacher (e.g. a practitioner)*

Lectures: *theoretical teaching given to an entire or partial annual intake of students. Teaching may be with or without the use of teaching aids or of demonstration animals or specimens. The essential characteristic is that there is no active involvement of the students in the material discussed. They listen and do not handle.*

Seminars: *(sometimes called tutorials or supervised group work): teaching sessions directed towards a smaller group of students during which they work on their own, or as a team, on part of the theory, prepared from manuscript notes, photocopied documents, articles and bibliographic references. Information is illustrated and knowledge extended by the presentation of audio-visual material, exercises, discussions and, if possible, case work.*

Supervised self learning: *it includes sessions of individual students making use of defined teaching material provided by the Establishment with a support from staff if requested by the students and with an assessment (e.g. e-learning)*

Laboratory and desk based work: *it includes teaching sessions where students themselves actively perform laboratory experiments, use microscopes for the examination of histological or pathological specimens. It also includes work on documents and idea-formulation without the handling of animals, organs, objects or products (e.g. essay work, clinical case studies, handling of herd-health monitoring programmes, risk-assessment computer-aided exercises).*

Non-clinical animal work: *These are teaching sessions where students themselves work on normal animals, on objects, dummies, products, carcasses etc. (e.g. animal husbandry, ante mortem and post mortem inspection, food hygiene, etc.) and perform dissection.*

Clinical work. *These are strictly hands-on procedures by students both in the intramural clinical rotations and in the ambulatory clinics under the supervision of an academic teacher; it includes work on normal animals in a clinical environment, on organs and clinical subjects including individual patients and herds, making use of the relevant diagnostic data. Surgery and propaedeutical hands-on*

work on organ systems and on cadavers to practice clinical techniques, and diagnostic pathology are also classified as clinical work.

3.1.1. Description of the educational aims and strategy in order to propose a cohesive framework and to achieve the learning outcome

3.1.2. Description of the legal constraints imposed on curriculum by national/regional legislations and the degree of autonomy that the Establishment has to change the curriculum

3.1.3. Description of how curricular overlaps, redundancies, omissions and lack of consistency, transversality and/or integration of the curriculum are identified and corrected.

3.1.4. Description of the core clinical exercises/practicals/seminars prior to the start of the clinical rotations

3.1.5. Description (*timing, group size per teacher, ..*) of the core clinical rotations and emergency services (*both intramural VTH and ambulatory clinics*) and the direct involvement of undergraduate students in it (*responsibilities, hands-on versus observation, report writing, ..*)

3.1.6. Description (*timing, group size per teacher,..*) of the teaching in slaughterhouses and in premises for the production, processing, distribution/sale or consumption of food of animal origin

3.1.7. Description of the selection procedures of the Electives by the students and the degree of freedom in their choice (*e.g. what happens when too many students select one specific track*)

3.1.8. Description of the organisation, selection procedures and supervision of the EPT

3.1.9. Description of the procedures (*e.g. logbooks*) used to ascertain the achievement of each core practical/clinical activity (*pre-clinical, clinical, ambulatory clinics, EPT*) by each student

3.1.10. Description of how (*procedures*) and by who (*description of the committee structure*) the core curriculum is decided, communicated to staff, students and stakeholders, implemented, assessed and revised

Table 3.1.1. Curriculum hours in each academic year taken by each student

Academic years*	A	B	C	D	E	F	G	H
Year 1								
Year 2								
Year 3								
Year 4								
Year 5								
Year 6								

A: lectures; B: seminars; C: supervised self learning; D: laboratory and desk based work, E: non-clinical animal work; F: clinical animal work; G: others (specify); H: total

* An academic year may be subdivided into 2 semesters

Table 3.1.2. Curriculum hours in EU-listed subjects taken by each student

Subjects	A	B	C	D	E	F	G	H
Basic subjects								
Medical physics								
Chemistry (inorganic and organic sections)								

Animal biology, zoology and cell biology
 Feed plant biology and toxic plants
 Biomedical statistics

Basic Sciences

Anatomy, histology and embryology
 Physiology
 Biochemistry
 General and molecular genetics
 Pharmacology, pharmacy and pharmacotherapy
 Pathology
 Toxicology
 Parasitology
 Microbiology
 Immunology
 Epidemiology
 Professional communication
 Professional ethics
 Animal ethology
 Animal welfare
 Animal nutrition

Clinical Sciences

Obstetrics, reproduction and reproductive disorders
 Diagnostic pathology
 Medicine and surgery including anaesthesiology
 Clinical practical training in all common domestic animal species
 Preventive medicine
 Diagnostic imaging
 State veterinary services and public health
 Veterinary legislation, forensic medicine and certification
 Therapy in all common domestic animal species
 Propaedeutics of all common domestic animal species

Animal Production

Animal Production and breeding
 Economics
 Animal husbandry
 Herd health management

Food Safety and Quality

Inspection and control of food and feed
 Food hygiene and food microbiology
 Practical work in places for slaughtering and food processing plants
 Food technology including analytical chemistry

Professional Knowledge

Professional ethics & behaviour
 Veterinary legislation
 Veterinary certification and report writing
 Communication skills
 Practice management & business
 Information literacy & data management

A: lectures; B: seminars; C: supervised self learning; D: laboratory and desk based work, E: non-clinical animal work; F: clinical animal work; G: others (specify); H: total

Table 3.1.3. Curriculum hours taken as electives for each student

Electives	A	B	C	D	E	F	G	H
Basic Sciences								
Clinical Sciences								

Animal Production**Food Safety and Quality****Professional Knowledge**

A: lectures; B: seminars; C: supervised self learning; D: laboratory and desk based work, E: non-clinical animal work; F: clinical animal work; G: others (specify); H: hours to be taken by each student per subject group

Table 3.1.4. Curriculum days of External Practical Training (EPT) for each student

Subjects	Minimum duration (weeks)	Year of programme
Production animals (pre-clinical)		
Companion animals (pre-clinical)		
Production animals (clinical)		
Companion animals (clinical)		
FSQ & VPH		
Others (specify)		

Table 3.1.5. Clinical rotations under academic staff supervision (excluding EPT)

Types	List of clinical rotations (Disciplines/Species)	Duration (weeks)	Year of programme
Intra-mural (VTH)			
Ambulatory clinics			
FSQ & VPH			
Electives			
Other (specify)			

Table 3.1.6. Optional courses proposed to students (not compulsory)

Subjects	A	B	C	D	E	F	G	H
-----------------	----------	----------	----------	----------	----------	----------	----------	----------

A: lectures; B: seminars; C: supervised self learning; D: laboratory and desk based work, E: non-clinical animal work; F: clinical animal work; G: others (specify); H: total

3.2. Comments**3.3. Suggestions of improvement****4. Facilities and equipment (see Standards 4.1 to 4.15 in Chapter 3)****4.1. Factual information**

4.1.1. Description of the location and organisation of the facilities used for the veterinary curriculum (*surface area, distance from the main campus for extramural facilities, ..*) (*maps to be provided as appendices*)

4.1.2. Description (*number, size, equipment, ..*) of the premises for:

-) lecturing
-) group work (*seminars, tutorials, ..*)

-) practical work (*laboratories, rooms for clinical skills room on dummies, ..*)

4.1.3. Description (*number, size, species, ..*) of the premises for housing:

-) healthy animals
-) hospitalised animals
-) isolated animals

4.1.4. Description (*number, size, equipment, species, disciplines, ..*) of the premises for:

-) clinical activities
-) diagnostic services including necropsy
-) FSQ & VPH (*slaughterhouses, foodstuff processing units, ..*)
-) others (*specify*)

4.1.5. Description (*number of rooms and places, ..*) of the premises for:

-) study and self-learning
-) catering
-) locker rooms
-) accommodation for on call students
-) leisure

4.1.6. Description (*number, size, equipment, ..*) of the vehicles used for:

-) students transportation (*e.g. to extramural facilities*)
-) ambulatory clinics
-) live animals transportation
-) cadavers transportation

4.1.7. Description of the equipment used for

-) teaching purposes
-) clinical services (*diagnostic, treatment, prevention, surgery, anaesthesia, physiotherapy,*

4.1.8. Description of the strategy and programme for maintaining and upgrading the current facilities and equipment and/or acquiring new ones.

4.1.9. Description of how (*procedures*) and by who (*description of the committee structure*) changes in facilities, equipment and biosecurity procedures (*health & safety management for people and animals, including waste management*) are decided, communicated to staff, students and stakeholders, implemented, assessed and revised

4.2. Comments

4.3 Suggestions for improvement

5. Animal resources and teaching material of animal origin (see Standards 5.1 to 5.6 in Chapter 3)

5.1. Factual information

5.1.1. Description of the global strategy of the Establishment about the use of animals and material of animal origin for the acquisition by each student of Day One Competences (*see Annex 2*)

5.1.2. Description of the specific strategy of the Establishment in order to ensure that each

student receives the relevant core clinical training before graduation, e.g. numbers of patients examined/treated by each student, balance between species, balance between clinical disciplines, balance between first opinion and referral cases, balance between acute and chronic cases, balance between consultations (one-day clinic) and hospitalisations, balance between individual medicine and population medicine

5.1.3. Description of the organisation and management of the teaching farm(s) and the involvement of students in its running (*e.g. births, milking, feeding, ..*)

5.1.4. Description of the organisation and management of the VTH and ambulatory clinics (*opening hours and days, on-duty and on-call services, general consultations, list of specialised consultations, hospitalisations, emergencies and intensive care, ..*)

5.1.5. Description of how the cadavers and material of animal origin for training in anatomy and pathology are obtained, stored and destroyed

5.1.6. Description of the group size for the different types of clinical training (both intra-murally and extra-murally)

5.1.7. Description of the hands-on involvement of students in clinical procedures in the different species, i.e. clinical examination, diagnostic tests, blood sampling, treatment, nursing and critical care, anaesthesia, routine surgery, euthanasia, necropsy, report writing, client communication, biosecurity procedures, .. (both intra-murally and extra-murally)

5.1.8. Description of the procedures used to allow the students to spend extended periods in discussion, thinking and reading to deepen their understanding of the case and its management

5.1.9. Description of the patient record system and how it is used to efficiently support the teaching, research, and service programmes of the Establishment.

5.1.10. Description of the procedures developed to ensure the welfare of animals used for educational and research activities

5.1.11. Description of how (*procedures*) and by who (*description of the committee structure*) the number and variety of animals and material of animal origin for pre-clinical and clinical training, and the clinical services provided by the Establishment are decided, communicated to staff, students and stakeholders, implemented, assessed and revised

Table 5.1.1. Cadavers and material of animal origin used in practical anatomical training

Species	AY*	AY-1	AY-2	Mean
Cattle				
Small ruminants				
Pigs				
Companion animals				
Equine				
Poultry & rabbits				
Exotic pets				
Others (specify)				

* The last full academic year prior the Visitation

Table 5.1.2. Healthy live animals used for pre-clinical training (*animal handling, physiology, animal production, propaedeutic, ..*)

Species	AY*	AY-1	AY-2	Mean
Cattle				
Small ruminants				
Pigs				
Companion animals				
Equine				
Poultry & rabbits				
Exotic pets				
Others (<i>specify</i>)				

Table 5.1.3. Number of patients seen intra-murally** (*in the VTH*)

Species	AY*	AY-1	AY-2	Mean
Cattle				
Small ruminants				
Pigs				
Companion animals				
Equine				
Poultry & rabbits				
Exotic pets				
Others (<i>specify</i>)				

** Each patient has to be officially recorded in the electronic patient record system of the Establishment and has to be individually examined/treated by at least 1 student under the supervision of at least 1 member of staff. Each live animal affected by one specific clinical episode is counted as 1 single patient, even if it has been examined/treated by several departments/units/clinics.

Table 5.1.4. Number of patients seen extra-murally** (*in the ambulatory clinics*)

Species	AY*	AY-1	AY-2	Mean
Cattle				
Small ruminants				
Pigs				
Companion animals				
Equine				
Poultry & rabbits				
Exotic pets				
Others (<i>specify</i>)				

** Each patient has to be officially recorded and has to be individually examined/treated by at least 1 student under the supervision of at least 1 member of staff. Each live animal affected by one specific clinical episode is counted as 1 single patient.

Table 5.1.5. Percentage (%) of first opinion patients used for clinical training (*both in VTH and ambulatory clinics, i.e. tables 5.1.3 & 5.1.4*)

Species	AY*	AY-1	AY-2	Mean
Cattle				
Small ruminants				
Pigs				

Companion animals
 Equine
 Poultry & rabbits
 Exotic pets
 Others (*specify*)

Table 5.1.6. Cadavers used in necropsy

Species	AY*	AY-1	AY-2	Mean
Cattle				
Small ruminants				
Pigs				
Companion animals				
Equine				
Poultry & rabbits				
Exotic pets				
Others (<i>specify</i>)				

Table 5.1.7. Number of visits in herds/flocks/units for training in Animal Production and Herd Health Management

Species	AY*	AY-1	AY-2	Mean
Cattle				
Small ruminants				
Pigs				
Poultry				
Rabbits				
Others (<i>specify</i>)				

Table 5.1.8. Number of visits in slaughterhouses and related premises for training in FSQ

Species	AY*	AY-1	AY-2	Mean
Ruminant's slaughterhouses				
Pig's slaughterhouses				
Poultry slaughterhouses				
Related premises **				
Others (<i>specify</i>)				

** Premises for the production, processing, distribution or consumption of food of animal origin

5.2. Comments

5.3. Suggestions for improvement

6. Learning resources (see Standards 6.1 to 6.4 in Chapter 3)

6.1 Factual information

6.1.1. Description of the main library of the Establishment:

-) staff (FTE) and qualifications
-) opening hours and days
-) annual budget

-) facilities: location in the campus, global space, number of rooms, number of seats
-) equipment: number of computers, number of electrical connections for portable PC available software's for bibliographical search
-) number of veterinary books and periodicals
-) number of veterinary e-books and e-periodicals
-) number of other (e)books and (e)periodicals

6.1.2. Description of the subsidiary libraries (*if any*)

6.1.3. Description of the IT facilities and of the e-learning platform (*dedicated staff, hardware, software, available support for the development by staff and the use by students of instructional materials*)

6.1.4. Description of the available electronic information and e-learning courses, and their role in supporting student learning and teaching in the core curriculum

6.1.5. Description of the accessibility for staff and students to electronic learning resources both on and off campus (*Wi-Fi coverage in the Establishment and access to Virtual Private Network (VPN)*)

6.1.6. Description of how the procedures for access to and use of learning resources are taught to students.

6.1.7. Description of how (*procedures*) and by who (*description of the committee structure*) the learning resources (*books, periodicals, databases, e-learning, new technologies, ..*) provided by the Establishment are decided, communicated to staff, students and stakeholders, implemented, assessed and revised

6.2. Comments

6.3. Suggestions for improvement

7. Student admission, progression and welfare (see Standards 7.1 to 7.15 in Chapter 3)

7.1. Factual information

7.1.1. Description of how the educational programme proposed by the Establishment is advertised to prospective students

7.1.2. Description of the admission procedures for standard students:

-) selection criteria
-) policy for disable and ill students
-) composition and training of the selection committee
-) appeal process
-) advertisement of the criteria and transparency of the procedures

7.1.3. Description of the admission procedures for full fee students (*if different from standard students*)

7.1.4. Description of how the Establishment adapts the number of admitted students to the

available educational resources (*facilities and equipment, staff, healthy and diseased animals, material of animal origin*) and the biosecurity and welfare requirements

7.1.5. Description of:

-) the progression criteria and procedures for all students;
-) the remediation and support for students who do not perform adequately;
-) the rate and main causes of attrition;
-) the exclusion and appeal procedures;
-) the advertisement to students and transparency of these criteria/procedures

7.1.6. Description of the services available for students (i.e. registration, teaching administration, mentoring and tutoring, careers advice, listening and counselling, assistance in case of illness, impairment and disability, clubs and organisations, ..).

7.1.7. Prospected number of new students admitted by the Establishment for the next 3 academic years

7.1.8. Description of how (*procedures*) and by who (*description of the committee structure*) the admission procedures, the admission criteria, the number of admitted students and the services to students are decided, communicated to staff, students and stakeholders, implemented, assessed and revised

Table 7.1.1. Number of new veterinary students admitted by the Establishment

Type of students	AY*	AY-1	AY-2	Mean
Standard students				
Full fee students				
Total				

* The last full academic year prior the Visitation

Table 7.1.2. Number of veterinary undergraduate students registered at the Establishment

Year of programme	AY*	AY-1	AY-2	Mean
First year				
Second year				
Third year				
Fourth year				
Fifth year				
Sixth year				
Total				

Table 7.1.3. Number of veterinary students graduating annually

Type of students	AY*	AY-1	AY-2	Mean
Standard students				
Full fee students				
Total				

Table 7.1.4. Average duration of veterinary studies

Duration	% of the students who graduated on AY*

- + 0**
- + 1 year
- + 2 years
- + 3 years or more

** The total duration of the studies matches the minimum number of years of the programme (e.g. 5 or 6 years)

Table 7.1.5. Number of postgraduate students registered at the Establishment

Programmes	AY*	AY-1	AY-2	Mean
Interns				
Residents				
PhD students				
Others (<i>specify</i>)				

7.2. Comments

7.3. Suggestions for improvement

8. Student assessment (see Standards 8.1 to 8.9 in Chapter 3)

8.1. Factual information

8.1.1. Description of the global student's assessment strategy of the Establishment

8.1.2. Description of the specific methodologies for assessing:

-) theoretical knowledge;
-) pre-clinical practical skills;
-) clinical practical skills

8.1.3. Description of the assessment methodology to ensure that every graduate has achieved the minimum level of competence, as prescribed in the ESEVT Day One Competences (*see Annex 2*)

8.1.4. Description of the processes for:

-) ensuring the advertising and transparency of the assessment criteria/procedures;
-) awarding grades, including explicit requirements for barrier assessments;
-) providing to students a feedback post-assessment and a guidance for requested improvement;
-) appealing

8.1.5. Description of how (*procedures*) and by who (*description of the committee structure*) the student's assessment strategy is decided, communicated to staff, students and stakeholders, implemented, assessed and revised

8.2. Comments

8.3. Suggestions for improvement

9. Academic and support staff (see Standards 9.1 to 9.6 in Chapter 3)

9.1. Factual information

Definitions

Academic staff: *This category includes staff who have been granted of a veterinary degree (or another university degree), who has acquired the relevant expertise in their respective disciplines, who have been formally trained to teach and assess students, and who provide up-to-date, evidence-based and research-based education. Usually permanent academic staff have a PhD (or equivalent degree) and are also involved with research and administrative activities.*

*Post-graduate students who are registered for a specialised or doctoral degree (i.e. interns, residents, PhD students or equivalent postgraduate students) and practitioners are not included in the figures unless they are **paid and trained** to regularly perform structured practical and/or clinical training (for a minimal of 10% and for a maximum of 50% of their annual workload) and are supervised by permanent academic staff (e.g. 10 residents employed half-time (50%) for clinical training of undergraduate students + 8 PhD students employed quarter-time (25%) for practical training of undergraduate students = 7 FTEs).*

*Researchers, invited speakers, unpaid lecturers, practitioners supervising the EPT and other persons who only occasionally contribute to the training of students **are not included in the tables** but must be reported for information in the SER.*

Research staff: *This category includes academic personnel whose main task is to conduct research work, although they may occasionally participate in some teaching.*

Support staff: *This category includes staff who are dedicated to administrative, teaching or research tasks related to students, and to care of facilities, equipment or animals in the Establishment.*

Permanent staff: *staff who have a permanent contract and are paid by the Establishment's core funding (public funding and/or tuition fees) (budgeted posts)*

Temporary staff: *staff who have a fixed-term contract and are paid by service income, research grants, contract research, .. (non-budgeted posts)*

9.1.1. Description of the global strategy in order to ensure that all requested competences for the veterinary programme are covered and that staff are properly qualified and prepared for their roles (e.g. good teaching and assessing practices, knowledge of up-to-date (e-)learning resources, biosecurity and QA procedures)

9.1.2. Description of the formal programme for the selection, recruitment and training to teach and assess students (including continuing education) of the academic staff

9.1.3. Description of the formal programme for the selection, recruitment and training to perform their specific duties (including continuing education) of the support staff

9.1.4. Description of the formal programme for the appraisal, development, promotion criteria and procedures, supporting and mentoring of both academic and support staff

9.1.5. Description of the formal rules governing outside work, including consultation and private practice, by staff working at the Establishment

9.1.6. Description of the formal programme of the Establishment for the assessment of teachers

by students and its outcome

9.1.7. Prospected number of FTE academic and support staff of the veterinary programme for the next 3 academic years

9.1.8. Description of how (*procedures*) and by who (*description of the committee structure*) the strategy for allocating, recruiting, promoting, supporting and assessing academic and support staff is decided, communicated to staff, students and stakeholders, implemented, assessed and revised

Table 9.1.1. Academic staff of the veterinary programme**

Type of contract	AY*	AY-1	AY-2	Mean
Permanent (FTE)				
Temporary:				
Interns (FTE)				
Residents (FTE)				
PhD students (FTE)				
Practitioners (FTE)				
Others (<i>specify</i>) (FTE)				
Total (FTE)				

* The last full academic year prior the Visitation

** All staff included in this table must have received a training to teach and to assess undergraduate students. Practitioners involved with EPT are not included in this table.

Table 9.1.2. Percentage (%) of veterinarians in academic staff

Type of contract	AY*	AY-1	AY-2	Mean
Permanent (FTE)				
Temporary (FTE)				

Table 9.1.3. Support staff of the veterinary programme

Type of contract	AY*	AY-1	AY-2	Mean
Permanent (FTE)				
Temporary (FTE)				
Total (FTE)				

Table 9.1.4. Research staff of the Establishment

Type of contract	AY*	AY-1	AY-2	Mean
Permanent (FTE)				
Temporary (FTE)				
Total (FTE)				

9.2. Comments

9.3. Suggestions for improvement

10. Research programmes, continuing and postgraduate education (see Standards 10.1 to 10.4 in Chapter 3)

10.1. Factual information

10.1.1. Description of how the research activities of the Establishment and the implication of

most academic staff in it contribute to research-based undergraduate veterinary education

10.1.2. Description of how the postgraduate clinical trainings of the Establishment contribute to undergraduate veterinary education and how potential conflicts in relation to case management between post- and undergraduate students are avoided

10.1.3. Description of how undergraduate students:

-) are made aware of the importance of evidence-based medicine, scientific research and lifelong learning;
-) are initiated to bibliographic search, scientific methods and research techniques, and writing of scientific papers (*e.g. through a graduation thesis*);
-) are offered to participate to research programmes on a non-compulsory basis

10.1.4. Description of how the continuing education programmes provided by the Establishment are matched to the needs of the profession and the community

10.1.5. Prospected number of students registered at post-graduate programmes for the next 3 academic years

10.1.6. Description of how (*procedures*) and by who (*description of the committee structure*) research, continuing and postgraduate education programmes organised by the Establishment are decided, communicated to staff, students and stakeholders, implemented, assessed and revised

Table 10.1.1. Number of students registered at postgraduate clinical training

Training:	AY*	AY-1	AY-2	Mean
Interns:				
Companion animals				
Equine				
Production animals				
Others (<i>specify</i>)				
..				
Total				
Residents:				
EBVS disciplines (<i>specify</i>)				
..				
..				
Total				
Others (<i>specify</i>)				
..				

* The last full academic year prior the Visitation

Table 10.1.2. Number of students registered at postgraduate research training

Degrees:	AY*	AY-1	AY-2	Mean
PhD				
Others (<i>specify</i>)				
..				
Total				

Table 10.1.3. Number of students registered at other postgraduate programmes (including any external/distance learning courses)

Programmes:	AY*	AY-1	AY-2	Mean
..				
..				

Table 10.1.4. Number of attendees to continuing education courses provided by the Establishment

Courses:	AY*	AY-1	AY-2	Mean
..				
..				

Table 10.1.5. List of the major funded research programmes in the Establishment which were on-going during the last full academic year prior the Visitation (AY*)

Scientific topics:	grant/year (€)	Duration (Yrs)
..		
..		

10.2. Comments

10.3. Suggestions for improvement

11. Outcome Assessment and Quality Assurance (see Standards 11.1 to 11.10 in Chapter 3)

11.1. Factual information

11.1.1. Description of the global strategy of the Establishment for outcome assessment and Quality Assurance (QA), in order to demonstrate that the Establishment:

-) has a culture of QA and continued enhancement of quality;
-) operates *ad hoc*, cyclical, sustainable and transparent outcome assessment, QA and quality enhancement mechanisms;
-) collect, analyse and use relevant information from internal and external sources for the effective management of their programmes and activities (*teaching, research, services*);
-) informs regularly staff, students and stakeholders and involves them in the QA processes;
-) closes the loop of the QA Plan-Do-Check-Act (PDCA) cycle;
-) is compliant with ESG Standards.

11.1.2. Description of the form by which the strategy, policy and procedures are made formal and are publicly available (*website, paper documents, ..*).

11.1.3 Description of the regular publication of up to date, impartial and objective information, both quantitative and qualitative, about the educational programmes and awards the Establishment is offering.

11.1.4. Description of the QA processes not yet described in the other 10 Standards (*with information on how (procedures), when (periodicity) and by who (committee structure) they are completed*)

11.1.5. Description of how (*procedures*) and by who (*description of the committee structure*) the QA strategy of the Establishment is decided, communicated to staff, students and stakeholders,

implemented, assessed and revised

11.2. Comments

11.3. Suggestions for improvement

12. ESEVT Indicators (*see Annex 4*)

12.1. Factual information

(Complete the raw data in the Excel file and include here the calculated Indicators)

12.2. Comments

12.3. Suggestions for improvement

Glossary

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

List of appendices (*which are provided in a separate document*)

-) Current academic staff, qualifications, their FTE, teaching responsibilities and departmental affiliations

-) Units of study of the core veterinary programme (including clinical rotations, EPT and graduation thesis): title, reference number, ECTS value, position in curriculum (year, semester), whether it is compulsory or elective, hours and modes of instruction, learning outcomes and their alignment with the ESEVT Day One Competences

-) Maps of the Establishment and the intra-mural and extra-mural facilities used in the core veterinary programme

-) Written assessment procedures for QA

-) List of scientific publications from the Establishment's academic staff in peer reviewed journals during the last three academic years

-) Other relevant documents (*specify*)

The information to be contained in the appendices must be carefully selected so that useful information is not swamped by large amounts of unnecessary detail. Hard copy of additional information may be provided on-site in the Team room.

Annex 7. Timetable and guidelines for the Visitation

(as approved by the EAEVE Executive Committee on 11 May 2016)

INTRODUCTION

This document is a standardised programme for a (full) Visitation.

The specific programme must be proposed by the Liaison Officer 2 months before the start of the Visitation at the latest and is finalised in agreement with the Chairperson and the Coordinator.

TIMETABLE

Monday (Day 1)

-) by 15.00 at the latest: arrival of the Visitors at the hotel
-) 16.00-18.00: Initial meeting of the Visitation Team (i.e. 8 persons called Team in this annex) in the hotel Team room:
-) 18.00-19.00: meeting with the Establishment's Head and the Liaison Officer in the hotel Team room
-) 19.30-21.30: Dinner with the Establishment's Head, Liaison Officer and representatives of Staff and Students as appointed by the Establishment's Head

Tuesday (Day 2)

- 08.00: transfer to the Establishment Team Room
- 08.30- 09.15: meeting with the direction of the Establishment : presentation of the objectives of the Visitation by the Chairperson and presentation of the Establishment by its Head
- 09.30-12.30 and 13.30-16.45: visit of all the intra-mural facilities/departments/units by the complete Team with a very short introduction by the responsible person of each unit (strict timetable requested to avoid any delay)
- 12.30-13.30: informal lunch with Team alone
- 13.30-16.45: see above
- 17.00-19.00: Team work in the Establishment or hotel Team room
- 19.00: Informal dinner for the Team alone (in hotel or nearby)

Wednesday (Day 3)

- 08.00: transfer to the Establishment Team room
- 08.30–12.30 and 13.30-17.00: by individual Visitors or by sub-groups of Visitors:
 -) visit of the extra-mural facilities involved in the veterinary curriculum (clinics, dispensaries, teaching farms, slaughterhouses, ..);
 -) visit in depth of selected intra-mural facilities (e.g. the VTH);
 -) separate meetings with the relevant responsible persons for each ESEVT Standard, i.e. Organisation, Finances, Curriculum, Facilities, Animal Resources, Learning Resources, Students, Staff, Research and post-graduate programmes, Quality Assurance (precise programme and name of attendees for each visit/meeting to be finalised during the Monday evening meeting)
- 12.30-13.30: informal lunch with Team alone
- 13.30-17.00: see above
- 17.00-19.00: Team work in the Establishment or hotel Team room
- 19.30-21.30: dinner with the Establishment's Head, Liaison Officer, Rector and invited guests.

Thursday (Day 4)

- 08.00: transfer to the Establishment Team room
- 08.30-09.30: meeting with Academic Staff

09.30-10.30: meeting with graduates involved with the veterinary curriculum (interns, residents, assistants, PhD students)

10.30-11.00: meeting with Support Staff (technical, laboratory, administrative, nursing, IT)

11.00-12.00: meeting with undergraduate students (several students from each year/semester of the curriculum, including students on eventual foreign language tracks)

12.00-12.45: open session in confidence for individuals (staff and students) in the Establishment Team Room

In the morning: final on-site visits by individual Visitors if necessary

13.00-14.00: lunch with alumni's (i.e. local practitioners, employers of graduate students, representatives of professional organisations and stakeholders) who understand and speak basic English

14.00-18.30: Team work in the Establishment or hotel Team room

19.00: informal dinner for the Team alone (in hotel or nearby)

Friday (Day 5)

08.00-9.30: Team work in the hotel Team room

9.30: transfer to the Establishment Team room

10.00-10.30: exit presentation to the management of the Establishment and representatives of staff and students (e.g. members of the Establishment's Council)

From 11.00 at the earliest: transfer of the Visitors to the airport/train station

12.00: final lunch (optional)

PS: Wi-Fi access, a printer, multiple (>10) electrical sockets, soft and hot drinks and a printed copy of the SER, its annexes and the relevant ESEVT SOP must be available in both the hotel and the Establishment Team rooms

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

(as approved by the EAEVE Executive Committee on 11 May 2016)

**European Association
of Establishments for Veterinary Education**

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



VISITATION REPORT

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

On *(date of Visitation)*

By the Visitation Team :

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

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

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

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

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

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

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

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

(Indicate the Chairperson)

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

The Visitation Report must be written in agreement with the ESEVT SOP (see chapter 2 paragraph 1.5). The version of the SOP used to write the Visitation Report must coincide with the version the Establishment followed when preparing its SER, as stated in the official Visitation agreement.

2,5 weeks before the Visitation at the latest, each Visitor must have read the full SER, completed the chapters which for he/she is the principal writer in the draft Visitation Report (at least the sections 'Findings' and 'Questions to be asked/issues to be clarified during the Visitation') and send his/her contribution to the Coordinator. Then, the Coordinator puts them together as Draft A, which is sent to all members of the Visitation Team.

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

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

Files must be written in plain UK English. Chapters should be consolidated but concise, i.e. by strictly comparing the on site situation to the EAEVE SOP and by avoiding redundant paragraphs (e.g. information already provided in the SER or in another paragraph of the report). Personal comments must be avoided in the 'Findings' section and findings must be avoided in the 'Comments' section. The international system of units (SI) and the ESEVT terminology must be used (e.g. Establishment instead of faculty/school/department, ..).

If some indicators are out of range, it is expected from the relevant Visitor to assess if it affects the quality of the education and the compliance of the Establishment with the SOP.

In case of non-compliance with the ESEVT Standards, the Major Deficiencies must be clearly listed in agreement with a standardised terminology.

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

The texts in italic in this template must be deleted in the final copy of the Visitation Report.

Contents of the Visitation Report

Introduction

1. Objectives and Organisation

2. Finances

3. Curriculum
 4. Facilities and equipment
 5. Animal resources and teaching material of animal origin
 6. Learning resources
 7. Student admission, progression and welfare
 8. Student assessment
 9. Academic and support staff
 10. Research programmes, continuing and postgraduate education
 11. Outcome Assessment and Quality Assurance
 12. ESEVT Indicators
 13. ESEVT Rubrics
- Executive Summary
- Glossary

Introduction

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

Main features of the Establishment

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

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

1. Objectives and Organisation (see Standards 1.1 to 1.6 in Chapter 3)

1.1. Findings

1.1.1. Brief description of the Strategic Plan

Is a SWOT analysis available?

Are the mission and the objectives clearly described?

1.1.2. Brief description of the Operating Plan

Are there timeframes and indicators of achievement of the objectives?

1.1.3. Brief description of the organisation of the Establishment

General organisation (departments/units/clinics, ..)

Operating bodies (councils/boards/committees, ..)

1.1.4. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the Strategic Plan and organisation of the Establishment

1.2. Comments

1.3. Suggestions for improvement

1.3'. Questions to be asked to the Establishment

1.3". Issues to be clarified on-site

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

2. Finances (see Standards 2.1 to 2.5 in Chapter 3)

2.1. Findings

2.1.1. Brief description of the global financial process of the Establishment and its autonomy on it

2.1.2. Brief description of the budget (expenditures, revenues, balance) of the last 3 years

2.1.3. Brief description of the projected budget (expenditures, revenues, balance) of the next 3 years

2.1.4. Brief description of the planned or on-going investments

2.1.5. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the budget of the Establishment

2.2. Comments

2.3. Suggestions for improvement

2.3'. Questions to be asked to the Establishment

2.3". Issues to be clarified on-site

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

3. Curriculum (see Standards 3.1 to 3.10 in Chapter 3)

3.1. General curriculum

3.1.1. Findings

3.1.1.1. Brief description of the educational aims and strategy in order to propose a cohesive framework and to achieve the learning outcome

3.1.1.2. Brief statement if all EU-listed subjects are taught in the core curriculum to each student (independently of the tracking system)

3.1.1.3. Brief description of how curricular overlaps, redundancies, omissions and lack of consistency, transversality and/or integration of the curriculum are identified and corrected.

3.1.1.4. Description of the selection procedures of the Electives by the students and the degree of freedom in their choice (*e.g. what happens when too many students select one specific track*)

3.1.1.5. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the curriculum

3.1.2. Comments

3.1.3. Suggestions of improvement

3.1.3'. Questions to be asked to the Establishment

3.1.3". Issues to be clarified on-site

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

3.2. Basic sciences

3.2.1. Findings

3.2.1.1. Brief description of the theoretical and practical education in basic sciences

3.2.2. Comments

3.2.3. Suggestions of improvement

3.2.3'. Questions to be asked to the Establishment

3.2.3". Issues to be clarified on-site

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

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

3.3.1. Findings

3.3.1.1. Brief description of the theoretical, practical and clinical education in Clinical Sciences in companion animals

3.3.1.2. Description of the core clinical exercises/practicals/seminars in companion animals prior to the start of the clinical rotations

3.3.1.3. Description of the core clinical rotations and emergency services (*both intramural VTH and ambulatory clinics*) in companion animals and the direct involvement of undergraduate students in it (*responsibilities, hands-on versus observation, report writing, ..*)

3.3.2. Comments

3.3.3. Suggestions of improvement

3.3.3'. Questions to be asked to the Establishment

3.3.3". Issues to be clarified on-site

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

3.4. Clinical Sciences in food-producing animals (including Animal Production)

3.4.1. Findings

3.4.1.1. Brief description of the theoretical, practical and clinical education in Clinical Sciences in food-producing animals

3.4.1.2. Description of the core clinical exercises/practicals/seminars in food-producing animals prior to the start of the clinical rotations

3.4.1.3. Description of the core clinical rotations, emergency services (*both intramural VTH and ambulatory clinics*) and herd health visits in food-producing animals (*i.e. ruminants, pigs and poultry*) and the direct involvement of undergraduate students in it (*responsibilities, hands-on versus observation, report writing, ..*)

3.4.1.4. Brief description of the theoretical and practical education in Animal Production

3.4.2. Comments

3.4.3. Suggestions of improvement

3.4.3'. Questions to be asked to the Establishment

3.4.3". Issues to be clarified on-site

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

3.5. Food Safety and Quality (FSQ)

3.5.1. Findings

3.5.1.1. Brief description of the theoretical and practical education in FSQ

3.5.1.2. Description (*timing, group size per teacher,..*) of the teaching in slaughterhouses and in premises for the production, processing, distribution/sale or consumption of food of animal origin

3.5.2. Comments

3.5.3. Suggestions of improvement

3.5.3'. Questions to be asked to the Establishment

3.5.3". Issues to be clarified on-site

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

3.6. Professional knowledge

3.6.1. Findings

3.6.1.1. Brief description of the theoretical and practical education in professional Knowledge

3.6.1.2. Brief description of the organisation, selection procedures and supervision of the EPT

3.6.1.3. Description of the procedures (*e.g. logbooks*) used to ascertain the achievement of each core practical/clinical activity (*pre-clinical, clinical, ambulatory clinics, EPT*) and professional knowledge by each student (independently of the tracking system)

3.6.2. Comments

3.6.3. Suggestions of improvement

3.6.3'. Questions to be asked to the Establishment

3.6.3". Issues to be clarified on-site

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

4. Facilities and equipment (see Standards 4.1 to 4.15 in Chapter 3)

4.1. Findings

4.1.1. Brief description of the location and organisation of the facilities used for the veterinary curriculum

4.1.2. Description of the adequacy for the veterinary training of the premises for:

-) lecturing, group work and practical work

-) housing healthy, hospitalised and isolated animals
-) clinical activities, diagnostic services and necropsy
-) FSQ & VPH
-) study and self-learning, catering, locker rooms, accommodation for on call students and leisure

4.1.3. Description of the adequacy for the veterinary training of the vehicles used for students transportation, ambulatory clinic, live animals and cadavers transportation

4.1.4. Description of the adequacy for the veterinary training of the equipment used for teaching purposes and clinical services

4.1.5. Description of the adequacy of the biosecurity rules in the Establishment

4.1.6. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of facilities, equipment and biosecurity rules of the Establishment

4.2. Comments

4.3 Suggestions for improvement

4.3'. Questions to be asked to the Establishment

4.3". Issues to be clarified on-site

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

5. Animal resources and teaching material of animal origin (see Standards 5.1 to 5.6 in Chapter 3)

5.1. Findings

5.1.1. Brief description of the global strategy of the Establishment about the use of animals and material of animal origin for the acquisition by each student of Day One Competences

5.1.2. Description of the adequacy for the veterinary training of the enrolled students of:

-) the number and diversity of cadavers and material of animal origin used in anatomy, necropsy and FSQ;
-) the number and diversity of healthy live animals used for pre-clinical training;
-) the number of visits in herds/flocks/units of food-producing animals;
-) the number and diversity of patients examined/treated by each student;
-) the balance between species, between clinical disciplines, between first opinion and referral cases, between acute and chronic cases, between consultations and hospitalisations, between individual medicine and population medicine

5.1.3. Description of the organisation and management of the VTH and ambulatory clinics

5.1.4. Description of the group size for the different types of clinical training and of the hands-

on involvement of students in clinical procedures in the different species

5.1.5. Description of the patient record system and how it is used to efficiently support the teaching, research, and service programmes of the Establishment

5.1.6. Description of the procedures developed to ensure the welfare of animals used for educational and research activities

5.1.7. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the number and variety of animals and material of animal origin for pre-clinical and clinical training, and the clinical services provided by the Establishment

5.2. Comments

5.3. Suggestions for improvement

5.3'. Questions to be asked to the Establishment

5.3". Issues to be clarified on-site

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

6. Learning resources (see Standards 6.1 to 6.4 in Chapter 3)

6.1 Finding

6.1.1. Brief description of the main library (facilities, equipment, staff, (e)books and (e)periodicals, software for databases)

6.1.2. Description of the available electronic information and e-learning courses, and their role in supporting student learning and teaching in the core curriculum

6.1.3. Description of the accessibility for staff and students to electronic learning resources both on and off campus

6.1.4. Description of how the procedures for access to and use of learning resources are taught to students.

6.1.5. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of learning resources

6.2. Comments

6.3. Suggestions for improvement

6.3'. Questions to be asked to the Establishment

6.3". Issues to be clarified on-site

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

7. Student admission, progression and welfare (see Standards 7.1 to 7.15 in Chapter 3)

7.1. Finding

7.1.1. Brief description of the admission procedures for standard and for full-fee students

7.1.2. Description of how the Establishment adapts the number of admitted students to the available educational resources and the biosecurity and welfare requirements

7.1.5. Description of the progression criteria and procedures, the available remediation and supports, the rate and main causes of attrition

7.1.6. Brief description of the services available for students

7.1.7. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the admission procedures, the admission criteria, the number of admitted students and the services to students

7.2. Comments

7.3. Suggestions for improvement

7.3'. Questions to be asked to the Establishment

7.3". Issues to be clarified on-site

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

8. Student assessment (see Standards 8.1 to 8.9 in Chapter 3)

8.1. Findings

8.1.1. Brief description of the student's assessment strategy of the Establishment

8.1.2. Description of the assessment methodology to ensure that every graduate has achieved the minimum level of competence, as prescribed in the ESEVT Day One Competences

8.1.4. Description of the processes for providing to students a feedback post-assessment and a guidance for requested improvement

8.1.5. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the student's assessment strategy

8.4. Comments

8.5. Suggestions for improvement

8.3'. Questions to be asked to the Establishment

8.3". Issues to be clarified on-site

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

9. Academic and support staff (see Standards 9.1 to 9.6 in Chapter 3)

9.1. Findings

9.1.1. Brief description of the global strategy in order to ensure that all requested competences for the veterinary programme are covered for both academic and support and that they are properly qualified and prepared for their roles

9.1.2. Description of the adequacy of the number of academic and support staff in the different departments/units with the number of students to be taught

9.1.3. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the strategy for allocating, recruiting, promoting, supporting and assessing academic and support staff

9.2. Comments

9.3. Suggestions for improvement

9.3'. Questions to be asked to the Establishment

9.3". Issues to be clarified on-site

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

10. Research programmes, continuing and postgraduate education (see Standards 10.1 to 10.4 in Chapter 3)

10.1. Findings

10.1.1. Brief description of how the research activities of the Establishment and the implication of most academic staff in it contribute to research-based undergraduate veterinary education

10.1.2. Description of how the postgraduate clinical trainings of the Establishment contribute positively to undergraduate veterinary education and how potential conflicts in relation to case management between post- and undergraduate students are avoided

10.1.3. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of research, continuing and postgraduate education programmes organised by the Establishment

10.2. Comments

10.3. Suggestions for improvement

10.3'. Questions to be asked to the Establishment

10.3". Issues to be clarified on-site

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

11. Outcome Assessment and Quality Assurance (see Standards 11.1 to 11.10 in Chapter 3)

11.1. Findings

11.1.1. Description of the global strategy of the Establishment for outcome assessment and Quality Assurance (QA), in order to demonstrate that the Establishment:

-) has a culture of QA and continued enhancement of quality;
-) operates *ad hoc*, cyclical, sustainable and transparent outcome assessment, QA and quality enhancement mechanisms;
-) collect, analyse and use relevant information from internal and external sources for the effective management of their programmes and activities (*teaching, research, services*);
-) informs regularly staff, students and stakeholders and involves them in the QA processes;
-) closes the loop of the QA Plan-Do-Check-Act (PDCA) cycle;
-) is compliant with ESG Standards.

11.1.2. Brief description of the specific QA processes for each ESEVT Standards

11.1.3. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the QA strategy of the Establishment

11.2. Comments

11.3. Suggestions for improvement

11.3'. Questions to be asked to the Establishment

11.3". Issues to be clarified on-site

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

12. ESEVT Indicators (see Annex 4)

13. ESEVT Rubrics (*summary of the decision of the Visitation Team of the Establishment for each ESEVT Standard, i.e. compliance, partial compliance (Minor Deficiency) or non-compliance (Major Deficiency)*)

Standards

A B C

Standard 1: Objectives and Organisation

Standard 2: Finances

Standard 3: Curriculum

Standard 4: Facilities and equipment

Standard 5: Animal resources and teaching material of animal origin

Standard 6: Learning resources

Standard 7: Student admission, progression and welfare

Standard 8: Student assessment

Standard 9: Academic and support staff

Standard 10: Research programmes, continuing and postgraduate education

Standard 11: Outcome Assessment and Quality Assurance

A: compliance; B: partial compliance (Minor Deficiency); C: non-compliance (Major Deficiency)

Executive Summary

-) Brief history of the Establishment and its previous EAEVE Visitations
-) Brief comment on the SER
-) Brief comment on the Visitation
-) Commendations (areas worth of praise identified by the Team)
-) Recommendations (list of the Minor Deficiencies identified by the Team)
-) List of the Major Deficiencies identified by the Team

Glossary

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

Annex 9. Template and guidelines for the writing of the Re-visitiation SER (RSER)

(as approved by the EAEVE Executive Committee on 11 May 2016)

Forewords (to be read before the writing of the RSER)

*The RSER, which must be sent to the EAEVE Office at the same time as the request for Re-visitiation, must provide factual and accurate information **providing evidence that the Major Deficiencies identified during the Visitation have been corrected and that an on-going process is in place in order to correct the Minor Deficiencies.***

Not less than 2 months before the Re-visitiation, the RSER is also sent by the Establishment to all members of the Re-visitiation Team, both by post-mail (hard copy) and by e-mail (electronic version in Word format).

The RSER must be concise complete, accurate and written in English (UK) in agreement with this ESEVT template. All Deficiencies must be addressed with Factual Information and, if necessary, with Comments and Suggestions. Updated ESEVT Indicators must also be provided.

The texts in italic in this template must be deleted in the final copy of the RSER.

The RSER and the RE-visitiation Report, which are considered confidential until the final decision of ECOVE, are eventually published on the Establishment and EAEVE websites.

Contents of the RSER

Introduction

1. Correction of the Major Deficiencies

2. Correction of the Minor Deficiencies
3. ESEVT Indicators

Introduction

Brief summary of the conclusions of the previous Visitation and of the commitment of the Establishment to correct the Deficiencies and to become fully compliant with the ESEVT Standards

1. Correction of the Major Deficiencies

1.1. Major Deficiency 1:

1.1.1. Factual information

1.1.2. Comments

1.2. Major Deficiency 2:

1.2.1. Factual information

1.2.2. Comments

..

2. Correction of the Minor Deficiencies

2.1. Minor Deficiency 1:

2.1.1. Factual information

2.1.2. Comments

2.1.3. Suggestions of improvement

2.2. Minor Deficiency 2:

2.2.1. Factual information

2.2.2. Comments

2.2.3. Suggestions of improvement

..

3. ESEVT Indicators

3.1. Factual information (*Updated data based on the last three academic years*)

3.2. Comments

3.3. Suggestions of improvement

Annex 10. Timetable and guidelines for the Re-visitation

(as approved by the EAEVE Executive Committee on 11 May 2016)

INTRODUCTION

This document is a standardised programme for the Re-visitation. ECOVE may decide to adapt the duration of the Re-visitation (e.g. plus/minus ½ day) on the basis of the number and complexity of the Deficiencies identified after the (full) Visitation.

The specific programme must be proposed by the Liaison Officer 1 month before the start of the Re-visitation at the latest and is finalised in agreement with the Chairperson and the Coordinator.

TIMETABLE

Day 1

By 19.00 at the latest: arrival of the Visitors (the Team) at the hotel

19.30-21.30: working dinner with the Establishment's Head and Liaison Officer in the hotel or nearby

Day 2

08.00: transfer to the Establishment Team room

08.30–13.00: for each Major Deficiency, visit of the relevant facilities, consultation of the relevant databases and meeting with the relevant people

13.00-14.00: informal lunch with Team alone

14.00-16.30: evaluation if the Minor Deficiencies have been corrected or if an on-going process is in place in order to correct them.

17.00-19.00: Team work in the Team room

19.30-21.30: informal dinner

Day 3

08.00: transfer to the Establishment

8.30: exit presentation to the Establishment's Head, Liaison Officer and representatives of staff and students

from 9.00: transfer of the Visitors to the airport/train station

PS: Wi-Fi access, a printer, multiple electrical sockets, soft drinks and a printed copy of the RSER, its annexes and the relevant ESEVT SOP must be available in the Team room

Annex 11. Template and guidelines for the writing of the Re-visitiation Report

(as approved by the EAEVE Executive Committee on 11 May 2016)

**European Association
of Establishments for Veterinary Education**

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



RE-VISITATION REPORT

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

On *(date of Visitation)*

By the Re-visitiation Team :

(First name, name, city, country): Chairperson

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

Forewords (to be read by each Visitor before the writing of the Re-visitation Report)

The Re-visitation Report must be written in agreement with the ESEVT SOP (see chapter 2 paragraph 2.5). The version of the SOP used to write the Re-visitation Report must coincide with the version the Establishment followed when preparing its SER, as stated in the official Visitation agreement.

2,5 weeks before the Visitation at the latest, each Visitor must have read the RSER. If appropriate, questions to be asked to the Establishment are sent to the Liaison Officer before the start of the Re-visitation.

The Re-visitation Team is responsible for making an independent assessment and proposing an unambiguous statement on whether the Major Deficiencies identified during the previous Visitation have been fully corrected, whether an on-going process is in place in order to correct the Minor Deficiencies, and whether the Establishment is now fully compliant with the ESEVT Standards.

Files must be written in plain UK English. Chapters should be consolidated but concise.

The Draft A must be completed immediately after the end of the Re-visitation and sent to the EAEVE Office.

The texts in italic in this template must be deleted in the final copy of the Re-visitation Report.

Contents of the Re-visitation Report

Introduction

1. Correction of the Major Deficiencies

2. Correction of the Minor Deficiencies
3. ESEVT Indicators
4. Conclusions

Introduction

Brief summary of the conclusions of the previous Visitation, about the RSER and about the Re-visitation

1. Correction of the Major Deficiencies

1.1. Major Deficiency 1: .. (to be completed)

1.1.1. Findings

1.1.2. Comments

1.1.3. Suggestions

1.1.4. Decision of the Visitation Team (whether Major Deficiency 1 has been fully corrected or not)

1.2. Major Deficiency 2: .. (to be completed)

1.2.1. Findings

1.2.2. Comments

1.2.3. Suggestions

1.2.4. Decision of the Visitation Team (*whether Major Deficiency 2 has been fully corrected or not*)

..

2. Correction of the Minor Deficiencies

2.1. Minor Deficiency 1: .. (*to be completed*)

2.1.1. Findings

2.1.2. Comments

2.1.3. Suggestions

2.2. Minor Deficiency 2: .. (*to be completed*)

2.2.1. Findings

2.2.2. Comments

2.2.3. Suggestions

..

3. ESEVT Indicators

3.1. Findings

3.2. Comments

3.3. Suggestions

4. Conclusions (*recommendations to ECOVE, i.e. Accreditation if all Major Deficiencies have been fully corrected or Non-Accreditation if all Major Deficiencies have not been fully corrected*)

Annex 12. Timetable and guidelines for the Consultative Visitation

(as approved by the EAEVE Executive Committee on 11 May 2016)

INTRODUCTION

This document is a standardised programme for a Consultative Visitation.

The specific programme must be proposed by the Liaison Officer 1 month before the start of the Consultative Visitation at the latest and is finalised in agreement with the Chairperson.

TIMETABLE

Day 1

By 19.00: arrival of the 2 Visitors (the Team) at the hotel

19.30-21.30: working dinner with the Establishment's Head and Liaison Officer

Day 2

08.00: transfer to the Establishment Team Room

08.30- 09.00: meeting with the direction of the Establishment

09.00-13.00 and 14.00-17.00:

-) visit of the intra-mural facilities/departments/units by the Team with a very short introduction by the responsible person of each unit

-) visit in depth of some intra-mural facilities (e.g. the VTH);

-) virtual visit of the extra-mural facilities involved in the veterinary curriculum (clinics, dispensaries, teaching farms, slaughterhouses, ..) by a PowerPoint presentation with photos and/or videos in the presence of their respective responsible person

(strict timetable requested to avoid any delay)

13.00-14.00: informal lunch with Team alone

14.00-17.00: see above

17.00-19.00: Team work in the Team room

19.30-21.30: informal dinner

Day 3

08.00: transfer to the Establishment Team room

08.30-9.00: meeting with Academic Staff

09.00-9.30: meeting with graduates involved with the veterinary curriculum (interns, residents, assistants, PhD students)

9.30-10.00: meeting with Support Staff (technical, laboratory, administrative, nursing, IT)

10.00-10.30: meeting with undergraduate students (several students from each year/semester of the curriculum)

11.00-13.00 and 14.00-16.30: separate meetings (around 30 minutes each) with the relevant responsible persons for each ESEVT Standard, i.e. Organisation, Finances, Curriculum, Facilities, Animal Resources, Learning Resources, Students, Staff, Research and post-graduate programmes, Quality Assurance

(precise programme and name of attendees for each meeting to be finalised during the Day 1 dinner)

13.00-14.00: informal lunch with Team alone

14.00-16.30: see above

17.00-19.00: Team work in the Team room

19.00-19.30: exit presentation to the Establishment's Head, Liaison Officer and invited guests

19.30-21.30: dinner with the Establishment's Head, Liaison Officer and invited guests.

Day 4

Transfer of the Visitors to the airport/train station

PS: Wi-Fi access, a printer, multiple electrical sockets, soft and hot drinks and a printed copy of the CSER, its annexes and the relevant ESEVT SOP must be available in the Team room

Annex 13. Template and guidelines for the writing of the Consultative Visitation Report

(as approved by the EAEVE Executive Committee on 11 May 2016)

**European Association
of Establishments for Veterinary Education**

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



CONSULTATIVE VISITATION REPORT

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

ON *(date of Consultative Visitation)*

by the Consultative Visitation Team :

(First name, name, city, country)

(First name, name, city, country)

(Indicate the Chairperson)

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

The Consultative Visitation Report must be written in agreement with the ESEVT SOP (see chapter 2 paragraph 3.5). It is similar to the Visitation Report, except that it is shorter and focus mainly on potential deficiencies.

Two weeks before the Consultative Visitation at the latest, each Visitor must have read the full CSER. Questions to be asked are sent to the Establishment before the start of the Consultative Visitation in order to allow the Liaison Officer sufficient time to collect the required data.

The Visitation Team is responsible for making an independent assessment and proposing its opinion on the adequacy of the Establishment against each ESEVT Standard, i.e. compliant, partly compliant (one or more Minor Deficiencies that does not significantly affect the quality of education) or not compliant (one or more Major Deficiencies that affect the quality of education).

Files must be written in plain UK English. Chapters should be concise and mainly focused on potential deficiencies.

If some indicators are out of range, it is expected from the Visitors to assess if it affects the quality of the education and the compliance of the Establishment with the SOP.

The Consultative Visitation Report must be initiated before the start of the Consultative Visitation, completed and amended during it, finalised immediately after it and sent to the EAEVE Office.

The texts in italic in this template must be deleted in the final copy of the Re-visitation Report.

Contents of the Consultative Visitation Report

Introduction

1. Objectives and Organisation
2. Finances
3. Curriculum
4. Facilities and equipment
5. Animal resources and teaching material of animal origin
6. Learning resources
7. Student admission, progression and welfare
8. Student assessment
9. Academic and support staff
10. Research programmes, continuing and postgraduate education

11. Outcome Assessment and Quality Assurance
12. ESEVT Indicators
13. Conclusions

Introduction

Brief history of the Establishment

Main peculiarities of the Establishment

1. Objectives and Organisation (see Standards 1.1 to 1.6 in Chapter 3)

1.1. Findings

1.2. Comments

1.3. Suggestions for improvement

2. Finances (see Standards 2.1 to 2.5 in Chapter 3)

2.1. Findings

2.2. Comments

2.3. Suggestions for improvement

3. Curriculum (see Standards 3.1 to 3.10 in Chapter 3)

3.1. General curriculum

3.1.1. Findings

3.1.2. Comments

3.1.3. Suggestions of improvement

3.2. Basic sciences

3.2.1. Findings

3.2.2. Comments

3.2.3. Suggestions of improvement

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

3.3.1. Findings

3.3.2. Comments

3.3.3. Suggestions of improvement

3.4. Clinical Sciences in food-producing animals (including Animal production)

3.4.1. Findings

3.4.2. Comments

3.4.3. Suggestions of improvement

3.5. Food Safety and Quality (FSQ)

3.5.1. Findings

3.5.2. Comments

3.5.3. Suggestions of improvement

3.6. Professional knowledge

3.6.1. Findings

3.6.2. Comments

3.6.3. Suggestions of improvement

4. Facilities and equipment (see Standards 4.1 to 4.15 in Chapter 3)

4.1. Findings

4.2. Comments

4.3 Suggestions for improvement

5. Animal resources and teaching material of animal origin (see Standards 5.1 to 5.6 in Chapter 3)

5.1. Findings

5.2. Comments

5.3. Suggestions for improvement

6. Learning resources (see Standards 6.1 to 6.4 in Chapter 3)

6.1. Finding

6.2. Comments

6.3. Suggestions for improvement

7. Student admission, progression and welfare (see Standards 7.1 to 7.15 in Chapter 3)

7.1. Finding

7.2. Comments

7.3. Suggestions for improvement

8. Student assessment (see Standards 8.1 to 8.9 in Chapter 3)

8.1. Findings

8.2. Comments

8.3. Suggestions for improvement

9. Academic and support staff (see Standards 9.1 to 9.6 in Chapter 3)

9.1. Findings

9.2. Comments

9.3. Suggestions for improvement

10. Research programmes, continuing and postgraduate education (see Standards 10.1 to 10.4 in Chapter 3)

10.1. Findings

10.2. Comments

10.3. Suggestions for improvement

11. Outcome Assessment and Quality Assurance (see Standards 11.1 to 11.10 in Chapter 3)

11.1. Findings

11.3. Comments

11.3. Suggestions for improvement

12. ESEVT Indicators

12.1. Findings

12.2. Comments

12.3. Suggestions for improvement

13. Conclusions

-) Commendations (areas worth of praise identified by the Team)

-) Recommendations (list of the potential Minor Deficiencies identified by the Team)

-) List of the potential Major Deficiencies identified by the Team

Annex 14. Template and guidelines for the Interim Report

(as approved by the EAEVE Executive Committee on 11 May 2016)

**European Association
of Establishments for Veterinary Education**

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



INTERIM REPORT

Name and location of the Establishment:

Date of the previous Visitation:

Date of the completion of the Interim Report *(3,5 years after the (full)
Visitation at the latest):*

Content of the Interim Report (maximum 2 pages)

1. Name and details of the current Establishment's Head
2. Any major changes which may affect the compliance to the ESEVT Standards since the previous SER (*e.g. new national regulations, more admitted students, less funding, lower caseload*)
3. Progress in the correction of Deficiencies (*if any*) and plans for the near future
4. Expected date of the next Visitation

Appendix: Updated ESEVT Indicators (1 page)

Annex 15. Declaration stating the lack of conflicts of interest with the visited Establishment and the commitment to strictly respect the ESEVT SOP and the EAEVE Code of Conduct

(as approved by the EAEVE Executive Committee on 11 May 2016)

I hereby declare:

That I have no direct connection or personal interest with the visited Establishment;

- with the exception of on-going international research projects – if they exist, such collaboration must be disclosed here :

- if not applicable, please cross out

That I have neither studied at nor have been employed by this Establishment

That none of my close family members are studying or being employed by this Establishment

That I have neither received nor being promised any gifts or benefits of any nature by this Establishment

That I am not a citizen of the country which Establishment is going to be visited

That I am committed to strictly respect the ESEVT SOP and the EAEVE Code of Conduct.

Name of the Visitor:

Name of the visited Establishment:

Date of the Visitation:

Signature:

Date of signature :

Annex 16. Post-Visitation questionnaire

(as approved by the EAEVE Executive Committee on 11 May 2016)

**European Association
of Establishments for Veterinary Education**

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



Foreword

It is essential for the EAEVE quality management that the persons involved with a Visitation (both from the visited Establishment and the Visitation Team) share their impressions with EAEVE's Committee of Internal Quality Assessment (CIQA).

Name: **First Name:**

Position: *(Establishment's Head, Liaison Officer, other members of the visited Establishment (specify), Chairperson, Coordinator, member of visitation Team, other (specify)):*

Type of Visitation: *(Visitation, Re-visitation, Consultative Visitation):*

Establishment visited *(name and location):*

Date of the Visitation:

1. Comments on the visitation programme:

2. Comments on:

-) **Overall visitation Team** *(did the Team work in agreement with ESEVT SOP, was the level of expertise as high as expected, was the Visitation performed in a professional manner, ..):*

-) **Chairperson** *(Please name and comment on performance, competence, ability to communicate, efficiency, ..):*

-) **Coordinator** (*Please name and comment on performance, competence, ability to communicate, efficiency, ..*):

-) **Other Team members** (*Please name individuals and comment on performance, competence, ability to communicate, efficiency, ..*):

-) **Liaison Officer** (*Please name and comment on performance, ability to communicate, efficiency, ..*):

-) **EAEVE Office:**

3) Any Other Comments:

4) Suggestions of improvement:

Date:

Signature:

Annex 17. ESEVT transitional procedures between Budapest SOP and Uppsala SOP

(as approved by the EAEVE Executive Committee on 11 May 2016)

The Uppsala SOP (2016) is valid for all Visitations performed after the 12 May 2016.

However, if an agreement for a specific visitation has been formally signed by the Establishment with the EAEVE Office **before** the 12 May 2016, this Establishment may decide which SOP is valid for this visitation (i.e. the Budapest SOP or the Uppsala SOP). This must be agreed with the EAEVE Office and mentioned both within the SER and in the Visitation report.

Any Re-visitation will be completed under the SOP which was used for the relevant (full) Visitation.

Establishments currently holding the Approval status (based on the Budapest SOP) may apply for a (partial) visitation which will focus only on Quality Assurance (i.e. the original Stage 2 Visitation) if they wish to gain the Accreditation status before their next (full) Visitation.

The Interim Report as described in the Uppsala SOP is valid for all Establishments independent of the date of their last Visitation.

Glossary

Abbreviations

CIQA: Committee on Internal Quality Assurance (of EAEVE)
 CSER: Consultative SER
 EAEVE: European Association of Establishments for Veterinary Education
 EBVS: European Board of Veterinary Specialisation
 ECCVT: European Coordination Committee on Veterinary Training
 ECOVE: European Committee on Veterinary Education
 ENQA: European Network for Quality Assurance in Higher Education
 EPT: External Practical Training
 ESEVT: European System of Evaluation of Veterinary Training
 ESG: Standards and Guidelines for Quality Assurance in the European Higher Education Area
 ExCom: Executive Committee (of EAEVE)
 FSQ: Food Safety and Quality
 FTE: Full-Time Equivalent
 FVE: Federation of Veterinarians of Europe
 GA: General Assembly (of EAEVE)
 IT: Information Technology
 OIE: World Organisation for Animal Health
 QA: Quality Assurance
 RSER: Re-visitation SER
 SER: Self Evaluation Report
 SOP: Standard Operating Procedure
 SWOT: Strengths, Weaknesses, Opportunities, Threats
 VPH: Veterinary Public Health
 VTH: Veterinary Teaching Hospital

Standardised terminology (*to be used in all reports*)

Accreditation: status of an Establishment that is considered by ECOVE as compliant with the ESEVT Standards normally for a 7 years period starting at the date of the last (full) Visitation;
Establishment: the official and legal unit that organise the veterinary degree as a whole, either a university, faculty, school, department, institute;
 Ambulatory clinic: clinical training done extra-murally and fully supervised by academic trained teachers;
Establishment's Head: the person who officially chairs the above described Establishment, i.e. Rector, Dean, Director, Head of Department, President, Principal, ..;
 External Practical Training: clinical and practical training done extra-murally and fully supervised by non academic staff (e.g. practitioners);
Major Deficiency: a deficiency that significantly affects the quality of education and the Establishment's compliance with the ESEVT Standards;
Minor Deficiency: a deficiency that does not significantly affect the quality of education or the Establishment's compliance with the ESEVT Standards;
Propaedeutics: preliminary collection of data about patient by observation, palpation, temperature measurement, etc., without specialised diagnostic procedures;
Re-visitation: a partial visitation organised in agreement with the ESEVT SOP in order to evaluate if the Major Deficiencies identified during a previous Visitation have been corrected
Visitation: a full visitation organised on-site in agreement with the ESEVT SOP in order to evaluate if the veterinary degree provided by the visited Establishment is compliant with all

ESEVT Standards; any chronological reference to 'the Visitation' means the first day of the full on-site visitation;

Visitation Report: a document prepared by the Visitation Team, corrected for factual errors and finally issued by ECOVE; it contains, for each ESEVT Standard, findings, comments, suggestions and identified deficiencies.

Tracking system**ESEVT 'Uppsala' SOP**

	Prepared by:	Reviewed by:	Approved by:
Name:	Pierre Lekeux	SOP WG, Coordinators' group, ECOVE, CIQA, FVE Board, EAEVE ExCom, EAEVE Members	EAEVE GA (for chapters 2 & 3 and annex 5) FVE Board (for chapters 2 & 3) EAEVE ExCom (for annexes 4 to 17)
Date:	07/04/15	Between 08/04/15 and 12/04/16	12/04/16 (FVE Board) 11/05/16 (EAEVE ExCom) 12/05/16 (EAEVE GA)

Revision Nr.	Prepared by:	Date:	Approved by:	Date:
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