



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

Manual of Standard Operating Procedure

2019

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

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

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Introduction

This document sets out the Standard Operating Procedure (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). Chapter 2 (ESEVT Evaluation process) and Chapter 3 (ESEVT Standards for accreditation) have been approved by the EAEVE General Assembly (30 May 2019) and by the FVE Board (8 April 2019). The annexes 4 and 6-18 have been approved by the EAEVE Executive Committee (29 May 2019).

The main objective of the ESEVT is to evaluate 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 SOP 2016* and the SOP 2019 are described in Annex 17.

* Previously called Uppsala SOP

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

The 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 30 May 2019)

The ESEVT evaluation process is a fully transparent accreditation procedure of all EAEVE members as defined by the EAEVE Statutes. In the SOP, the term 'Establishment' refers to such a member. As stated in the EAEVE Statutes, the ESEVT is based on a compulsory system of Visitations together with periodic Interim Reports provided by the Establishment.

To be accredited by the ESEVT, an Establishment and each study programme it provides leading to the degree of veterinarian 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 study programme to become veterinarian, e.g. in different languages or in collaboration with other Establishments, all study programmes must be evaluated.

If an Establishment delegates a significant part of the curriculum (except External Practical Training) to a different legal entity, e.g. another higher education institution or a corporate, it must provide, as an annex of the Self Evaluation Report (SER), a written contract describing how the Establishment can exercise a real control over the quality of the training delivered. These additional entities must be visited and 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. Visitation

1.1. Agreement for a Visitation between the Establishment and EAEVE

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 contact 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 and completion of the Visitation and the publication on its website of the Self-Evaluation Report (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 in Annex 5.

1.2. Identification of the Visitation Team

Not less than 6 months before the Visitation, the European Committee of Veterinary Education (ECOVE), through the EAEVE Office, appoints the members of the Visitation Team and sends to the Establishment the Visitation team list and the contact 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 (a minimum of 2 years before graduation as veterinarian or a maximum of 1 year after graduation at the time of the Visitation) proposed by an association of veterinary students and being from an Establishment which is full member of EAEVE with the Accreditation status (*or Approval status during the transition period*) (ST);
-) 1 ESEVT Coordinator (CO).

If an Establishment offers more than one study programme to become veterinarian or delegates a significant part of the curriculum (except External Practical Training) to a different legal entity, one additional Visitor may be appointed by ECOVE.

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 Accreditation or 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 justified by the Establishment, ECOVE decides to replace this Visitor.

Upon an official request from the visited Establishment, ECOVE may accept an observer from another official body, in addition to the ESEVT Visitors (see Annex 18).

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

However, the Visitation programme must be fully compliant with the ESEVT SOP, e.g. specific ESEVT Visitation team, Self-Evaluation Report (SER), Visitation Report, Exit Presentation.

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 the 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 16a) 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 answer any questions that may arise.

The main duties of the Coordinator are to coordinate the preparation, completion and outcome of the Visitation process in close contact with the EAEVE Office, the Chairperson and the visited Establishment, to train and supervise the new Visitors (i.e. Visitors who have successfully completed the ESEVT E-learning but who have not yet participated in an ESEVT Visitation), to supervise the writing of the Visitation Report and to edit it 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 and documents 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 (who may not be the Establishment's Head) 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, in case of a specific agreement between the Establishment and the Visitors, reimburse Visitors buying their own tickets under the same conditions;
-) book rooms in a convenient 3* or 4* hotel with Wi-Fi, a restaurant and a meeting room fully devoted to the Visitation Team;
-) pay the insurance for each Visitor purchased by the EAEVE Office in order to cover the risk of accidents occurring during the travels and the Visitation;
-) pay the cost for Visa acquisition when requested by the visited country.

All transportation of the Visitors (e.g. between airport, train station, hotel, restaurant and visited sites) and catering 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 signing 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 guidelines provided in Annex 6.

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 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 PDF and Word format).

1.5. Programme of 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 persons.

A secondary objective is to propose, if appropriate, a few operational suggestions for improving the 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 guidelines proposed in 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 the Visitors to verify or complete the necessary 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 the team members 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 signing 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 the 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 guidelines 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 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, the draft A Visitation Report 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 final comprehensive list of questions and requests 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 or 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/do 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 within 14 days after the end of the Visitation and sent to the Establishment for 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.

The Draft D Visitation Report is analysed by ECOVE. Any amendment decided by ECOVE must be explained. With the support of the EAEVE Office and the Coordinator, the Final Visitation Report is formally issued by ECOVE. It is communicated to the Establishment's Head and to the Visitation Team prior to publication on the website of both EAEVE and the Establishment.

One month after the Visitation at the latest, the Establishment must return the post-Visitation questionnaire (Annex 16b) to the EAEVE Office.

1.7. ECOVE decision

ECOVE must base its decision on the analysis of the Draft D Visitation Report and on the SOP which was valid at the time of signing 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 (version, date).

For each visited Establishment, ECOVE analyses and discusses the draft D Visitation Report and decides to confirm or amend the recommendations of the Visitation Team. The Chairperson and 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.

When an Establishment offers more than one study programme to become a veterinarian, e.g. in different languages or in collaboration with other Establishments, ECOVE may take a

different decision for the different study programmes, e.g. Accreditation for one programme and non-Accreditation for another one.

Accreditation is valid for 7 years from the date of the (full) Visitation. However, in case of major issues identified by the Interim Report, ECOVE may as a last resort decide to change the Establishment's status (see Chapter on Interim Report). 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 because of end of granted status exceeded'.

Within two working days after the meeting, the ECOVE Chairperson through the EAEVE Office informs the Establishment's Head by e-mail about the granted status.

Within one month after the meeting, the ECOVE Chairperson through the EAEVE Office sends by e-mail the Final Visitation Report to the Establishment's Head and informs him/her about:

-) the appeal process;
-) the obligation to make public the final Visitation Report issued by ECOVE on the websites 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 10 working days after the receipt by mail of the ECOVE decision and final Visitation Report. That notification and the argued basis for the appeal must be made in writing 2 months, at the latest, after the receipt by mail of the ECOVE decision and final Visitation Report by the Establishment.

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 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 EAEVE Code of Conduct (see Annex 15). ExCom members, ECOVE members and ESEVT Coordinators cannot be member of Appeal Committees.

The appeal and its discussion 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 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 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.

1.9. Complaint process

If the Establishment believes that procedural faults have been made during the ESEVT evaluation process, it must send by e-mail to the EAEVE Office the official complaint and its argued basis not later than two months after the last day of the Visitation.

The complaint is sent by the EAEVE Office to the EAEVE Committee of Internal Quality Assurance (CIQA) which analyses the documents and evidence, including seeking further information from all relevant parties.

CIQA informs the EAEVE ExCom about its conclusions as soon as possible and no later than two months after receiving the relevant information.

The ExCom decides to dismiss or to accept (totally or partially) the complaint and informs all concerned parties about its decision and subsequent actions.

2. Re-visitation

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

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.

If ECOVE agrees about the 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 and completion of the Re-visitation 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 Visitation team list and the contact 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 to evaluate whether the Major Deficiencies identified by ECOVE after the Visitation have been corrected. It is also to evaluate if an ongoing process to correct the Minor Deficiencies is in place.

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, to visit facilities, consult databases, meet people and search 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 arrangements and accommodation are the same as for a Visitation (refer to point 1.3).

2.4. Re-visitation SER (RSER)

The RSER must provide factual and accurate information providing evidence that the Major Deficiencies identified during the Visitation have been corrected and that an ongoing process to correct the Minor Deficiencies is in place.

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 surface mail (hard copy) and by e-mail (electronic version in PDF and Word format).

The RSER must be completed in agreement with the template and guidelines provided in 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 ongoing process to correct the Minor Deficiencies is in place, 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 persons.

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 and the Coordinator. When required, on-site changes in the Re-visitation programme must be possible in order to allow the Visitors to verify or complete the necessary information.

2.6. Re-visitation Report

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

A draft A Re-visitation Report is prepared before arrival and a draft B Re-visitation report is written on site by the Re-visitation Team.

After a proofreading by the Coordinator, the draft C Re-visitation Report is issued two weeks after the end of the Re-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 Re-visitation Report not less than 1 month before their meeting.

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

One month 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, ECOVE analyses the Re-visitation Report and decides to confirm or amend the recommendations proposed by the Re-visitation Team. The Chairperson and the Coordinator must be available to ECOVE for discussing the Re-visitation Report and for answering questions that may arise. The remaining Major Deficiencies after the Re-visitation must be clearly listed by ECOVE 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.

Within two days after the meeting, the ECOVE Chairperson through the EAEVE Office informs the Establishment's Head by e-mail about the granted status.

Within one month after the meeting, the ECOVE Chairperson through the EAEVE Office sends by e-mail the Final Re-visitation Report to the Establishment's Head and informs him/her about:

-) the appeal process;
-) the obligation to make public the final Re-visitation Report issued by ECOVE on the websites 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). However, in case of major issues identified by the Interim Report, ECOVE may as a last resort decide to reclassify the Establishment to Conditional Accreditation status (see Chapter on Interim Report).

If the Establishment has not been granted with Accreditation status after the Re-visitation, another Re-visitation cannot be undertaken and 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.

2.9. Complaint process

The complaint process after 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. This pre-accreditation Visitation is advisory in nature with the idea of observing whether the Establishment reaches the threshold level to apply for a full Visitation by EAEVE but it does not lead to any decision, and the visited Establishment is not listed on the EAEVE website, neither is the Consultative Visitation report made public. The Consultative Visitation is not a Quality Assurance component of ESEVT.

After the Consultative Visitation, the Consultative Visitation 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 Visitation between the Establishment and EAEVE

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 the 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 and completion of the Consultative Visitation.

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 Visitation team list and the contact details of each Visitor.

The Visitation Team is composed of 2 Visitors with complementary expertise and 1 Coordinator.

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 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 the template and guidelines 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 surface mail (hard copy) and by e-mail (electronic version in PDF and 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 persons.

The programme of the Consultative Visitation must be in agreement with the timetable and guidelines proposed in 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 persons. Any modification proposed by the Establishment must be agreed by the Chairperson and the Coordinator.

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

3.6. Consultative Visitation Report

The Consultative Visitation Report must be completed in agreement with the template and guidelines 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 not later than two weeks after it, corrected for factual errors by the Establishment and finally proofread by the Coordinator and the EAEVE Office.

One month after the end of the Consultative Visitation at the latest, the EAEVE Office sends the team's final Consultative Visitation Report to the Establishment. ECOVE is not consulted about the Consultative Visitation Reports.

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

4. Interim Report

Three and a half 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 Major Deficiencies (if any) and of Minor Deficiencies and plans for the near future;
-) the expected date of the next evaluation;
-) an updated list of Indicators.

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.

The Interim Report and its review by the Coordinator must be completed in agreement with the templates and guidelines provided in Annex 14.

In case of the lack of an Interim Report or evidence in the Interim Report of the occurrence of potential major issues, ECOVE may ask for further information from the Establishment. If the Establishment doesn't reply or doesn't provide a convincing plan for correcting these major issues, ECOVE may decide to send an ESEVT Coordinator on site (at the cost of the Establishment), with the possibility that the Establishment's Accreditation status may be changed.

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

Chapter 3. ESEVT Standards for Accreditation

(as approved by the EAEVE General Assembly on 30 May 2019)

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 permanent QA and quality enhancement mechanisms
- demonstrates compliance with all the ESEVT Standards which when taken together provide an assurance that the veterinary degree meets the requirements of the EU Directives and the ESG recommendations, as well as ensures that its graduates will have acquired the relevant knowledge, skills and competences required for the entry-level of a veterinarian.

Standard 1: Objectives, Organisation and Quality Assurance Policy

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

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

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

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

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

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

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

stakeholders, both internal and external, and the strategy must have a formal status and be publicly available.

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

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

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

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

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

Standard 2: Finances

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

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

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

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

Standard 3: Curriculum

3.1 The curriculum must be designed, resourced and managed to ensure all graduates have achieved the graduate attributes expected to be fully compliant with the EU Directive 2005/36/EC (as amended by directive 2013/55/EU) and its Annex V.4.1. The curriculum must include the subjects (input) and must allow the acquisition of the Day One Competences (output) listed in Annex 2.

This concerns:

- Basic Sciences
- Clinical Sciences in companion animals (including equine and exotic pets)
- Clinical Sciences in food-producing animals (including Animal Production and Herd Health Management)
- Food Safety and Quality
- Professional Knowledge.

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

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

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

3.3 Programme learning outcomes must:

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

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

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

3.5 External Practical Training (EPT) is compulsory training activities organised outside the Establishment, the student being under the direct supervision of a non-academic person (e.g. a practitioner). EPT cannot replace the core intramural training nor the extramural training under

the close supervision of academic staff (e.g. ambulatory clinics, herd health management, practical training in FSQ and VPH).

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

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

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

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

Standard 4: Facilities and equipment

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

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

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

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

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

4.4 Core clinical teaching facilities must be provided in a veterinary teaching hospital (VTH) with 24/7 emergency services at least for companion animals and equines. Within the VTH, the Establishment must unequivocally demonstrate that standard of education and clinical research are compliant with all ESEVT 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, on-call service must be available if emergency services do not exist for those species in a VTH.

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

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

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

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

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

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

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

Standard 5: Animal resources and teaching material of animal origin

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

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

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

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

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

Standard 6: Learning resources

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

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

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

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

Standard 7: Student admission, progression and welfare

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

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

Formal cooperations with other Establishments must also be clearly advertised.

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

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

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

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

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

7.5 The basis for decisions on progression (including academic progression and professional fitness to practise) must be explicit and readily available to the students. The Establishment must provide evidence that it has mechanisms in place to identify and provide remediation and appropriate support (including termination) for students who are not performing adequately. The Establishment must have mechanisms in place to monitor attrition and progression and be able to respond and amend admission selection criteria (if permitted by national or university law) and student support if required.

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

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

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

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

7.8 Mechanisms must be in place by which students can convey their needs and wants to the Establishment. The Establishment must provide students with a mechanism, anonymously if they wish, to offer suggestions, comments and complaints regarding compliance of the Establishment with national and international legislation and the ESEVT 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 published, applied consistently, clearly identified and available to students in a timely manner well in advance of the assessment. Requirements to pass must be explicit.

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

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

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

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

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

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

Standard 9: Academic and support staff

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

A formal training (including good teaching and evaluation practices, learning and e-learning resources, biosecurity and QA procedures) must be in place for all staff involved with teaching. Most academic staff (calculated as FTE) involved in veterinary training must be veterinarians. It is expected that more than 2/3 of the instruction that the students receive, as determined by student teaching hours, is delivered by qualified veterinarians.

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

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

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

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

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

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

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

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

Standard 10: Research programmes, continuing and postgraduate education

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

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

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

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

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 ECCVT on 17 January 2019)

Forewords

A. 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.

B. In order to facilitate for educational establishments to meet the requirements of the overall basic veterinary competence that the EU has established it needs to be broken down to more specific “Day One Competences”: Overall basic veterinary competence is currently laid down in different pieces of the EU legislation, namely

- ✓ 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 (EU) 2017/625 (on official controls)
- ✓ Regulation 1099/2009/EU (on the protection of animals at the time of killing) as amended by Regulation (EU) 2017/625;
- ✓ Regulation (EU) 2016/429 (on transmissible animal diseases and amending and repealing certain acts in the area of animal health); and
- ✓ Proposal on Regulation on veterinary medicinal products

C. Overall basic competence ought to encompass all references in the different pieces of the EU legislation to ensure consistency on the recognition of professional qualifications in European Union and beyond.

D. ‘Day One Competences’ is the minimum standard required and is the starting point for a variety of roles in the veterinary profession. After graduation, ongoing 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. Diplome of a European College, PhD).

E. A new graduate who has achieved Day One Competences 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.

F. Veterinary educational establishments are responsible for developing the Day One Competences 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 Extramural Practical Training so that students can practise applying these competences in the workplace.

G. These Day One Competences are in agreement with the above-mentioned EU Directives, Regulations and Proposals related to veterinary professional qualifications and the following references:

- OIE recommendations on the Competencies of graduating veterinarians ('Day 1 graduates') to assure National Veterinary Services of quality¹
- European Commission: A working document on the development of a common education and training framework to fulfil the requirements under the Directive²
- FVE & EAEVE report on European Veterinary Education in Animal Welfare, Science, Ethics and Law³
- Standards and Guidelines for Quality Assurance in the European Higher Education Area (2015)⁴
- Final Recommendations of the 4th OIE Global Conference on Veterinary Education⁵
- One Health approach as recognised by WHO⁶ and OIE⁷

1. Day One Competences

1.1 Understand the ethical and legal responsibilities of the veterinarian in relation to animals under his/her care, the environment, clients, policies and society.

1.2 Demonstrate knowledge of the organisation, management and legislation related to a veterinary business economics and employment rights.

1.3 Promote, monitor and maintain health and safety in the veterinary setting; demonstrate knowledge of systems of quality assurance; 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 and in full respect of confidentiality and privacy.

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 http://www.oie.int/fileadmin/Home/eng/Support_to_OIE_Members/Vet_Edu_AHG/DAY_1/DAYONE-B-ang-vC.pdf

² http://ec.europa.eu/environment/chemicals/lab_animals/pdf/guidance/education_training/en.pdf

³ http://www.carodog.eu/wp-content/uploads/2014/10/full_report_aw_curriculum_adopted3.pdf

⁴ http://www.enqa.eu/wp-content/uploads/2013/06/ESG_3edition-2.pdf

⁵ http://www.oie.int/eng/vet-education-conf2016/recommendations/A_Final_recommendations_Thailand_education.pdf

⁶ <http://www.who.int/features/qa/one-health/en/>

⁷ <http://www.oie.int/en/for-the-media/onehealth/>

- 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 veterinary surgeon 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 and One Health concept, in order to improve animal health and welfare, 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 animals under their care with regard to the resources available.
- 1.19 Attend in an emergency and perform first aid in common animal species*.
- 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 signs of possible notifiable, reportable and zoonotic diseases as well as abuse 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 through the appropriate channel.
- 1.28 Apply principles of bio-security correctly.
- 1.29 Perform aseptic procedures appropriately.

- 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 related food technology.
- 1.36 Advise on, and implement, preventive and eradication 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, the contribution of basic and applied research to veterinary science and implementation of 3Rs (Replacement, Reduction, Refinement).
- 2.3 The structure, function and behaviour of animals and their physiological and welfare needs.
- 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 the common animal 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 antiparasitics.
- 2.9 The principles of disease prevention and the promotion of health and welfare.
- 2.10 Veterinary public health issues, e.g. 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 veterinary surgeons 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.

Although all subjects are listed into one category, some of them relate to more than one category. The subjects linked to Professional Knowledge are included in the listed categories.

A. Basic Subjects

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

B. Specific veterinary subjects

a. Basic Sciences:

- Anatomy, histology and embryology
- Physiology
- Biochemistry
- General and molecular genetics
- Pharmacology, pharmacy and pharmacotherapy
- Pathology
- Toxicology
- Parasitology
- Microbiology
- Immunology
- Epidemiology
- Information literacy and data management
- Professional ethics and communication
- Animal health economics and practice management
- Animal ethology
- Animal welfare
- Animal nutrition

b. Clinical Sciences:

- Obstetrics, reproduction and reproductive disorders
- Diagnostic pathology

- Medicine
- Surgery
- Anaesthesiology
- Clinical practical training in common animal species*
- Preventive medicine
- Diagnostic imaging
- Therapy in common animal species*
- Propaedeutics of common animal species*

c. Animal production:

- Animal production, including breeding, husbandry and economics
- Herd health management

d. Food Safety and Quality, Veterinary Public Health and One Health Concept:

- Veterinary legislation including official controls, regulatory veterinary services, forensic veterinary medicine and certification
- Control of food, feed and animal by-products
- Zoonoses
- Food hygiene and food microbiology
- Food technology

*Common animal species as described in the list of Indicators of the ESEVT SOP.

The content and distribution of the theoretical and practical training among the various groups of subjects must be balanced and coordinated in such a way that the knowledge and experience may be acquired in a manner which will enable the veterinarian 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 make public 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 29 May 2019)

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 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, rabbit, fish and bee 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

Post-graduate degrees

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, practitioners supervising EPT 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, farmed rabbit, fish and bee 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 30 May 2019)

1. Membership fee

The membership fee is 3000€/year and must be paid by the first of April of each year at the latest. The membership fee for Candidate and Associate members is 50% of the membership fee.

Establishments not in order of payment are neither allowed to vote at the General Assembly nor to be evaluated by the ESEVT.

2. Evaluation fees

-) (full) Visitation: 8000€
-) Consultative Visitation: 3000€
-) Re-visitation: 4000€ after Non-Accreditation and 2000€ after Conditional Accreditation
-) Interim Report: free of charge
-) Appeal/complaint process: 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 a cancellation or a 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 29 May 2019)

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 PDF and Word format).***

*The SER must be concise (**maximum 100 pages, without the appendices, written in Times New Roman font, size 12, single spacing**), complete, accurate and written in English 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 1.5.*

*All Standards must be addressed with Factual Information, Comments (e.g. subjective information, current limiting factors of improvement) and Suggestions for Improvement (e.g. list of desired/planned/ongoing changes in descending order of importance). 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 student.***

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's and EAEVE's websites.

Contents of the SER

Introduction

Standard 1. Objectives, Organisation and QA Policy

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
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

Brief summary of the main developments since the last Visitation (or, if there has not been a previous one, in the period since the veterinary degree programme began)

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

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

Standard 1: Objectives, Organisation and QA Policy

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

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

Description of the mission statement and the objectives

Description of how the Establishment ensures that the provided core curriculum enables all new graduates to perform as a veterinarian capable of entering all commonly recognised branches of the veterinary profession

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

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

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

Details of the Establishment, i.e. official name, address, phone number, E-mail and website addresses, Establishment's Head, official authority overseeing the Establishment

Organisational chart (diagram) of the Establishment with a brief description of the decision-making process

List of departments/units/clinics with a very brief description of their composition and management (further information may be provided in the appendices)

List of the councils/boards/committees with a very brief description of their composition/function/responsibilities and implication of staff, students and stakeholders (further information may be provided in the appendices)

Description of the formal collaborations with other establishments

Name and degrees of the person(s) responsible for the veterinary curriculum and for the professional, ethical, and academic affairs of the VTH

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

Summary of the Establishment strategic plan with an updated SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) (the full Strategic Plan may be provided in the appendices)

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

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

Description of the global policy and 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 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 any QA Plan-Do-Check-Adjust (PDCA) cycles;*
-) is compliant with ESG Standards.*

1.5 The Establishment must provide evidence that it interacts with its stakeholders and the wider society. Such public information must be clear, objective and readily accessible; the information must include up-to-date information about the study programme, views

and employment destinations of past students as well as the profile of the current student population.

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

Description of how the Establishment informs stakeholders and the public on:

-) *its objectives,*
-) *its education, research and teaching activities,*
-) *employment destinations of past students*
-) *profile of the current student population*

Description of how to access to the ESEVT Establishment's status and to the last ESEVT Self Evaluation Report and Visitation Report on the Establishment's website

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

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

Description of how (procedures) and by who (description of the committee structure) the strategic plan, the organisation, the activities and the QA policy are decided, communicated to staff, students and stakeholders, implemented, assessed and revised

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

Date of the last ESEVT Visitation and description on how the deficiencies have been corrected and how it has been used to enhance quality

Comments on Standard 1

Suggestions for improvement on Standard 1

Standard 2. Finances

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

Description of the global financial process of the Establishment

% of margin paid as overhead to the official authority overseeing the Establishment on revenues from services and research grants

Annual tuition fee for national and international students

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

<i>Area of expenditure</i>	<i>AY*</i>	<i>AY-1</i>	<i>AY-2</i>	<i>Mean</i>
<i>Personnel</i>				
<i>Operating costs</i>				
<i>Maintenance costs</i>				
<i>Equipment</i>				
<i>Total expenditure</i>				

** The last full academic year prior to the Visitation*

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

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

*** Please specify*

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

<i>Academic year</i>	<i>Total expenditures</i>	<i>Total revenues</i>	<i>Balance***</i>
<i>AY-2</i>			
<i>AY-1</i>			
<i>AY*</i>			

**** 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

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

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

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

Description of the modus operandi for the financial management of the clinical and field services

Degree of autonomy of the Establishment on the financial process

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

List of the ongoing and planned major investments for developing, improving and/or refurbishing facilities and equipment, and origin of the funding

Prospected expenditures and revenues for the next 3 academic years

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

Comments on Standard 2

Suggestions for improvement on Standard 2

Standard 3. Curriculum

Definitions

Student: undergraduate student.

Core subject: compulsory subject taken by every student.

Curriculum: a detailed description of the study programme including theoretical, practical and clinical training.

Electives: each student must select from a list of possible subjects; the inherent nature of an elective is that students make a decision 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 group 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 hands-on involvement of the students in the material discussed.

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 theoretical aspects, 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.

Study programme: an undergraduate programme leading to the degree of veterinarian.

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

Laboratory and desk-based work: it includes teaching sessions where students themselves actively perform laboratory experiments, and use microscopes for the examination of 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. The use of a clinical studies labs (skill labs) with the inclusion of models and equipment designed to realistically mimic surgical and other “hands on” techniques, is included here.

Clinical work. These are strictly hands-on procedures by students both in the intra- and extramural 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.

NB: If an Establishment offers more than one study programme to become veterinarian, e.g. in different languages or in collaboration with other Establishments, all study programmes and respective curricula must be described separately in this chapter 3.

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

Description of the educational aims of the Establishment and the general strategy for the design, resources and management of the curriculum

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

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

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 deskbased 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 taken by each student

<i>Subjects</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>
<i>Basic subjects</i>								
<i>Medical physics</i>								
<i>Chemistry (inorganic and organic sections)</i>								
<i>Animal biology, zoology and cell biology</i>								
<i>Feed plant biology and toxic plants</i>								
<i>Biomedical statistics</i>								
<i>Specific veterinary subjects</i>								
<i>Basic Sciences</i>								
<i>Anatomy, histology and embryology</i>								
<i>Physiology</i>								
<i>Biochemistry</i>								
<i>General and molecular genetics</i>								
<i>Pharmacology, pharmacy and pharmacotherapy</i>								
<i>Pathology</i>								
<i>Toxicology</i>								
<i>Parasitology</i>								
<i>Microbiology</i>								
<i>Immunology</i>								
<i>Epidemiology</i>								
<i>Information literacy and data management</i>								
<i>Professional ethics and communication</i>								
<i>Animal health economics and practice management</i>								
<i>Animal ethology</i>								
<i>Animal welfare</i>								
<i>Animal nutrition</i>								
<i>Clinical Sciences</i>								
<i>Obstetrics, reproduction and reproductive disorders</i>								
<i>Diagnostic pathology</i>								
<i>Medicine</i>								
<i>Surgery</i>								
<i>Anesthesiology</i>								
<i>Clinical practical training in common animal species</i>								
<i>Preventive medicine</i>								
<i>Diagnostic imaging</i>								
<i>Therapy in common animal species</i>								
<i>Propaedeutics of common animal species</i>								
<i>Animal Production</i>								
<i>Animal Production, including breeding, husbandry and economics</i>								
<i>Herd health management</i>								
<i>Food Safety and Quality, Veterinary Public Health and One Health Concept</i>								
<i>Veterinary legislation including official controls and regulatory veterinary services, forensic veterinary medicine and certification</i>								
<i>Control of food, feed and animal by-products</i>								
<i>Zoonoses</i>								
<i>Food hygiene and food microbiology</i>								
<i>Food technology</i>								

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

NB: Subjects linked to Professional Knowledge are incorporated within the subcategories and include inter alia Information literacy and data management, Professional ethics and communication, Animal health economics and practice management, Clinical practical training in common animal species, Herd health management and Veterinary legislation.

Table 3.1.3. Practical rotations under academic staff supervision (excluding EPT)

<i>Types</i>	<i>List of practical rotations (Disciplines/Species)</i>	<i>Duration (weeks)</i>	<i>Year of programme</i>
<i>Intra-mural clinics (VTH)</i>			
<i>Ambulatory clinics</i>			
<i>Herd Health Management</i>			
<i>FSQ & VPH</i>			
<i>Electives</i>			
<i>Other (specify)</i>			

Table 3.1.4. Curriculum hours taken as electives for each student

<i>Electives</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>
<i>Basic subjects</i>								
<i>Basic Sciences</i>								
<i>Clinical Sciences</i>								
<i>Animal Production</i>								
<i>Food Safety and Quality, Veterinary Public Health and One Health Concept</i>								

A: lectures; B: seminars; C: supervised self learning; D: laboratory and deskbased 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 3.1.5. Optional courses proposed to students (not compulsory)

<i>Subjects</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>
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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

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

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, ...)

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

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)

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 all students

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

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

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

Description of how the Establishment:

-) ensures that the study programmes meet the objectives
-) promotes an academic environment conducive to learning
-) encourages and prepares students for self-learning and lifelong learning.

3.3 Programme learning outcomes must:

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

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

Description of how the Establishment ensures that the learning outcomes fit with the ESEVT Day One Competences

Description of how (procedures) and by who (description of the committee structure) the learning outcomes are decided, communicated to staff, students and stakeholders, assessed and revised

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

- determine the pedagogical basis, design, delivery methods and assessment methods of the curriculum
- oversee QA of the curriculum, particularly gathering, evaluating, making change and responding to feedback from stakeholders, peer reviewers and external assessors, and data from examination/assessment outcomes
- perform on going and periodic review of the curriculum at least every seven years by involving staff, students and stakeholders; these reviews must lead to

continuous improvement. Any action taken or planned as a result of such a review must be communicated to all those concerned

- **identify and meet training needs for all types of staff, maintaining and enhancing their competence for the ongoing curriculum development.**

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

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

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

Description of the organisation of the EPT and how it complements (but not replaces) the academic clinical training

Table 3.5.1. Curriculum days of External Practical Training (EPT) for each student

<i>Fields of Practice</i>	<i>Minimum duration (weeks)</i>	<i>Year of programme</i>
<i>Production animals (pre-clinical)</i>		
<i>Companion animals (pre-clinical)</i>		
<i>Production animals (clinical)</i>		
<i>Companion animals (clinical)</i>		
<i>FSQ & VPH</i>		
<i>Others (specify)</i>		

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

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

Description of how the EPT providers are linked to the Establishment (a copy of one of the agreements to be provided in the appendices), assess the students and provide feedback to the Establishment

Name of the academic person(s) responsible for the supervision of the EPT activities

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

Description of the implications of students in the preparation, recording and assessment of their EPT

Description of the complaint process in place concerning EPT

Comments on Standard 3

Suggestions for improvement on Standard 3

Standard 4. Facilities and equipment

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

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)

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

Description of how the Establishment ensures that all physical facilities comply with all relevant legislation

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

Short description (number, size, equipment, ...) of the premises for:

-) lecturing
-) group work (seminars, tutorials, ...)
-) practical work (laboratories, ...)
-) skill labs (preclinical stimulation-based training on dummies, ...)

Short description (number of rooms and places, ...) of the premises for:

-) study and self-learning
-) catering, canteens, ...
-) locker rooms
-) accommodation for on call students
-) leisure
-) sanitary (toilets, washing and/or shower facilities, ...)

Brief description of the staff offices and research laboratories

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

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

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

-) *healthy animals*
-) *research animals*
-) *hospitalised animals*

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

-) *clinical activities*
-) *diagnostic services including necropsy*
-) *others (specify)*

Description of the equipment used for clinical services (diagnostic, treatment, prevention, surgery, anaesthesia, physiotherapy, ...)

Brief description of the premises (both intra-mural and extra-mural) used for the practical teaching of FSQ & VPH (slaughterhouses, foodstuff processing units, ...)

4.4 Core clinical teaching facilities must be provided in a veterinary teaching hospital (VTH) with 24/7 emergency services at least for companion animals and equines. Within the VTH, the Establishment must unequivocally demonstrate that standard of education and clinical research are compliant with all ESEVT 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, on-call service must be available if emergency services do not exist for those species in a VTH.

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

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

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, ...)

Description on how the VTH and ambulatory clinics are organised in order to maximise the hands-on training of all students

Statement that the Establishment meets the national Practice Standards

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

Description of how all students can have access to all relevant facilities

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

Description (number, size, species, ...) of the premises for housing isolated animals and how these premises guarantee isolation and containment of infectious patients

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

Description of how and by who field veterinary medicine and Herd Health Management are taught to all students

Description of the vehicles and equipment used for the ambulatory clinic

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

Brief description (number, size, equipment, ...) of the vehicles used for:

-) transportation of students (e.g. to extramural facilities)
-) transportation of live animals
-) transportation of cadavers/organs

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

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

The Establishment's manual for biosecurity, health and safety must be provided as an appendix (with a summary in English).

Comments on Standard 4

Suggestions for improvement on Standard 4

Standard 5. Animal resources and teaching material of animal origin

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

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

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)

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 (day patients in the clinic) and hospitalisations, balance between individual medicine and population medicine

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

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

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

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

** The last full academic year prior to the Visitation*

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

<i>Species</i>	<i>AY*</i>	<i>AY-1</i>	<i>AY-2</i>	<i>Mean</i>
<i>Cattle</i>				
<i>Small ruminants</i>				

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

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

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

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

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

Table 5.1.6. Cadavers used in necropsy

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

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

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

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

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

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

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

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

Description of the organisation and management of the external sites (teaching farms, ...) and the involvement of students in their running (e.g. births, milking, feeding, ...)

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

Description of how and by who the nursing care skills are implemented and taught to undergraduate students

Description of the group size for the different types of clinical training (both intra-murally and extra-murally) to guarantee hands-on training of all students

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)

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

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

Description of the patient record system, its completion, its availability to staff and students and how it is used to efficiently support the teaching, research, and service programmes of the Establishment

Comments on Standard 5

Suggestions for improvement on Standard 5

Standard 6. Learning resources

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

Description of the general strategy of the Establishment on learning resources

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

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 Staff and students must have full access on site to an academic library administered by a qualified librarian, an Information Technology (IT) unit managed by an IT expert,

an e-learning platform, and all the relevant human and physical resources necessary for the development of instructional materials by the staff and their use by the students. The relevant electronic information, database and other intranet resources must be easily available for students and staff both in the Establishment's core facilities via wireless connection (Wi-Fi) and from outside the Establishment through a hosted secured connection, e.g. Virtual Private Network (VPN).

Brief 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
-) softwares available for bibliographical search

Brief description of the subsidiary libraries (if any)

Brief 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)

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 resources through a hosted secured connection, e.g. Virtual Private Network (VPN))

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

Brief description of:

-) the number of veterinary books and periodicals
-) the number of veterinary e-books and e-periodicals
-) the number of other (e)books and (e)periodicals
-) the available learning resources to students, including electronic information and e-learning courses (and their role in supporting student learning and teaching in the core curriculum)
-) the organisation and supervision of the skill labs.

Comments on Standard 6

Suggestions for improvement on Standard 6

Standard 7. Student admission, progression and welfare

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

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

Formal cooperations with other Establishments must also be clearly advertised.

Description of how the educational programmes, learning outcomes, admission procedures and requirements for national and foreign students, progression and certification, tuition fees, academic calendar, collaborations with other establishments, etc. are advertised to prospective students

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

Table 7.2.1. Number of new veterinary students admitted by the Establishment

<i>Type of students</i>	<i>AY*</i>	<i>AY-1</i>	<i>AY-2</i>	<i>Mean</i>
<i>Standard students</i>				
<i>Full fee students</i>				
<i>Total</i>				

** The last full academic year prior the Visitation*

Table 7.2.2. Number of veterinary undergraduate students registered at the Establishment

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

Table 7.2.3. Number of veterinary students graduating annually

<i>Type of students</i>	<i>AY*</i>	<i>AY-1</i>	<i>AY-2</i>	<i>Mean</i>
<i>Standard students</i>				
<i>Full fee students</i>				
<i>Total</i>				

Table 7.2.4. Average duration of veterinary studies

<i>Duration</i>	<i>% of the students who graduated on AY*</i>
<i>+ 0**</i>	
<i>+ 1 year</i>	
<i>+ 2 years</i>	
<i>+ 3 years or more</i>	

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

Table 7.2.5. Number of postgraduate students registered at the Establishment

<i>Programmes</i>	<i>AY*</i>	<i>AY-1</i>	<i>AY-2</i>	<i>Mean</i>
<i>Interns</i>				

Residents
PhD students
Others (specify)

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

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

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

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*

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

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

Description of the prospective number of new students admitted by the Establishment for the next 3 academic years

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

Description of the policies and procedures devoted to applicants with disabilities

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

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

Description of:

-) *the progression criteria and procedures for all students*

-) the remediation and support for students who do not perform adequately
-) the advertisement to students and transparency of these criteria/procedures

Description of the rate and main causes of attrition

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

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

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

Description of the mechanisms for the exclusion of students

Description of the appeal processes

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

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

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

Description of the mechanisms for resolution of student grievances

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

Description of the mechanisms allowing students to provide their needs, complaints, comments and suggestions to the Establishment

Comments on Standard 7

Suggestions for improvement on Standard 7

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.

Description of the general student's assessment strategy of the Establishment

Description of the specific methodologies for assessing the acquisition of:

-) *theoretical knowledge*
-) *pre-clinical practical skills*
-) *clinical practical skills*
-) *soft skills (e.g. communication skills, team player, dealing with pressure, strong work ethic, positive mental attitude, flexibility, time management, self-confidence, dealing with criticism, ...)*

8.2 The assessment tasks and grading criteria for each unit of study in the programme must be published, applied consistently, clearly identified and available to students in a timely manner well in advance of the assessment. Requirements to pass must be explicit. The Establishment must properly document the results of assessment and provide the students with timely feedback on their assessments.

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

Description of the processes for ensuring the advertising and transparency of the assessment criteria/procedures

Description of the processes for awarding grades, including explicit requirements for barrier assessments

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

Description of the appeal processes against assessment outcomes

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

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

Description of the link between learning outcomes and assessment design

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

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

Description of the system to certify student achievement of learning outcomes in the different subjects, years of study, etc.

Description of the strategy to encourage students to take an active part in the learning process

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

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

Comments on Standard 8

Suggestions for improvement on Standard 8

Standard 9. Academic and support staff

Definitions

Academic staff: This category includes staff who have been granted a veterinary degree (or another university degree) and have 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 staff whose main task is to conduct research work, although they may participate in 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 The Establishment must ensure that all staff are appropriately qualified and prepared for their roles, in agreement with national and EU regulations and must apply fair and transparent processes for the recruitment and development of staff.

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

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

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, ...)

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

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

Table 9.2.1. 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 (specify) (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 9.2.2. Percentage (%) of veterinarians in academic staff

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

Table 9.2.3. Support staff of the veterinary programme

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

Table 9.2.4. Research staff of the Establishment

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

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

Description of the formal programme for the selection and recruitment of the teaching staff and their training to teach and assess students (including continuing education)

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

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

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

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

Description of the peculiarities of the work contract for academic staff (e.g. permanent versus temporary, balance between teaching, research and services, continuing education, ...)

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

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

Promotion criteria for academic and support staff must be clear and explicit. Promotions for teaching staff must recognise excellence in, and (if permitted by the national or

university law) place equal emphasis on all aspects of teaching (including clinical teaching), research, service and other scholarly activities.

Description of the programmes devoted to academic and support staff for:

-) *their professional growth and development*
-) *the appraisal and promotion procedures*
-) *the mentoring and supporting procedures*
-) *their implication in the decision-making processes*

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

Description of the formal system in place for assessing the teachers by the students

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

Comments on Standard 9

Suggestions for improvement on Standard 9

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.

Description of how the research activities of the Establishment and the implication of most academic staff in it contribute to research-based veterinary education

Table 10.1.1. List of the major funded research programmes in the Establishment which were ongoing during the last full academic year prior the Visitation (AY*) (this table may be substituted by an Establishment list of ongoing research projects)

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

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

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*

Description of how undergraduate students are offered to participate to research programmes on a non-compulsory or compulsory basis
Description of the minimum requirements for the graduation thesis (Master dissertation), its supervision and its assessment

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

Table 10.3.1. Number of students registered at postgraduate clinical training

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

** The last full academic year prior the Visitation*

Table 10.3.2. Number of students registered at postgraduate research training

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

Table 10.3.3. Number of students registered at other postgraduate programmes in the Establishment but not related to either clinical or research work (including any external/distance learning courses)

<i>Programmes:</i>	<i>AY*</i>	<i>AY-1</i>	<i>AY-2</i>	<i>Mean</i>
..				
..				

Table 10.3.4. Number of attendees to continuing education courses provided by the Establishment

<i>Courses:</i>	<i>AY*</i>	<i>AY-1</i>	<i>AY-2</i>	<i>Mean</i>
..				
..				

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

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

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

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

Description of the mechanism used by the Establishment to ensure that its research activities contribute to research-based education.

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

Comments on Standard 10

Suggestions for improvement on Standard 10

ESEVT Indicators *(see Annex 4)*

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

Comments on Indicators

Suggestions for improvement on Indicators

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 29 May 2019)

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 and invited by the Establishment's Head

Tuesday (Day 2)

- 07.30: transfer to the Establishment Team Room
- 08.00-08.30: settling in the Team Room with access to an Establishment IT-person
- 08.30- 09.15: meeting with the management 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) (a short coffee break is welcome in the middle of the morning and afternoon sessions)
- 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 the hotel or within walking distance)

Wednesday (Day 3)

- 08.00: transfer to the Establishment Team room
- 08.30-12.00: 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. VTH and pre-clinical training facilities);
 -) meeting with staff involved with QA.(precise programme and name of attendees for each visit to be finalised during the Monday evening meeting)
- 12.00-13.00: informal lunch with Team alone
- 13.00-17.30: separate meetings with the relevant responsible persons for each ESEVT Standard, i.e.:
 -) Standards 1 & 2: Organisation, QA and Finances (60 min)
 -) Standard 3: Curriculum (60 min)
 -) Standard 4: Facilities (30 min)
 -) Standards 5 & 6: Animal Resources and Learning Resources (30 min)

-) Standards 7 & 8: Students (30 min)
-) Standard 9: Staff (30 min)
-) Standard 10: Research and post-graduate programmes (30 min)
(precise programme and name of attendees for each meeting to be finalised during the Monday evening meeting at the latest)
- 17.30-19.00: Team work in the Establishment or hotel Team room
- 19.30-21.30: dinner with the Establishment's Head, Liaison Officer, Rector and relevant stakeholders.

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 (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 the hotel or within walking distance)

Friday (Day 5)

- 08.00-09.30: 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, 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 upon arrival on Monday both at the hotel and in the Establishment Team rooms.

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

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



VISITATION REPORT

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

On *(date of Visitation)*

By the Visitation Team

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

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

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

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

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

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

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

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

(Indicate the Chairperson)

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

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

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

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

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

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

-) use UK English, the standardised terminology proposed in the SOP and the international system of units (SI) (please remember that the Report will be public);
-) be concise and avoid cutting and copying what is already in the SER (the info provided on site must be added of course);
-) avoid comments in 'Findings', findings in 'Comments', repetitions/redundancies from other chapters;
-) avoid using phrases such as 'It seems that ...', 'The Team believes...', 'The Team finds...', 'It is the opinion of the Team that...';
-) be precise and avoid ambiguous terms like 'lack of' (please use 'absence' or 'insufficiency' or 'inadequacy' instead).

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

-) Findings:

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

-) Comments:

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

-) Suggestions for improvement: they must be brief and only focused on ways for improving the partial/non-compliance with the Substandards ('It is suggested to ..'); they shouldn't be too

concrete but formulated in a broader sense, since it is the responsibility of the Establishment to find the most appropriate way to correct the deficiencies.

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

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

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

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

Standard distribution of the principal writers for the Visitation Report

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

Introduction: CO

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

Standard 2: Finances: FSQ (helped by CO)

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

Except:

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

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

3.1.5: Food Safety and Quality: FSQ

3.1.6: Professional knowledge: P

3.2 up to 3.4: QA

3.5 up to 3.7: P (helped by ST)

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

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

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

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

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

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

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

Executive Summary: CO (helped by Chairperson)

Indicators: CO (helped by all experts)

Rubrics: CO (helped by all experts)

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

Contents of the Visitation Report

Introduction

1. Objectives, Organisation and QA Policy
 2. Finances
 3. Curriculum
 4. Facilities and equipment
 5. Animal resources and teaching material of animal origin
 6. Learning resources
 7. Student admission, progression and welfare
 8. Student assessment
 9. Academic and support staff
 10. Research programmes, continuing and postgraduate education
 11. ESEVT Indicators
 12. ESEVT Rubrics
- Executive Summary
Glossary

Introduction

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

Main features of the Establishment

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

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

Standard 1: Objectives, Organisation and QA Policy

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

1.1.1. Findings

1.1.2. Comments

1.1.3. Suggestions for improvement

1.1.3'. Questions to be asked to the Establishment

1.1.3''. Issues to be clarified on-site

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

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

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

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

1.2.1. Findings

1.2.2. Comments

1.2.3. Suggestions for improvement

1.2.3'. Questions to be asked to the Establishment

1.2.3''. Issues to be clarified on-site

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

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

1.3.1. Findings

1.3.2. Comments

1.3.3. Suggestions for improvement

1.3.3'. Questions to be asked to the Establishment

1.3.3''. Issues to be clarified on-site

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

1.4 The Establishment must have a policy and associated written procedures for the assurance of the quality and standards of its programmes and awards. It must also

commit itself explicitly to the development of a culture which recognises the importance of quality, and quality assurance, within their Establishment. To achieve this, the Establishment must develop and implement a strategy for the continuous enhancement of quality. The development and implementation of the Establishment's strategy must include a role for students and other stakeholders, both internal and external, and the strategy must have a formal status and be publicly available.

1.4.1. Findings

1.4.2. Comments

1.4.3. Suggestions for improvement

1.4.3'. Questions to be asked to the Establishment

1.4.3''. Issues to be clarified on-site

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

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

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

1.5.1. Findings

1.5.2. Comments

1.5.3. Suggestions for improvement

1.5.3'. Questions to be asked to the Establishment

1.5.3''. Issues to be clarified on-site

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

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

and provide evidence as to the involvement of both students and staff in the provision, analysis and implementation of such data.

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

1.6.1. Findings

1.6.2. Comments

1.6.3. Suggestions for improvement

1.6.3'. Questions to be asked to the Establishment

1.6.3''. Issues to be clarified on-site

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

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

1.7.1. Findings

1.7.2. Comments

1.7.3. Suggestions for improvement

1.7.3'. Questions to be asked to the Establishment

1.7.3''. Issues to be clarified on-site

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

Standard 2. Finances

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

2.1.1. Findings

2.1.2. Comments

2.1.3. Suggestions for improvement

2.1.3'. Questions to be asked to the Establishment

2.1.3''. Issues to be clarified on-site

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

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

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

2.2.1. Findings

2.2.2. Comments

2.2.3. Suggestions for improvement

2.2.3'. Questions to be asked to the Establishment

2.2.3''. Issues to be clarified on-site

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

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

2.3.1. Findings

2.3.2. Comments

2.3.3. Suggestions for improvement

2.3.3'. Questions to be asked to the Establishment

2.3.3''. Issues to be clarified on-site

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

Standard 3. Curriculum

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

3.1.1. General findings

3.1.1.1. Findings

3.1.1.2. Comments

3.1.1.3. Suggestions for improvement

3.1.1.3'. Questions to be asked to the Establishment

3.1.1.3". Issues to be clarified on-site

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

3.1.2. Basic Sciences

3.1.2.1. Findings

3.1.2.2. Comments

3.1.2.3. Suggestions for improvement

3.1.2.3'. Questions to be asked to the Establishment

3.1.2.3". Issues to be clarified on-site

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

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

3.1.3.1. Findings

3.1.3.2. Comments

3.1.3.3. Suggestions for improvement

3.1.3.3'. Questions to be asked to the Establishment

3.1.3.3". Issues to be clarified on-site

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

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

3.1.4.1. Findings

3.1.4.2. Comments

3.1.4.3. Suggestions for improvement

3.1.4.3'. Questions to be asked to the Establishment

3.1.4.3". Issues to be clarified on-site

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

3.1.5. Food Safety and Quality

3.1.5.1. Findings

3.1.5.2. Comments

3.1.5.3. Suggestions for improvement

3.1.5.3'. Questions to be asked to the Establishment

3.1.5.3". Issues to be clarified on-site

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

3.1.6. Professional Knowledge

3.1.6.1. Findings

3.1.6.2. Comments

3.1.6.3. Suggestions for improvement

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

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

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

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

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

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

3.2.1. Findings

3.2.2. Comments

3.2.3. Suggestions for improvement

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

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

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

3.3 Programme learning outcomes must:

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

3.3.1. Findings

3.3.2. Comments

3.3.3. Suggestions for improvement

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

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

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

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

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

3.4.1. Findings

3.4.2. Comments

3.4.3. Suggestions for improvement

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

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

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

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

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

3.5.1. Findings

3.5.2. Comments

3.5.3. Suggestions for improvement

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

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

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

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

3.6.1. Findings

3.6.2. Comments

3.6.3. Suggestions for improvement

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

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

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

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

3.7.1. Findings

3.7.2. Comments

3.7.3. Suggestions for improvement

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

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

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

Standard 4. Facilities and equipment

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

4.1.1. Findings

4.1.2. Comments

4.1.3. Suggestions for improvement

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

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

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

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

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

4.2.1. Findings

4.2.2. Comments

4.2.3. Suggestions for improvement

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

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

4.2.4. Decision of the Visitation Team, *i.e. whether the Establishment is compliant, partially compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies)*

with the relevant Substandard. The Deficiencies (if any) must be listed.

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

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

4.3.1. Findings

4.3.2. Comments

4.3.3. Suggestions for improvement

4.3.3'. Questions to be asked to the Establishment

4.3.3''. Issues to be clarified on-site

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

4.4 Core clinical teaching facilities must be provided in a veterinary teaching hospital (VTH) with 24/7 emergency services at least for companion animals and equines. Within the VTH, the Establishment must unequivocally demonstrate that standard of education and clinical research are compliant with all ESEVT 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, on-call service must be available if emergency services do not exist for those species in a VTH.

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

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

4.4.1. Findings

4.4.2. Comments

4.4.3. Suggestions for improvement

4.4.3'. Questions to be asked to the Establishment

4.4.3''. Issues to be clarified on-site

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

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

4.5.1. Findings

4.5.2. Comments

4.5.3. Suggestions for improvement

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

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

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

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

4.6.1. Findings

4.6.2. Comments

4.6.3. Suggestions for improvement

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

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

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

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

4.7.1. Findings

4.7.2. Comments

4.7.3. Suggestions for improvement

4.7.3'. Questions to be asked to the Establishment

4.7.3''. Issues to be clarified on-site

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

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

4.8.1. Findings

4.8.2. Comments

4.8.3. Suggestions for improvement

4.8.3'. Questions to be asked to the Establishment

4.8.3''. Issues to be clarified on-site

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

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

4.9.1. Findings

4.9.2. Comments

4.9.3. Suggestions for improvement

4.9.3'. Questions to be asked to the Establishment

4.9.3''. Issues to be clarified on-site

4.9.4. Decision of the Visitation Team, *i.e. whether the Establishment is compliant, partially*

compliant (1 or several Minor Deficiencies) or not compliant (1 or several Major deficiencies) with the relevant Substandard. The Deficiencies (if any) must be listed.

Standard 5. Animal resources and teaching material of animal origin

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

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

5.1.1. Findings

5.1.2. Comments

5.1.3. Suggestions for improvement

5.1.3'. Questions to be asked to the Establishment

5.1.3''. Issues to be clarified on-site

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

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

5.2.1. Findings

5.2.2. Comments

5.2.3. Suggestions for improvement

5.2.3'. Questions to be asked to the Establishment

5.2.3''. Issues to be clarified on-site

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

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

decision-making.

5.3.1. Findings

5.3.2. Comments

5.3.3. Suggestions for improvement

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

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

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

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

5.4.1. Findings

5.4.2. Comments

5.4.3. Suggestions for improvement

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

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

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

Standard 6. Learning resources

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

6.1.1. Findings

6.1.2. Comments

6.1.3. Suggestions for improvement

6.1.3'. Questions to be asked to the Establishment

6.1.3''. Issues to be clarified on-site

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

6.2 Staff and students must have full access on site to an academic library administered by a qualified librarian, an Information Technology (IT) unit managed by an IT expert, an e-learning platform, and all the relevant human and physical resources necessary for the development of instructional materials by the staff and their use by the students. The relevant electronic information, database and other intranet resources must be easily available for students and staff both in the Establishment's core facilities via wireless connection (Wi-Fi) and from outside the Establishment through a hosted secured connection, e.g. Virtual Private Network (VPN).

6.2.1. Findings

6.2.2. Comments

6.2.3. Suggestions for improvement

6.2.3'. Questions to be asked to the Establishment

6.2.3''. Issues to be clarified on-site

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

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

6.3.1. Findings

6.3.2. Comments

6.3.3. Suggestions for improvement

6.3.3'. Questions to be asked to the Establishment

6.3.3''. Issues to be clarified on-site

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

Standard 7. Student admission, progression and welfare

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

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

Formal cooperations with other Establishments must also be clearly advertised.

7.1.1. Findings

7.1.2. Comments

7.1.3. Suggestions for improvement

7.1.3'. Questions to be asked to the Establishment

7.1.3''. Issues to be clarified on-site

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

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

7.2.1. Findings

7.2.2. Comments

7.2.3. Suggestions for improvement

7.2.3'. Questions to be asked to the Establishment

7.2.3''. Issues to be clarified on-site

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

7.3 The selection and progression criteria must be clearly defined, consistent, and defensible, be free of discrimination or bias, and take into account the fact that students

are admitted with a view to their entry to the veterinary profession in due course. The Establishment must regularly review and reflect on the selection processes to ensure they are appropriate for students to complete the programme successfully. If the selection processes are decided by another authority, the latter must regularly receive feedback from the Establishment.

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

7.3.1. Findings

7.3.2. Comments

7.3.3. Suggestions for improvement

7.3.3'. Questions to be asked to the Establishment

7.3.3''. Issues to be clarified on-site

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

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

7.4.1. Findings

7.4.2. Comments

7.4.3. Suggestions for improvement

7.4.3'. Questions to be asked to the Establishment

7.4.3''. Issues to be clarified on-site

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

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

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

7.5.1. Findings

7.5.2. Comments

7.5.3. Suggestions for improvement

7.5.3'. Questions to be asked to the Establishment

7.5.3''. Issues to be clarified on-site

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

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

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

7.6.1. Findings

7.6.2. Comments

7.6.3. Suggestions for improvement

7.6.3'. Questions to be asked to the Establishment

7.6.3''. Issues to be clarified on-site

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

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

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

7.7.1. Findings

7.7.2. Comments

7.7.3. Suggestions for improvement

7.7.3'. Questions to be asked to the Establishment

7.7.3''. Issues to be clarified on-site

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

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

7.8.1. Findings

7.8.2. Comments

7.8.3. Suggestions for improvement

7.8.3'. Questions to be asked to the Establishment

7.8.3''. Issues to be clarified on-site

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

Standard 8. Student assessment

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

8.1.1. Findings

8.1.2. Comments

8.1.3. Suggestions for improvement

8.1.3'. Questions to be asked to the Establishment

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

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

8.2 The assessment tasks and grading criteria for each unit of study in the programme must be published, applied consistently, clearly identified and available to students in a timely manner well in advance of the assessment. Requirements to pass must be explicit. The Establishment must properly document the results of assessment and provide the students with timely feedback on their assessments. Mechanisms for students to appeal against assessment outcomes must be explicit.

8.2.1. Findings

8.2.2. Comments

8.2.3. Suggestions for improvement

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

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

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

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

8.3.1. Findings

8.3.2. Comments

8.3.3. Suggestions for improvement

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

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

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

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

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

8.4.1. Findings

8.4.2. Comments

8.4.3. Suggestions for improvement

8.4.3'. Questions to be asked to the Establishment

8.4.3''. Issues to be clarified on-site

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

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

8.5.1. Findings

8.5.2. Comments

8.5.3. Suggestions for improvement

8.5.3'. Questions to be asked to the Establishment

8.5.3''. Issues to be clarified on-site

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

Standard 9. Academic and support staff

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

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

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

9.1.1. Findings

9.1.2. Comments

9.1.3. Suggestions for improvement

9.1.3'. Questions to be asked to the Establishment

9.1.3''. Issues to be clarified on-site

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

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

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

9.2.1. Findings

9.2.2. Comments

9.2.3. Suggestions for improvement

9.2.3'. Questions to be asked to the Establishment

9.2.3''. Issues to be clarified on-site

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

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

Academic positions must offer the security and benefits necessary to maintain stability, continuity, and competence of the academic staff. They must have a balanced workload

of teaching, research and service depending on their role. They must have reasonable opportunities and resources for participation in scholarly activities.

9.3.1. Findings

9.3.2. Comments

9.3.3. Suggestions for improvement

9.3.3'. Questions to be asked to the Establishment

9.3.3''. Issues to be clarified on-site

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

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

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

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

9.4.1. Findings

9.4.2. Comments

9.4.3. Suggestions for improvement

9.4.3'. Questions to be asked to the Establishment

9.4.3''. Issues to be clarified on-site

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

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

9.5.1. Findings

9.5.2. Comments

9.5.3. Suggestions for improvement

9.5.3'. Questions to be asked to the Establishment

9.5.3''. Issues to be clarified on-site

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

Standard 10. Research programmes, continuing and postgraduate education

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

10.1.1. Findings

10.1.2. Comments

10.1.3. Suggestions for improvement

10.1.3'. Questions to be asked to the Establishment

10.1.3''. Issues to be clarified on-site

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

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

10.2.1. Findings

10.2.2. Comments

10.2.3. Suggestions for improvement

10.2.3'. Questions to be asked to the Establishment

10.2.3''. Issues to be clarified on-site

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

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

10.3.1. Findings

10.3.2. Comments

10.3.3. Suggestions for improvement

10.3.3'. Questions to be asked to the Establishment

10.3.3". Issues to be clarified on-site

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

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

10.4.1. Findings

10.4.2. Comments

10.4.3. Suggestions for improvement

10.4.3'. Questions to be asked to the Establishment

10.4.3". Issues to be clarified on-site

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

11. ESEVT Indicators (*see Annex 4*)

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

Standard 1: Objectives, Organisation and QA Policy	C	PC	NC
1.1 The Establishment must have as its main objective the provision, in agreement with the EU Directives and ESG recommendations, of adequate, ethical, research-based, evidence-based veterinary training that enables the new graduate to perform as a veterinarian capable of entering all commonly recognised branches of the veterinary profession and to be aware of the importance of lifelong learning. The Establishment must develop and follow its mission statement which must embrace all the ESEVT standards.			
1.2 The Establishment must be part of a university or a higher education institution providing training recognised as being of an equivalent level and formally recognised as such in the respective country. The person responsible for the veterinary curriculum and the person(s) responsible for the professional, ethical, and academic affairs of the Veterinary Teaching Hospital (VTH) must hold a veterinary degree. The decision-making process of the Establishment must allow implementation of its strategic plan and of a cohesive study programme, in compliance with the ESEVT standards.			
1.3 The Establishment must have a strategic plan, which includes a SWOT analysis of its current activities, a list of objectives, and an operating plan with a timeframe and indicators for its implementation.			
1.4 The Establishment must have a policy and associated written procedures for the assurance of the quality and standards of its programmes and awards. It must also commit itself explicitly to the development of a culture which recognises the importance of quality, and quality assurance, within their Establishment. To achieve this, the Establishment must develop and implement a strategy for the continuous enhancement of quality. The development and implementation of the Establishment's strategy must include a role for students and other stakeholders, both internal and external, and the strategy must have a formal status and be publicly available.			
1.5 The Establishment must provide evidence that it interacts with its stakeholders and the wider society. Such public information must be clear, objective and readily accessible; the information must include up-to-date information about the study programme, views and employment destinations of past students as well as the profile of the current student population. The Establishment's website must mention the ESEVT Establishment's status and its last Self Evaluation Report and Visitation Report must be easily available for the public.			
1.6 The Establishment must monitor and periodically review its activities, both quantitative and qualitative, to ensure that they achieve the objectives set for them and respond to the needs of students and society. The Establishment must make public how this analysis of information has been utilised in the further development of its activities and provide evidence as to the involvement of both students and staff in the provision, analysis and implementation of such data. Any action planned or taken as a result of this data analysis must be communicated to all those concerned.			
1.7 The Establishment must undergo external review through the ESEVT on a cyclical basis. Evidence must be provided of such external evaluation with the assurance that the progress made since the last ESEVT evaluation was linked to a continuous quality assurance process.			
Standard 2: Finances			
2.1 Finances must be demonstrably adequate to sustain the requirements for the Establishment to meet its mission and to achieve its objectives for education, research and services. The description must include both expenditures (separated into personnel costs, operating costs, maintenance costs and equipment) and revenues (separated into public funding, tuition fees, services, research grants and other sources).			
2.2 Clinical and field services must function as instructional resources. Instructional integrity of these resources must take priority over financial self-sufficiency of clinical services operations. The Establishment must have sufficient autonomy in order to use the resources to implement its strategic plan and to meet the ESEVT Standards.			
2.3 Resources allocation must be regularly reviewed to ensure that available resources meet the requirements.			
Standard 3: Curriculum			
3.1 The curriculum must be designed, resourced and managed to ensure all graduates have achieved the graduate attributes expected to be fully compliant with the EU Directive 2005/36/EC (as amended by directive 2013/55/EU) and its Annex V.4.1. The curriculum must include the subjects (input) and must allow the acquisition of the Day One Competences (output) listed in Annex 2. This concerns Basic Sciences, Clinical Sciences in companion animals (including equine and exotic pets), Clinical Sciences in food-producing animals (including Animal Production and Herd Health Management), Food Safety and Quality, and Professional Knowledge.			
3.1.1. General findings			
3.1.2. Basic sciences			
3.1.3. Clinical Sciences in companion animals (including equine and exotic pets)			
3.1.4. Clinical Sciences in food-producing animals (including Animal Production and Herd Health Management)			
3.1.5. Food Safety and Quality			
3.1.6. Professional Knowledge			

<p>3.2 Each study programme provided by the Establishment must be competency-based and designed so that it meets the objectives set for it, including the intended learning outcomes. The qualification resulting from a programme must be clearly specified and communicated and must refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.</p> <p>The Establishment must provide proof of a QA system that promotes and monitors the presence of an academic environment highly conducive to learning including self-learning. Details of the type, provision and updating of appropriate learning opportunities for the students must be clearly described, as well as the involvement of students.</p> <p>The Establishment must also describe how it encourages and prepares students for self-learning and lifelong learning.</p>			
<p>3.3 Programme learning outcomes must:</p> <ul style="list-style-type: none"> • ensure the effective alignment of all content, teaching, learning and assessment activities of the degree programme to form a cohesive framework • include a description of Day One Competences • form the basis for explicit statements of the objectives and learning outcomes of individual units of study • be communicated to staff and students • be regularly reviewed, managed and updated to ensure they remain relevant, adequate and are effectively achieved. 			
<p>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:</p> <ul style="list-style-type: none"> • determine the pedagogical basis, design, delivery methods and assessment methods of the curriculum • oversee QA of the curriculum, particularly gathering, evaluating, making change and responding to feedback from stakeholders, peer reviewers and external assessors, and data from examination/assessment outcomes • perform ongoing and periodic review of the curriculum at least every seven years by involving staff, students and stakeholders; these reviews must lead to continuous improvement. Any action taken or planned as a result of such a review must be communicated to all those concerned • identify and meet training needs for all types of staff, maintaining and enhancing their competence for the ongoing curriculum development. 			
<p>3.5 External Practical Training (EPT) is compulsory training activities organised outside the Establishment, the student being under the direct supervision of a non-academic person (e.g. a practitioner). EPT cannot replace the core intramural training nor the extramural training under the close supervision of academic staff (e.g. ambulatory clinics, herd health management, practical training in FSQ and VPH).</p> <p>Since the veterinary degree is a professional qualification with Day One Competences, EPT must complement and strengthen the academic education inter alia by enhancing student's professional knowledge.</p>			
<p>3.6 The EPT providers must have an agreement with the Establishment and the student (in order to state their respective rights and duties, including insurance matters), provide a standardised evaluation of the performance of the student during their EPT and be allowed to provide feedback to the Establishment on the EPT programme.</p> <p>There must be a member of the academic staff responsible for the overall supervision of the EPT, including liaison with EPT providers.</p>			
<p>3.7 Students must take responsibility for their own learning during EPT. This includes preparing properly before each placement, keeping a proper record of their experience during EPT by using a logbook provided by the Establishment and evaluating the EPT. Students must be allowed to complain officially and/or anonymously about issues occurring during EPT. The Establishment must have a system of QA to monitor the implementation, progress and then feedback within the EPT activities.</p>			
<p>Standard 4: Facilities and equipment</p>			
<p>4.1 All aspects of the physical facilities must provide an environment conducive to learning, including internet access. The veterinary Establishment must have a clear strategy and programme for maintaining and upgrading its buildings and equipment. Facilities must comply with all relevant legislation including health, safety, biosecurity, accessibility to people with reduced mobility, and EU animal welfare and care standards.</p>			
<p>4.2 Lecture theatres, teaching laboratories, tutorial rooms, clinical facilities and other teaching spaces must be adequate in number, size and equipped for the instructional purposes and must be well maintained. The facilities must be adapted for the number of students enrolled. Students must have ready access to adequate and sufficient study, self-learning, recreation, locker, sanitary and food service facilities.</p> <p>Offices, teaching preparation and research laboratories must be sufficient for the needs of the academic and support staff.</p>			
<p>4.3 The livestock facilities, animal housing, core clinical teaching facilities and equipment used by the Establishment for teaching purposes must:</p> <ul style="list-style-type: none"> • be sufficient in capacity and adapted for the number of students enrolled in order to allow safe hands-on training for all students • be of a high standard, well maintained and fit for the purpose • promote best husbandry, welfare and management practices • ensure relevant biosecurity and bio-containment • be designed to enhance learning. 			
<p>4.4 Core clinical teaching facilities must be provided in a veterinary teaching hospital (VTH) with 24/7 emergency services at least for companion animals and equines. Within the VTH, the Establishment must unequivocally demonstrate that standard of education and clinical research are compliant with all ESEVT 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.</p>			

For ruminants, on-call service must be available if emergency services do not exist for those species in a VTH. The Establishment must ensure state-of-the-art standards of teaching clinics which remain comparable with or exceeding the best available in the private sector. The VTH and any hospitals, practices and facilities (including EPT) which are involved with the curriculum must meet the relevant national Practice Standards.			
4.5 The Establishment must ensure that students have access to a broad range of diagnostic and therapeutic facilities, including but not limited to: diagnostic imaging, anaesthesia, clinical pathology, intensive/critical care, surgeries and treatment facilities, ambulatory services, pharmacy and necropsy facilities.			
4.6 Appropriate isolation facilities must be provided to meet the need for the isolation and containment of animals with communicable diseases. Such isolation facilities must be properly constructed, ventilated, maintained and operated to provide for animal care and for prevention of spread of infectious agents. They must be adapted to all animal species commonly handled in the VTH.			
4.7 The Establishment must have an ambulatory clinic for production animals or equivalent facilities so that students can practise field veterinary medicine and Herd Health Management under academic supervision.			
4.8 The transport of students, live animals, cadavers, materials from animal origin and other teaching materials must be done in agreement with national and EU standards, to ensure the safety of students and staff and to prevent the spread of infectious agents.			
4.9 Operational policies and procedures (including e.g. biosecurity, good laboratory practice and good clinical practice) must be taught and posted for students, staff and visitors and a Biosafety manual must be available. The Establishment must demonstrate a clear commitment for the delivery of biosafety and biosecurity, e.g. by a specific committee structure. The Establishment must have a system of QA to monitor and assure clinical, laboratory and farm services, including a regular monitoring of the feedback from students, staff and clients.			
Standard 5: Animal resources and teaching material of animal origin			
5.1 The number and variety of healthy and diseased animals, cadavers, and material of animal origin must be adequate for providing the practical and safe hands-on training (in the areas of Basic Sciences, Clinical Sciences, Pathology, Animal Production, Food Safety and Quality) and adapted to the number of students enrolled. Evidence must be provided that these data are regularly recorded and that procedures are in place for correcting any deficiencies.			
5.2 In addition to the training provided in the Establishment, experience can include practical training at external sites, provided this training is organised under direct academic supervision and following the same standards as those applied in the Establishment.			
5.3 The VTH must provide nursing care skills and instruction in nursing procedures. Under all situations students must be active participants in the clinical workup of patients, including problem-oriented diagnostic approach together with diagnostic decision-making.			
5.4 Medical records must be comprehensive and maintained in an effective retrieval system (preferably an electronic patient record system) to efficiently support the teaching, research, and service programmes of the Establishment.			
Standard 6: Learning resources			
6.1 State-of-the-art learning resources must be adequate and available to support veterinary education, research, services and continuing education. When the study programme is provided in several tracks/languages, the learning resources must be available in all used languages. Timely access to learning resources, whether through print, electronic media or other means, must be available to students and staff and, when appropriate, to stakeholders. State-of-the-art procedures for bibliographical search and for access to databases and learning resources must be taught to undergraduate students.			
6.2 Staff and students must have full access on site to an academic library administered by a qualified librarian, an Information Technology (IT) unit managed by an IT expert, an e-learning platform, and all the relevant human and physical resources necessary for the development of instructional materials by the staff and their use by the students. The relevant electronic information, database and other intranet resources must be easily available for students and staff both in the Establishment's core facilities via wireless connection (Wi-Fi) and from outside the Establishment through a hosted secured connection, e.g. Virtual Private Network (VPN).			
6.3 The Establishment must provide students with unimpeded access to learning resources, internet and internal study resources, and equipment for the development of procedural skills (e.g. models). The use of these resources must be aligned with the pedagogical environment and learning outcomes within the programme and have mechanisms in place to evaluate the teaching value of changes in learning resources.			
Standard 7: Student admission, progression and welfare			
7.1 The Establishment must consistently apply pre-defined and published regulations covering all phases of the student "life cycle", e.g. student admission, progression and certification. In relation to enrolment, the Establishment must provide accurate and complete information regarding all aspects of the educational programme in all advertisements for prospective national and international students. Formal cooperations with other Establishments must also be clearly advertised.			
7.2 The number of students admitted must be consistent with the resources available at the Establishment for staff, buildings, equipment, healthy and diseased animals, and materials of animal origin.			
7.3 The selection and progression criteria must be clearly defined, consistent, and defensible, be free of discrimination or bias, and take into account the fact that students are admitted with a view to their entry to the veterinary profession in due course. The Establishment must regularly review and reflect on the selection processes to ensure they are appropriate for students to complete the programme successfully. If the selection processes are decided by another authority, the latter must regularly receive feedback from the Establishment. Adequate training (including periodic refresher training) must be provided for those involved in the selection process to ensure applicants are evaluated fairly and consistently.			

7.4	There must be clear policies and procedures on how applicants with disabilities or illnesses are considered and, if appropriate, accommodated in the programme, taking into account the requirement that all students must be capable of meeting the ESEVT Day One Competences by the time they graduate.			
7.5	The basis for decisions on progression (including academic progression and professional fitness to practise) must be explicit and readily available to the students. The Establishment must provide evidence that it has mechanisms in place to identify and provide remediation and appropriate support (including termination) for students who are not performing adequately. The Establishment must have mechanisms in place to monitor attrition and progression and be able to respond and amend admission selection criteria (if permitted by national or university law) and student support if required.			
7.6	Mechanisms for the exclusion of students from the programme for any reason must be explicit. The Establishment's policies for managing appeals against decisions, including admissions, academic and progression decisions and exclusion, must be transparent and publicly available.			
7.7	Provisions must be made by the Establishment to support the physical, emotional and welfare needs of students. This includes, but is not limited to, learning support and counselling services, career advice, and fair and transparent mechanisms for dealing with student illness, impairment and disability during the programme. This shall include provision of reasonable adjustments for disabled students, consistent with all relevant equality and/or human rights legislation. There must be effective mechanisms for resolution of student grievances (e.g. interpersonal conflict or harassment).			
7.8	Mechanisms must be in place by which students can convey their needs and wants to the Establishment. The Establishment must provide students with a mechanism, anonymously if they wish, to offer suggestions, comments and complaints regarding compliance of the Establishment with national and international legislation and the ESEVT 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 published, applied consistently, clearly identified and available to students in a timely manner well in advance of the assessment. Requirements to pass must be explicit. The Establishment must properly document the results of assessment and provide the students with timely feedback on their assessments. Mechanisms for students to appeal against assessment outcomes must be explicit.			
8.3	The Establishment must have a process in place to review assessment outcomes, to change assessment strategies and to ensure the accuracy of the procedures when required. Programme learning outcomes covering the full range of professional knowledge, skills, competences and attributes must form the basis for assessment design and underpin decisions on progression.			
8.4	Assessment strategies must allow the Establishment to certify student achievement of learning objectives at the level of the programme and individual units of study. The Establishment must ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.			
8.5	Methods of formative and summative assessment must be valid and reliable and comprise a variety of approaches. Direct assessment of clinical skills and Day One Competences (some of which may be on simulated patients), must form a significant component of the overall process of assessment. It must also include the quality control of the student logbooks in order to ensure that all clinical procedures, practical and hands-on training planned in the study programme have been fully completed by each individual student.			
Standard 9: Academic and support staff				
9.1	The Establishment must ensure that all staff are appropriately qualified and prepared for their roles, in agreement with national and EU regulations and must apply fair and transparent processes for the recruitment and development of staff. A formal training (including good teaching and evaluation practices, learning and e-learning resources, biosecurity and QA procedures) must be in place for all staff involved with teaching. Most academic staff (calculated as FTE) involved in veterinary training must be veterinarians. It is expected that more than 2/3 of the instruction that the students receive, as determined by student teaching hours, is delivered by qualified veterinarians.			
9.2	The total number, qualifications and skills of all staff involved with the programme, including teaching staff, 'adjunct' staff, technical, administrative and support staff, must be sufficient and appropriate to deliver the educational programme and fulfil the Establishment's mission. A procedure must be in place to assess if they display competence and effective teaching skills in all relevant aspects of the curriculum that they teach, regardless of whether they are full or part time, residents, interns or other postgraduate students, adjuncts or off-campus contracted teachers.			
9.3	Staff must be given opportunities to develop and extend their teaching and assessment knowledge and must be encouraged to improve their skills. Opportunities for didactic and pedagogic training and specialisation must be available. The Establishment must clearly define systems of reward for teaching excellence in operation. Academic positions must offer the security and benefits necessary to maintain stability, continuity, and competence of the academic staff. Academic staff must have a balanced workload of teaching, research and service depending on their role. They must have reasonable opportunities and resources for participation in scholarly activities.			
9.4	The Establishment must provide evidence that it utilises a well-defined, comprehensive and publicised programme for the professional growth and development of academic and support staff, including formal appraisal and informal mentoring procedures. Staff must have the opportunity to contribute to the Establishment's direction and decision-making processes.			

Promotion criteria for academic and support staff must be clear and explicit. Promotions for teaching staff must recognise excellence in, and (if permitted by the national or university law) place equal emphasis on all aspects of teaching (including clinical teaching), research, service and other scholarly activities.			
9.5 A system for assessment of teaching staff must be in operation and must include student participation. Results must be available to those undertaking external reviews and commented upon in reports.			
Standard 10: Research programmes, continuing and postgraduate education			
10.1 The Establishment must demonstrate significant and broad research activities of staff that integrate with and strengthen the veterinary degree programme through research-based teaching.			
10.2 All students must be trained in scientific method and research techniques relevant to evidence-based veterinary medicine and must have opportunities to participate in research programmes.			
10.3 The Establishment must provide advanced postgraduate degree programmes, e.g. PhD, internships, residencies and continuing education programmes that complement and strengthen the veterinary degree programme and are relevant to the needs of the profession and society.			
10.4 The Establishment must have a system of QA to evaluate how research activities provide opportunities for student training and staff promotion, and how research approaches, methods and results are integrated into the veterinary teaching programmes.			
<i>C: (total or substantial) compliance; PC: partial compliance (Minor Deficiency); NC: non-compliance (Major Deficiency)</i>			

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 29 May 2019)

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

*The RSER must provide factual and accurate information **providing evidence that the Major Deficiencies identified during the Visitation have been corrected and that an ongoing process to correct the Minor Deficiencies is in place.***

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

*The RSER must be concise, **written in Times New Roman font, size 12, single spacing**, complete, accurate and written in English 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 Major Deficiencies**
- 2. Correction of Minor Deficiencies**
- 3. ESEVT Visitations**

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 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 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 29 May 2019)

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 ongoing process to correct them is in place.

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, multiple electrical sockets, soft drinks and a printed copy of the RSER, its annexes and the relevant ESEVT SOP must be available upon arrival on Monday in the Team room.

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

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



RE-VISITATION REPORT

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

On *(date of Visitation)*

By the Re-visitation 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 ongoing process to correct the Minor Deficiencies is in place, and whether the Establishment is now fully compliant with the ESEVT Standards.

Files must be written in plain 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 29 May 2019)

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 Consultative Visitation 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, 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 29 May 2019)



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 focuses 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/do 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 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, Organisation and QA Policy
2. Finances
3. Curriculum
4. Facilities and equipment
5. Animal resources and teaching material of animal origin
6. Learning resources
7. Student admission, progression and welfare
8. Student assessment
9. Academic and support staff
10. Research programmes, continuing and postgraduate education
11. ESEVT Indicators
12. Conclusions
13. ESEVT Rubrics

Introduction

Brief history of the Establishment

Main peculiarities of the Establishment

1. Objectives, Organisation and QA Policy

1.1. Findings

1.2. Comments

1.3. Suggestions for improvement

2. Finances

2.1. Findings

2.2. Comments

2.3. Suggestions for improvement

3. Curriculum

3.1. General curriculum

3.1.1. Findings

3.1.2. Comments

3.1.3. Suggestions of improvement

3.2. Specific curriculum

3.2.1. Findings

Basic sciences

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

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

Food Safety and Quality

Professional knowledge

3.2.2. Comments

3.2.3. Suggestions of improvement

3.3. External Practical training

3.3.1. Findings

3.3.2. Comments

3.3.3. Suggestions of improvement

4. Facilities and equipment

4.1. Findings

4.2. Comments

4.3 Suggestions for improvement

5. Animal resources and teaching material of animal origin

5.1. Findings

5.2. Comments

5.3. Suggestions for improvement

6. Learning resources

6.1. Findings

6.2. Comments

6.3. Suggestions for improvement

7. Student admission, progression and welfare

7.1. Findings

7.2. Comments

7.3. Suggestions for improvement

8. Student assessment

8.1. Findings

8.2. Comments

8.3. Suggestions for improvement

9. Academic and support staff

9.1. Findings

9.2. Comments

9.3. Suggestions for improvement

10. Research programmes, continuing and postgraduate education

10.1. Findings

10.2. Comments

10.3. Suggestions for improvement

11. ESEVT Indicators

11.1. Findings

11.2. Comments

11.3. Suggestions for improvement

12. 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

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

Standard 1: Objectives, Organisation and QA Policy	C	PC	NC
1.1 The Establishment must have as its main objective the provision, in agreement with the EU Directives and ESG recommendations, of adequate, ethical, research-based, evidence-based veterinary training that enables the new graduate to perform as a veterinarian capable of entering all commonly recognised branches of the veterinary profession and to be aware of the importance of lifelong learning. The Establishment must develop and follow its mission statement which must embrace all the ESEVT standards.			
1.2 The Establishment must be part of a university or a higher education institution providing training recognised as being of an equivalent level and formally recognised as such in the respective country. The person responsible for the veterinary curriculum and the person(s) responsible for the professional, ethical, and academic affairs of the Veterinary Teaching Hospital (VTH) must hold a veterinary degree. The decision-making process of the Establishment must allow implementation of its strategic plan and of a cohesive study programme, in compliance with the ESEVT standards.			
1.3 The Establishment must have a strategic plan, which includes a SWOT analysis of its current activities, a list of objectives, and an operating plan with a timeframe and indicators for its implementation.			
1.4 The Establishment must have a policy and associated written procedures for the assurance of the quality and standards of its programmes and awards. It must also commit itself explicitly to the development of a culture which recognises the importance of quality, and quality assurance, within their Establishment. To achieve this, the Establishment must develop and implement a strategy for the continuous enhancement of quality. The development and implementation of the Establishment's strategy must include a role for students and other stakeholders, both internal and external, and the strategy must have a formal status and be publicly available.			
1.5 The Establishment must provide evidence that it interacts with its stakeholders and the wider society. Such public information must be clear, objective and readily accessible; the information must include up-to-date information about the study programme, views and employment destinations of past students as well as the profile of the current student population. The Establishment's website must mention the ESEVT Establishment's status and its last Self Evaluation Report and Visitation Report must be easily available for the public.			
1.6 The Establishment must monitor and periodically review its activities, both quantitative and qualitative, to ensure that they achieve the objectives set for them and respond to the needs of students and society. The Establishment must make public how this analysis of information has been utilised in the further development of its activities and provide evidence as to the involvement of both students and staff in the provision, analysis and implementation of such data. Any action planned or taken as a result of this data analysis must be communicated to all those concerned.			
1.7 The Establishment must undergo external review through the ESEVT on a cyclical basis. Evidence must be provided of such external evaluation with the assurance that the progress made since the last ESEVT evaluation was linked to a continuous quality assurance process.			
Standard 2: Finances			
2.1 Finances must be demonstrably adequate to sustain the requirements for the Establishment to meet its mission and to achieve its objectives for education, research and services. The description must include both expenditures (separated into personnel costs, operating costs, maintenance costs and equipment) and revenues (separated into public funding, tuition fees, services, research grants and other sources).			
2.2 Clinical and field services must function as instructional resources. Instructional integrity of these resources must take priority over financial self-sufficiency of clinical services operations. The Establishment must have sufficient autonomy in order to use the resources to implement its strategic plan and to meet the ESEVT Standards.			
2.3 Resources allocation must be regularly reviewed to ensure that available resources meet the requirements.			
Standard 3: Curriculum			
3.1 The curriculum must be designed, resourced and managed to ensure all graduates have achieved the graduate attributes expected to be fully compliant with the EU Directive 2005/36/EC (as amended by directive 2013/55/EU) and its Annex V.4.1. The curriculum must include the subjects (input) and must allow the acquisition of the Day One Competences (output) listed in Annex 2. This concerns Basic Sciences, Clinical Sciences in companion animals (including equine and exotic pets), Clinical Sciences in food-producing animals (including Animal Production and Herd Health Management), Food Safety and Quality, and Professional Knowledge.			
3.1.1. General findings			
3.1.2. Basic sciences			
3.1.3. Clinical Sciences in companion animals (including equine and exotic pets)			
3.1.4. Clinical Sciences in food-producing animals (including Animal Production and Herd Health Management)			
3.1.5. Food Safety and Quality			
3.1.6. Professional Knowledge			

<p>3.2 Each study programme provided by the Establishment must be competency-based and designed so that it meets the objectives set for it, including the intended learning outcomes. The qualification resulting from a programme must be clearly specified and communicated and must refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.</p> <p>The Establishment must provide proof of a QA system that promotes and monitors the presence of an academic environment highly conducive to learning including self-learning. Details of the type, provision and updating of appropriate learning opportunities for the students must be clearly described, as well as the involvement of students.</p> <p>The Establishment must also describe how it encourages and prepares students for self-learning and lifelong learning.</p>			
<p>3.3 Programme learning outcomes must:</p> <ul style="list-style-type: none"> • ensure the effective alignment of all content, teaching, learning and assessment activities of the degree programme to form a cohesive framework • include a description of Day One Competences • form the basis for explicit statements of the objectives and learning outcomes of individual units of study • be communicated to staff and students • be regularly reviewed, managed and updated to ensure they remain relevant, adequate and are effectively achieved. 			
<p>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:</p> <ul style="list-style-type: none"> • determine the pedagogical basis, design, delivery methods and assessment methods of the curriculum • oversee QA of the curriculum, particularly gathering, evaluating, making change and responding to feedback from stakeholders, peer reviewers and external assessors, and data from examination/assessment outcomes • perform ongoing and periodic review of the curriculum at least every seven years by involving staff, students and stakeholders; these reviews must lead to continuous improvement. Any action taken or planned as a result of such a review must be communicated to all those concerned • identify and meet training needs for all types of staff, maintaining and enhancing their competence for the ongoing curriculum development. 			
<p>3.5 External Practical Training (EPT) is compulsory training activities organised outside the Establishment, the student being under the direct supervision of a non-academic person (e.g. a practitioner). EPT cannot replace the core intramural training nor the extramural training under the close supervision of academic staff (e.g. ambulatory clinics, herd health management, practical training in FSQ and VPH).</p> <p>Since the veterinary degree is a professional qualification with Day One Competences, EPT must complement and strengthen the academic education inter alia by enhancing student's professional knowledge.</p>			
<p>3.6 The EPT providers must have an agreement with the Establishment and the student (in order to state their respective rights and duties, including insurance matters), provide a standardised evaluation of the performance of the student during their EPT and be allowed to provide feedback to the Establishment on the EPT programme.</p> <p>There must be a member of the academic staff responsible for the overall supervision of the EPT, including liaison with EPT providers.</p>			
<p>3.7 Students must take responsibility for their own learning during EPT. This includes preparing properly before each placement, keeping a proper record of their experience during EPT by using a logbook provided by the Establishment and evaluating the EPT. Students must be allowed to complain officially and/or anonymously about issues occurring during EPT. The Establishment must have a system of QA to monitor the implementation, progress and then feedback within the EPT activities.</p>			
<p>Standard 4: Facilities and equipment</p>			
<p>4.1 All aspects of the physical facilities must provide an environment conducive to learning, including internet access. The veterinary Establishment must have a clear strategy and programme for maintaining and upgrading its buildings and equipment. Facilities must comply with all relevant legislation including health, safety, biosecurity, accessibility to people with reduced mobility, and EU animal welfare and care standards.</p>			
<p>4.2 Lecture theatres, teaching laboratories, tutorial rooms, clinical facilities and other teaching spaces must be adequate in number, size and equipped for the instructional purposes and must be well maintained. The facilities must be adapted for the number of students enrolled. Students must have ready access to adequate and sufficient study, self-learning, recreation, locker, sanitary and food service facilities.</p> <p>Offices, teaching preparation and research laboratories must be sufficient for the needs of the academic and support staff.</p>			
<p>4.3 The livestock facilities, animal housing, core clinical teaching facilities and equipment used by the Establishment for teaching purposes must:</p> <ul style="list-style-type: none"> • be sufficient in capacity and adapted for the number of students enrolled in order to allow safe hands-on training for all students • be of a high standard, well maintained and fit for the purpose • promote best husbandry, welfare and management practices • ensure relevant biosecurity and bio-containment • be designed to enhance learning. 			
<p>4.4 Core clinical teaching facilities must be provided in a veterinary teaching hospital (VTH) with 24/7 emergency services at least for companion animals and equines. Within the VTH, the Establishment must unequivocally demonstrate that standard of education and clinical research are compliant with all ESEVT 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.</p>			

For ruminants, on-call service must be available if emergency services do not exist for those species in a VTH. The Establishment must ensure state-of-the-art standards of teaching clinics which remain comparable with or exceeding the best available in the private sector. The VTH and any hospitals, practices and facilities (including EPT) which are involved with the curriculum must meet the relevant national Practice Standards.			
4.5 The Establishment must ensure that students have access to a broad range of diagnostic and therapeutic facilities, including but not limited to: diagnostic imaging, anaesthesia, clinical pathology, intensive/critical care, surgeries and treatment facilities, ambulatory services, pharmacy and necropsy facilities.			
4.6 Appropriate isolation facilities must be provided to meet the need for the isolation and containment of animals with communicable diseases. Such isolation facilities must be properly constructed, ventilated, maintained and operated to provide for animal care and for prevention of spread of infectious agents. They must be adapted to all animal species commonly handled in the VTH.			
4.7 The Establishment must have an ambulatory clinic for production animals or equivalent facilities so that students can practise field veterinary medicine and Herd Health Management under academic supervision.			
4.8 The transport of students, live animals, cadavers, materials from animal origin and other teaching materials must be done in agreement with national and EU standards, to ensure the safety of students and staff and to prevent the spread of infectious agents.			
4.9 Operational policies and procedures (including e.g. biosecurity, good laboratory practice and good clinical practice) must be taught and posted for students, staff and visitors and a Biosafety manual must be available. The Establishment must demonstrate a clear commitment for the delivery of biosafety and biosecurity, e.g. by a specific committee structure. The Establishment must have a system of QA to monitor and assure clinical, laboratory and farm services, including a regular monitoring of the feedback from students, staff and clients.			
Standard 5: Animal resources and teaching material of animal origin			
5.1 The number and variety of healthy and diseased animals, cadavers, and material of animal origin must be adequate for providing the practical and safe hands-on training (in the areas of Basic Sciences, Clinical Sciences, Pathology, Animal Production, Food Safety and Quality) and adapted to the number of students enrolled. Evidence must be provided that these data are regularly recorded and that procedures are in place for correcting any deficiencies.			
5.2 In addition to the training provided in the Establishment, experience can include practical training at external sites, provided this training is organised under direct academic supervision and following the same standards as those applied in the Establishment.			
5.3 The VTH must provide nursing care skills and instruction in nursing procedures. Under all situations students must be active participants in the clinical workup of patients, including problem-oriented diagnostic approach together with diagnostic decision-making.			
5.4 Medical records must be comprehensive and maintained in an effective retrieval system (preferably an electronic patient record system) to efficiently support the teaching, research, and service programmes of the Establishment.			
Standard 6: Learning resources			
6.1 State-of-the-art learning resources must be adequate and available to support veterinary education, research, services and continuing education. When the study programme is provided in several tracks/languages, the learning resources must be available in all used languages. Timely access to learning resources, whether through print, electronic media or other means, must be available to students and staff and, when appropriate, to stakeholders. State-of-the-art procedures for bibliographical search and for access to databases and learning resources must be taught to undergraduate students.			
6.2 Staff and students must have full access on site to an academic library administered by a qualified librarian, an Information Technology (IT) unit managed by an IT expert, an e-learning platform, and all the relevant human and physical resources necessary for the development of instructional materials by the staff and their use by the students. The relevant electronic information, database and other intranet resources must be easily available for students and staff both in the Establishment's core facilities via wireless connection (Wi-Fi) and from outside the Establishment through a hosted secured connection, e.g. Virtual Private Network (VPN).			
6.3 The Establishment must provide students with unimpeded access to learning resources, internet and internal study resources, and equipment for the development of procedural skills (e.g. models). The use of these resources must be aligned with the pedagogical environment and learning outcomes within the programme and have mechanisms in place to evaluate the teaching value of changes in learning resources.			
Standard 7: Student admission, progression and welfare			
7.1 The Establishment must consistently apply pre-defined and published regulations covering all phases of the student "life cycle", e.g. student admission, progression and certification. In relation to enrolment, the Establishment must provide accurate and complete information regarding all aspects of the educational programme in all advertisements for prospective national and international students. Formal cooperations with other Establishments must also be clearly advertised.			
7.2 The number of students admitted must be consistent with the resources available at the Establishment for staff, buildings, equipment, healthy and diseased animals, and materials of animal origin.			
7.3 The selection and progression criteria must be clearly defined, consistent, and defensible, be free of discrimination or bias, and take into account the fact that students are admitted with a view to their entry to the veterinary profession in due course. The Establishment must regularly review and reflect on the selection processes to ensure they are appropriate for students to complete the programme successfully. If the selection processes are decided by another authority, the latter must regularly receive feedback from the Establishment. Adequate training (including periodic refresher training) must be provided for those involved in the selection process to ensure applicants are evaluated fairly and consistently.			

7.4	There must be clear policies and procedures on how applicants with disabilities or illnesses are considered and, if appropriate, accommodated in the programme, taking into account the requirement that all students must be capable of meeting the ESEVT Day One Competences by the time they graduate.			
7.5	The basis for decisions on progression (including academic progression and professional fitness to practise) must be explicit and readily available to the students. The Establishment must provide evidence that it has mechanisms in place to identify and provide remediation and appropriate support (including termination) for students who are not performing adequately. The Establishment must have mechanisms in place to monitor attrition and progression and be able to respond and amend admission selection criteria (if permitted by national or university law) and student support if required.			
7.6	Mechanisms for the exclusion of students from the programme for any reason must be explicit. The Establishment's policies for managing appeals against decisions, including admissions, academic and progression decisions and exclusion, must be transparent and publicly available.			
7.7	Provisions must be made by the Establishment to support the physical, emotional and welfare needs of students. This includes, but is not limited to, learning support and counselling services, career advice, and fair and transparent mechanisms for dealing with student illness, impairment and disability during the programme. This shall include provision of reasonable adjustments for disabled students, consistent with all relevant equality and/or human rights legislation. There must be effective mechanisms for resolution of student grievances (e.g. interpersonal conflict or harassment).			
7.8	Mechanisms must be in place by which students can convey their needs and wants to the Establishment. The Establishment must provide students with a mechanism, anonymously if they wish, to offer suggestions, comments and complaints regarding compliance of the Establishment with national and international legislation and the ESEVT 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 published, applied consistently, clearly identified and available to students in a timely manner well in advance of the assessment. Requirements to pass must be explicit. The Establishment must properly document the results of assessment and provide the students with timely feedback on their assessments. Mechanisms for students to appeal against assessment outcomes must be explicit.			
8.3	The Establishment must have a process in place to review assessment outcomes, to change assessment strategies and to ensure the accuracy of the procedures when required. Programme learning outcomes covering the full range of professional knowledge, skills, competences and attributes must form the basis for assessment design and underpin decisions on progression.			
8.4	Assessment strategies must allow the Establishment to certify student achievement of learning objectives at the level of the programme and individual units of study. The Establishment must ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.			
8.5	Methods of formative and summative assessment must be valid and reliable and comprise a variety of approaches. Direct assessment of clinical skills and Day One Competences (some of which may be on simulated patients), must form a significant component of the overall process of assessment. It must also include the quality control of the student logbooks in order to ensure that all clinical procedures, practical and hands-on training planned in the study programme have been fully completed by each individual student.			
Standard 9: Academic and support staff				
9.1	The Establishment must ensure that all staff are appropriately qualified and prepared for their roles, in agreement with national and EU regulations and must apply fair and transparent processes for the recruitment and development of staff. A formal training (including good teaching and evaluation practices, learning and e-learning resources, biosecurity and QA procedures) must be in place for all staff involved with teaching. Most academic staff (calculated as FTE) involved in veterinary training must be veterinarians. It is expected that more than 2/3 of the instruction that the students receive, as determined by student teaching hours, is delivered by qualified veterinarians.			
9.2	The total number, qualifications and skills of all staff involved with the programme, including teaching staff, 'adjunct' staff, technical, administrative and support staff, must be sufficient and appropriate to deliver the educational programme and fulfil the Establishment's mission. A procedure must be in place to assess if they display competence and effective teaching skills in all relevant aspects of the curriculum that they teach, regardless of whether they are full or part time, residents, interns or other postgraduate students, adjuncts or off-campus contracted teachers.			
9.3	Staff must be given opportunities to develop and extend their teaching and assessment knowledge and must be encouraged to improve their skills. Opportunities for didactic and pedagogic training and specialisation must be available. The Establishment must clearly define systems of reward for teaching excellence in operation. Academic positions must offer the security and benefits necessary to maintain stability, continuity, and competence of the academic staff. Academic staff must have a balanced workload of teaching, research and service depending on their role. They must have reasonable opportunities and resources for participation in scholarly activities.			
9.4	The Establishment must provide evidence that it utilises a well-defined, comprehensive and publicised programme for the professional growth and development of academic and support staff, including formal appraisal and informal mentoring procedures. Staff must have the opportunity to contribute to the Establishment's direction and decision-making processes.			

Promotion criteria for academic and support staff must be clear and explicit. Promotions for teaching staff must recognise excellence in, and (if permitted by the national or university law) place equal emphasis on all aspects of teaching (including clinical teaching), research, service and other scholarly activities.			
9.5 A system for assessment of teaching staff must be in operation and must include student participation. Results must be available to those undertaking external reviews and commented upon in reports.			
Standard 10: Research programmes, continuing and postgraduate education			
10.1 The Establishment must demonstrate significant and broad research activities of staff that integrate with and strengthen the veterinary degree programme through research-based teaching.			
10.2 All students must be trained in scientific method and research techniques relevant to evidence-based veterinary medicine and must have opportunities to participate in research programmes.			
10.3 The Establishment must provide advanced postgraduate degree programmes, e.g. PhD, internships, residencies and continuing education programmes that complement and strengthen the veterinary degree programme and are relevant to the needs of the profession and society.			
10.4 The Establishment must have a system of QA to evaluate how research activities provide opportunities for student training and staff promotion, and how research approaches, methods and results are integrated into the veterinary teaching programmes.			
<i>C: (total or substantial) compliance; PC: partial compliance (Minor Deficiency); NC: non-compliance (Major Deficiency)</i>			

Annex 14. Templates and guidelines for the Interim Report

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

In accordance with Chapter 2, point 4 of the SOP, 3.5 years after the (full) Visitation, all Establishments that are members of EAEVE must send a concise Interim Report (IR) to the EAEVE Office.

The IR must be written in agreement with the template (Appendix 1) and sent to the EAEVE Office via e-mail. An ESEVT Coordinator, designated by ECOVE, reviews the IR and notes major changes or concerns to the Chairperson of ECOVE, using the template provided in Appendix 2. The IR and its review are then sent by the EAEVE Office to ECOVE for consideration during its next meeting.

The Review of the IR as amended by ECOVE is sent to the Establishment by the EAEVE Office. In case of the lack of an Interim Report or evidence in the Interim Report of the occurrence of potential major issues, ECOVE may ask for further information from the Establishment.

If the Establishment doesn't reply or doesn't provide a convincing plan for correcting these major issues, ECOVE may decide to send an ESEVT Coordinator on site (at the cost of the Establishment), with the possibility that the Establishment's Accreditation status may be changed.



Appendix 1: Template Interim Report (maximum 2 pages)

Name and location of the Establishment

Name and details of the current Establishment's Head

Date of the completion of the Interim Report (*3.5 years after the (full) Visitation at the latest*):

Date of the previous Visitation

Any major changes which may affect the compliance to the ESEVT Standards since the previous SER (*e.g. new national regulations, new foreign language track, more admitted students, less funding, lower caseload*)

Progress in the correction of:

-) **Major Deficiencies (non-compliance with ESEVT Standards);**
 -) **Minor Deficiencies (partial compliance with ESEVT Standards)**
- and plans for the near future**

Expected date of the next Visitation (*which should be completed not later than 2 months before the date of the ECOVE meeting preceding the end of granted status*)

Annex: Updated Excel table with ESEVT Indicators (*focusing on the last three complete academic years*)



Appendix 2: Template review of the Interim Report (maximum 2 pages)

Name and location of the Establishment

Name of the Coordinator reviewing the Interim Report (IR)

Date of the review

- 1. Overall analysis: Is the IR written in agreement with the SOP?**
- 2. Major changes since the previous SER: Could these changes significantly affect compliance to the ESEVT Standards?**
- 3. Progress in the correction of Deficiencies: Have the Deficiencies (both Major and Minor ones) identified during the previous Visitation been corrected? If not, are there a plan and a timeframe to do so?**
- 4. ESEVT Indicators: Are some Indicators below the current minimum value and could it significantly affect compliance to the ESEVT Standards?**
- 5. Any other comments or suggestions to ECOVE**

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 29 May 2019)

I hereby declare:

That I have no direct connection or personal interest with the visited Establishment;

- with the exception of ongoing 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 have been 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 16a. Post-Visitation Questionnaire for Team Members

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

**European Association
of Establishments for Veterinary Education**



In order to have a high level of internal quality assurance and to be able to continuously improve its Visitation procedures, EAEVE needs post-Visitation feedback from the team members.

Please fill in this post-Visitation feedback form and return it to the e-mail address of the EAEVE Office (office@eave.org).

Please remember that experts who do not return completed feedback forms will be removed from the List of ESEVT Experts.

Establishment visited:
Date of the Visitation:
Name:
Position: (<i>Chairperson, Coordinator, Expert in...</i>)

Please use 'Yes' or 'No' for each of the following statements.

	Yes	No
The programme was finalised by the Team two weeks before the Visitation.	<input type="checkbox"/>	<input type="checkbox"/>
The questions of the Team were sent two weeks before the Visitation.	<input type="checkbox"/>	<input type="checkbox"/>
The Team indicated two weeks before the Visitation what kind of additional written information was needed.	<input type="checkbox"/>	<input type="checkbox"/>
The Team needed certain documents at the time of the Visitation that could have been requested in advance.	<input type="checkbox"/>	<input type="checkbox"/>
The Liaison Officer helped the Visitation efficiently.	<input type="checkbox"/>	<input type="checkbox"/>
The Team sent Draft C/ Draft B (for RVs) for factual corrections within two weeks after the Visitation.	<input type="checkbox"/>	<input type="checkbox"/>
The Visitation had a friendly, collegial atmosphere.	<input type="checkbox"/>	<input type="checkbox"/>

Using a score from 1 to 4 (where 4 is complete agreement and 1 - complete disagreement), please indicate to what extent you agree with the following statements for each Team member. Please tick your score in the respective box.

1. The team members were well prepared and they had read the SER carefully in advance.

Team members	1	2	3	4
Basic sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Companion animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Food-producing animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. The team members were well informed about the evaluation procedure and the SOP.

Team members	1	2	3	4
Basic sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Companion animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Food-producing animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. The team members were fully cooperative.

Team members	1	2	3	4
Basic sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Companion animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Food-producing animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. The team members understood the local characteristics of the Establishment.

Team members	1	2	3	4
Basic sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Companion animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Food-producing animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. The team members had a good level of proficiency in English.

Team members	1	2	3	4
Basic sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Companion animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Food-producing animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. The Chairperson was leading the Visitation in a professional manner.

	1	2	3	4
Chairperson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. The Coordinator was supporting the Team with efficiency and without interference.

	1	2	3	4
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. The team members interacted with both staff and students in a friendly and constructive way.

Team members	1	2	3	4
Basic sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Companion animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Food-producing animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. The EAEVE Office supported the Visitation in a professional manner.

	1	2	3	4
EAEVE Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and suggestions:**Date and signature:**

Annex 16b. Post-Visitation Questionnaire for visited Establishments

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

European Association of Establishments for Veterinary Education



In order to have a high level of internal quality assurance and to be able to continuously improve its Visitation procedures, EAEVE needs post-Visitation feedback from the visited Establishments.

Please fill in this post-Visitation feedback form and return it to the e-mail address of the EAEVE Office (office@eave.org).

Please remember that the Visitation Report of your Establishment can only be put on the agenda of the next meeting of the European Committee of Veterinary Education (ECOVE) after you have submitted your completed post-Visitation feedback form to the EAEVE Office."

Establishment visited:
Date of the Visitation:
Name:
Position: (e.g. Establishment's Head, Liaison Officer, other members of the visited Establishment)

Please use 'Yes' or 'No' for each of the following statements.

	Yes	No
The programme was finalised by the Team two weeks before the Visitation.	<input type="checkbox"/>	<input type="checkbox"/>
The questions of the Team were sent two weeks before the Visitation.	<input type="checkbox"/>	<input type="checkbox"/>
The Team indicated two weeks before the Visitation what kind of additional written information was needed.	<input type="checkbox"/>	<input type="checkbox"/>
The Team needed certain documents at the time of the Visitation that could have been requested in advance.	<input type="checkbox"/>	<input type="checkbox"/>
The Team sent Draft C/ Draft B (for RVs) for factual corrections within two weeks after the Visitation.	<input type="checkbox"/>	<input type="checkbox"/>
The Visitation had a friendly, collegial atmosphere.	<input type="checkbox"/>	<input type="checkbox"/>

Using a score from 1 to 4 (where 4 is complete agreement and 1 - complete disagreement), please indicate to what extent you agree with the following statements for each Team member. Please tick your score in the respective box.

1. The team members were well prepared and they had read the SER carefully in advance.

Team members	1	2	3	4
Basic sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Companion animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Food-producing animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. The team members were well informed about the evaluation procedure and the SOP.

Team members	1	2	3	4
Basic sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Companion animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Food-producing animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. The team members were fully cooperative.

Team members	1	2	3	4
Basic sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Companion animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Food-producing animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. The team members understood the local characteristics of the Establishment.

Team members	1	2	3	4
Basic sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Companion animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Food-producing animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. The team members had a good level of proficiency in English.

Team members	1	2	3	4
Basic sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Companion animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Food-producing animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. The Chairperson was leading the Visitation in a professional manner.

	1	2	3	4
Chairperson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. The Coordinator was supporting the Team with efficiency and without interference.

	1	2	3	4
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. The team members interacted with both staff and students in a friendly and constructive way.

Team members	1	2	3	4
Basic sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Companion animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical sciences (Food-producing animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. The EAEVE Office supported the Visitation in a professional manner.

	1	2	3	4
EAEVE Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and suggestions:**Date and signature:**

Annex 17. ESEVT transitional procedures between SOP 2016* and SOP 2019

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

The SOP 2019 is valid for all Visitations performed after May 2019.

However, if an agreement for a specific Visitation has been formally signed by the Establishment with the EAEVE Office before May 2019, this Establishment may decide which SOP is valid for this Visitation (i.e. the SOP 2016 or the SOP 2019). 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.

The Interim Report as described in the SOP 2019 is valid for all Establishments independent of the date of their last Visitation.

* Previously called Uppsala SOP

Annex 18. Observers at ESEVT Visitations

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

General Rule

No more than one observer per Visitation may be accepted, thus making the number of Visitors 9.

On any Visitation, the Head of Establishment must provide his/her official agreement and is not obliged to accept the proposal. Furthermore, the observers must financially support their expenses related to the Visitation on their own (incl. travel and accommodation expenses and insurance).

Type of observers

There may be two types of observers at ESEVT Visitations, who, depending on their category, have different rights:

- 1) An observer from an official accrediting body (e.g. a national QA agency or a sister organisation), who behave in accordance with a signed Code of Conduct of their own. They may participate as observers to all activities/meetings of the team without voting right. When selected for a Visitation they have priority over the second type of observers.
- 2) An observer who is not a member of an official accrediting body (e.g. a dean from a yet not visited Establishment). They are allowed to participate in the visits/meetings on Tuesday and Wednesday (without interfering with the Visitation process) but not in the private meetings of the team nor in the Thursday meetings.

Procedure

Upon receipt of a formal application, the Director of ESEVT may decide on accepting the request of an observer to participate in an ESEVT Visitation. Following the decision, the EAEVE Office asks the Head of the Establishment to be visited for endorsement and, if positive, sends the current procedure and the EAEVE Code of Conduct to the observer.

In any case, in agreement with the ECOVE Rules of Operation, the Team composition must be approved by ECOVE.

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 of 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-year 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 (EPT): 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 SOP 2019**

	Prepared by:	Reviewed by:	Approved by:
Name:	Pierre Lekeux and SOP WG	ECOVE, CIQA, FVE Board, EAEVE ExCom, EAEVE Members IVSA	EAEVE GA (for Chapters 2 & 3 and Annex 5) FVE Board (for Chapters 2 & 3) EAEVE ExCom (for Annexes 4 to 18)
Date:	10/05/18	Between 10/05/18 and 10/03/19	08/04/19 (FVE Board) 29/05/19 (EAEVE ExCom) 30/05/19 (EAEVE GA)

Revision Nr.	Prepared by:	Date:	Approved by:	Date:
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