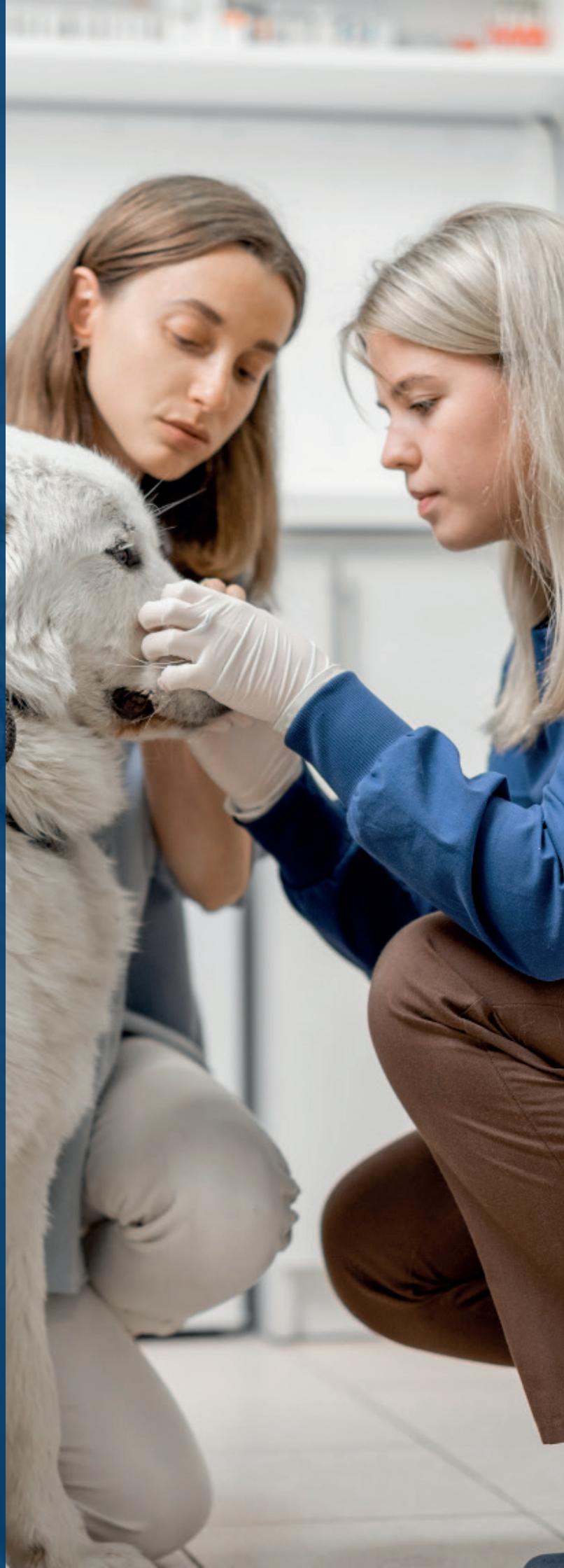




Accreditation Standards Review

AVBC Accreditation
Methodology for
Veterinary Programs

**DRAFT FOR
CONSULTATION**
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1. Introduction

The Australasian Veterinary Boards Council (AVBC) is undertaking a review of the approved accreditation standards ('the standards') for entry-level programs. The standards are used to evaluate veterinary education and training programs that lead to general registration as a veterinarian in Australia and New Zealand.

This document contains a consultation draft of the accreditation methodology associated with the new standards. Only those sections of the methodology that have undergone significant change, to reflect new processes, are included in this draft. There is a separate document containing a consultation draft of the full set of new standards. Your feedback on both documents is invited via [this template on the AVBC website](#) by **Friday 2 September**.

What changes are proposed in this new methodology?

Consistent with recent developments in accreditation adopted in other health professions, and by the Royal College of Veterinary Surgeons (RCVS), the AVBC is proposing a new approach to the processes of accreditation visits and annual monitoring. In Phase 1 of consultation on new standards, there was broad support for this shift towards a risk-based approach, where an Accreditation Visit focuses primarily upon those areas where, prior to a visit, the Accreditation Team identifies there is insufficient evidence to demonstrate compliance with a standard. There was also broad support for the idea of a 'living document' housed in an AVBC repository, to which Veterinary Education Establishments (VEEs) can periodically upload evidence in support of their program and its continued accreditation.

A summary report of the Phase 1 consultation can be found on the [AVBC website](#).

2. The AVBC accreditation process and Accreditation Visit

Continuing accreditation of VEEs in the jurisdictions that comprise AVBC, is based upon a 7-year cycle of Accreditation Visits, together with annual appraisal of summary reports of key activities and relevant changes within the VEE. AVBC, at its own discretion, can recommend to Veterinary Statutory Bodies of Australia and New Zealand (VSBs) that they award accreditation for periods of less than 7 years, in which case the interval between Accreditation Visits is adjusted accordingly. AVBC delegates most of the accreditation processes to the Veterinary Schools Accreditation Advisory Committee (VSAAC) and ratifies or modifies the recommendations of VSAAC as appropriate.

The Accreditation Visit involves a review of the evidence available about the performance of the VEE against the AVBC accreditation standards, using a risk-based approach to ensure each standard is being met. This includes a review of evidence submitted by the VEE against the accreditation standards and a tailored Accreditation Visit by the Accreditation Team to triangulate evidence, collect and assess evidence not amenable to remote review or repository presentation, and to focus on the standards where further evidence is required to demonstrate whether they have been met.

2.1 Visit schedule

Each VEE will have an Accreditation Visit at least once every seven (7) years. The frequency of visits will be based on the VSAAC assessment of the findings of the last Accreditation Visit, the annual monitoring process, notification of substantial changes to the program, or as recommended by VSAAC following the last Accreditation Visit.

Each VEE is notified by AVBC of its accreditation status after its latest Accreditation Visit. Notification of the timeframe for the next Accreditation Visit is notified concurrently; noting that the timing of the next Accreditation Visit is subject to satisfactory annual monitoring and progress. At least 12 months before the accreditation of the VEE is due to lapse, AVBC will notify the Head of the VEE and the Vice-Chancellor of that university to advise of the process for re-accreditation and a mutually acceptable date for the Accreditation Visit will be set. Accreditation status may change after the assessment of assessment of any report.

2.2 Accreditation Team

The AVBC appoints the members of the Accreditation Team. The VEE may preview the nominees to the Team and has the opportunity to object to any individual on the basis of a material conflict with the VEE.

The AVBC will compile and maintain a list of veterinarians with relevant qualifications, experience and personal qualities, who have completed accreditation training, to participate as members of Accreditation Teams. The list will include veterinarians from a variety of backgrounds including general and specialist practice, academics (preclinical and clinical), government, research and veterinary public health.

2.2.1 Team expertise

The members of an Accreditation Team are chosen from the list of available visitors. Visitors will:

- i. have relevant educational, subject, clinical and/or academic expertise
- ii. have completed VSAAC Accreditation Team training
- iii. have no conflicts of interest with the VEE (VSAAC COI policy).

The Accreditation Team will comprise up to six voting members with the necessary combination of educational and subject expertise, clinical practice (outside academia) and academic experience. It may also include a member with suitable recent experience as a veterinary student or recent graduate. Team membership will demonstrate an appropriate mix of expertise (including basic sciences, paraclinical sciences, clinical sciences, higher education pedagogy, clinical practice outside academia), culture and gender.

The Accreditation Team will include a current or recent senior veterinary academic leader who understands the organisation and funding of universities and the complex requirements of veterinary education.

2.2.2 Team Chair

The Chair of the Accreditation Team will be a veterinarian with extensive experience of participation in Accreditation Visits to VEEs. The Chair has experience in senior academic leadership, or in commensurate leadership, within a veterinary field.

AVBC will appoint the Chair of the Accreditation Team, who will normally be the Chair of VSAAC. In the event that the Chair of VSAAC is either unavailable or ineligible, the Executive Director of AVBC, in consultation with the VEE, will make a recommendation to AVBC.

2.2.3 Observers and trainees

The Accreditation Team may include a small number of non-voting independent observers for quality assurance or for training.

Observers who participate in a quality assurance role evaluate the accreditation review and visit process as a whole. Such Observers also include those who are appointed to support a Mutual Recognition Agreement (MRA) between AVBC and their parent body(ies).

They observe the proceedings and report back to their accrediting body on the quality and integrity of the process. Observers do not vote on compliance with the standards.

Trainees may take part and contribute to discussion between assessors with the agreement of the Chair. They must refrain from voting on compliance with the standards.

The number of Observers in an Accreditation Team is normally limited to two. The Head of the VEE may decline Observers who are trainees but may not decline Observers who are appointed for quality assurance and MRA purposes. The VEE may, at its absolute discretion, agree to more than two observers. As Observers are not part of the Accreditation Team, the VEE is not required to bear their cost.

Observers have access to all documents available to the Accreditation Team and are present at all discussion with the nominees of the VEE. Observers may be called upon to give guidance on the specific requirements of their parent accrediting body. With the agreement of the Chair, they may contribute to relevant discussions between Accreditation Team members. They do not normally participate in discussion with the VEE except that MRA Observers can, with the agreement of the Accreditation Team Chair, question the VEE on aspects of their parent body's standards that require further elucidation.

2.3 Evidence

2.3.1 VSAAC secure repository for submission of evidence

VEEs are required to submit evidence relating to the veterinary program on at least an annual basis and prior to an Accreditation Visit. Data will be stored in a secure online repository. Repository access will be restricted to those involved in the processes of accreditation. Required evidence will include material prescribed by the AVBC and additional material provided at the discretion of the VEE.



2.3.2 Guidance on evidence in support of AVBC accreditation standards

Guidance and examples of evidence that might be used to support AVBC Accreditation standards is provided (see Examples of evidence to support AVBC Accreditation Standards, Appendix 1). These examples are not exhaustive or prescriptive, as the selection of evidence will depend on the operation and delivery model of the VEE. Access to this information provided by the VEEs will be restricted to those involved in the processes of accreditation.

2.3.3 Management of documents in secure online repository

VEEs may upload evidence to the repository at any time. When VEEs are notified of an Accreditation Visit, they will be invited to provide evidence in support of the accreditation standards.

After initial evidence is supplied, further evidence should be submitted as, and when, material changes in relation to any standards have occurred, for annual monitoring, or prior to the next Accreditation Visit.

The online repository is the site for submission of evidence by VEEs. Any additional information forwarded through an alternative medium will not be accepted, unless through prior arrangement.

2.3.4 Evidence description and format

VEEs will submit evidence that is itemised and indexed by accreditation standard(s) and submission date. All items require a concise description of their contents, including date of submission and commentary, as necessary, to identify how the evidence confirms compliance with the standard.

Evidence may be provided and requested in a range of written formats, including documents, websites and access to online resources. Additional formats (e.g., video and audio files, online learning resources, curriculum mapping and learning management systems) may be acceptable, by prior agreement.

AVBC may support and supplement data submitted by VEEs with transparently collected data gathered through independent, clearly identified sources (e.g. TEQSA, Government graduate surveys).

2.3.5 Review of all evidence by the Accreditation Team

Prior to an Accreditation Visit, the VEE will confirm that all required documentary evidence has been uploaded to the repository by the agreed date. Accreditation Team members will have access to review the evidence submitted to the repository, including annual monitoring data.

The Accreditation Team will determine which standards appear to have sufficient supporting evidence and those which lack evidence or where additional triangulation is required.

The Accreditation Team will use the evidence provided and the AVBC Standards Rubric as a template to check the information provided in the repository. Although each of the Team members will be assigned a "portfolio" domain (i.e. a domain for which they have particular responsibility), each Team member will independently consider evidence provided for all standards and domains.

2.3.6 Initial Accreditation Review

Team members will note against the rubric where evidence of compliance or gaps in evidence are found, and where further evidence needs to be obtained during the Accreditation Visit. Entries to the rubric will be linked to specific sources of evidence, along with a rationale for the Team's decisions. Input data will be triangulated with evidence of effective processes and outcomes.

Each standard will be marked (during this initial review) as Non-Compliant, Partially Compliant, Compliant or Exemplary.

2.3.7 Summary of evidence and priorities, prior to Accreditation Visit

Based on the review of the evidence against the rubric, the Team members will individually and then as an Accreditation Team, summarise their findings, identify standards which have been met and validated, and identify the priorities for review during the Accreditation Visit.

2.4 The Accreditation Visit

An Accreditation Visit will follow the initial Accreditation Review. The Accreditation Review will determine the scope, focus and duration of the visit.

The Accreditation Team Chair will review the VEE's draft schedule for the Accreditation Visit, at least four weeks in advance.

2.4.1 Accreditation Visit date

The date of the Accreditation Visit will have been established 12 months prior. The estimated duration, team size, the scope and the focus of the visit will be agreed by the AVBC in consultation with the VEE at least 3 months prior to the visit.

All members of the Accreditation Team will attend the Accreditation Visit.

2.4.2 Scope of the Accreditation Visit

Established, accredited VEEs that have provided adequate evidence to demonstrate continual compliance may have a shorter visit, focused on recent changes, new risks and areas where further triangulation of evidence is required.

New VEEs with limited outcomes data and new facilities may require a longer, more comprehensive Accreditation Visit.

The length and focus of an Accreditation Visit will be risk-based, depending on the outcome of the Accreditation Review, with a maximum 7-day length.

2.4.3 Visit conduct

The Accreditation Team will work as a group to evaluate the VEE and its program; however, the Chair may delegate tasks to a subgroup of the Team.

2.4.4 Facilities inspection

Every visit will inspect the teaching facilities and the clinical facilities that are used for clinical teaching (whether on- or off-campus or contracted non-VEE practices). Video evidence in off-campus facilities may be accepted as an alternative to a physical visit, by negotiation between the VEE and VSAAC.

2.4.5 Staff meetings

Every visit will include meetings with students from each cohort year, with academic, management and support staff of the VEE, representative adjunct staff, and senior administrative staff of the university.

Academic staff who meet the Accreditation Team should represent a broad range of disciplines, levels of appointment and experience. Adjunct academic staff and partner practitioners should also be included. Support and administrative staff should likewise represent the full range of activities of the VEE. Senior academic and administrative staff of the VEE will not be present at these meetings, as the Accreditation Team will meet with them separately.

In principle, the Accreditation Team wishes to speak to as broad a range of staff as possible. It is expected that no individual member of staff (academic, technical or administrative) will be scheduled to be present at more than more than four interview sessions during the Accreditation Visit.

2.4.6 Graduate feedback

A sample of recent graduates in different employment settings will be invited to provide feedback on the program, student experience and outcomes, in addition to the graduate and employer survey data provided in the repository.

2.4.7 Confidential meetings

All educators, including those in contracted partner practices, support staff and students will be able to meet the Accreditation Team confidentially to discuss any aspect of the VEE or its achievement of the accreditation standards.

Confidential sessions must be advertised by the VEE to all staff, students and educators within partner practices at least 1 month in advance of the visit.

Contact with AVBC will initially be made through a confidential email address. Comments can be made solely through email, or a meeting with the Accreditation Team can be requested. Meetings with the Accreditation Team will take place through a secure virtual medium during the course of the Accreditation Visit.

2.4.8 Visit schedule

Visit schedules will be structured to allow for on-site changes if required and including additional time to allow further consultation with key individuals and groups if necessary.

2.5 Report of the Accreditation Visit

The Accreditation Team will complete the Accreditation Standards Rubric during the visit. The rubric and the Accreditation Team's evaluation of the evidence provided before and during the visit, will form the basis of the report that will be considered by AVBC.

The rubric will be considered by the whole Accreditation Team during and at the end of each day. Areas that are identified as compliant or excellent will be agreed and any areas for which further evidence/evaluation is required to demonstrate compliance will be identified.

2.5.1 Deficiencies and recommendations

Areas that are deemed not to meet the requirements of the standards will be identified as 'Non-Compliant' or 'Partially Compliant'. Areas of excellence are identified as such ('Commendations'). Additionally, the Accreditation Team may identify areas in which improvements could be made ('Suggestions'), despite presently complying with the standards. Likewise, the Team may identify areas for which Further Reporting will be required, despite presently complying with the standards. All such evaluations must be supported by commentary and be cross referenced with specific evidence.

In the case of areas that are Non-Compliant or Partially Compliant, the Accreditation Team will provide 'Directives' to the VEE, which it must address in order to retain accreditation. In the case of areas that could be improved, but are not non-compliant, the Accreditation Team may make 'Suggestions'. Suggestions are provided to support program improvement and are not mandatory for accreditation purposes. 'Commendations' are provided for areas that are exemplary or excellent.

2.5.2 Findings of Accreditation Visit and review

At the end of the visit, the Accreditation Team will agree their decision on each area of compliance, directives, suggestions and commendations. The Team will normally come to consensus on each of these decisions, and a formal vote will be taken accordingly.

In the event that an Accreditation Team is unable to reach consensus regarding a decision, a minority report must be included that sets out the rationale for the dissensus and the numbers of Team members supporting the majority and minority views.

The completed rubric then forms the basis of the exit presentations to the VEE and the university.

The report is then sent to the VEE for checking for factual accuracy, as below.

2.5.3 Verbal feedback to school

At the conclusion of the visit, the Accreditation Team will meet the Vice Chancellor (or equivalent) of the university and the head and senior staff of the VEE, to provide a factual summary of the strengths and opportunities for improvement of the program in relation to the AVBC standards. The university is not directly informed of decisions regarding compliance/non-compliance with individual standards, or with the standards as a whole. Similarly, the university is not informed of any recommendation to AVBC by the Accreditation Team of its opinion regarding the likely outcome of the visit in terms of accreditation status.

Any areas of excellence, innovation, suggestions, and recommendations from the Team will be communicated, and the next steps of the process outlined.

The Chair will confirm that the Team are not the decision makers, and that the completed rubric showing their findings will be considered by AVBC, with the advice of VSAAC, before the decision on accreditation is taken.

2.6 VSAAC process

2.6.1 VEE factual review of rubric

After the conclusion of the Accreditation Visit, the report of the visit will be returned to the VEE for checking of the factual accuracy of the commentary of the Accreditation Team and of the evidence cited. The Accreditation Team will consider any rebuttal that is provided by the VEE, and will either confirm or amend its recommendations.

2.6.2 Formal report to Vice Chancellor

The report and associated recommendations are forwarded to the Vice Chancellor (or equivalent) of the university for comment.

Within 14 days the university may ask:

- a. That the Accreditation Team's report and recommendations be forwarded to the AVBC without further comment from the university;
- b. That the Accreditation Team's report and recommendations be forwarded to the AVBC together with further comment from the university; or alternatively
- c. That there be an independent review of the report.

On receipt of a formal response from the university, or an external review, AVBC will consider the responses, and the final report of the Accreditation Visit, before reaching their final decision on accreditation status.

Provided there is no need for a review, the summary of the initial Accreditation Review and the report developed by the Accreditation Team and modified after fact checking by the VEE, form the sole basis for the AVBC accreditation decision. Within 2 months of the visit, the final report with a recommendation for classification of accreditation is provided to AVBC for consideration of its member boards, which review and report to the AVBC. The AVBC assigns a classification of accreditation to the VEE by majority vote.

2.6.3 Notification

Following the decision of the AVBC, the VEE is notified of the result in writing within 30 days of the AVBC decision. This notification should attach the final report including the recommendations, suggestions and commendations.

2.6.4 Published findings

The Executive Summary of the final report will be published on the AVBC website once finalised and the VEE has been notified of a decision on accreditation.

3. Annual and interim monitoring

AVBC requires an annual report for accredited veterinary programs, except in years where an Accreditation Visit occurs. VSAAC reviews these reports at its annual meeting. Interim reports may also be required for program developments. Additional interim reporting will be required at shorter intervals after an Accreditation Visit at which areas of non-compliance or partial compliance are identified.

The AVBC online repository has sections for each VEE for submission of annual and interim reporting data.

3.1 Annual and interim reporting and monitoring processes

Annual monitoring data will be required for each accredited program. Timing of interim reports will be notified to the VEE but will be typically be associated with a VSAAC meeting in the second half of the calendar year.

3.1.1 Review process

Annual monitoring data (and interim data if required) are reviewed by VSAAC, with input from expert reviewers, as required, to monitor trends and changes at each VEE. Recommendations for each VEE are reported to AVBC for consideration and decision.

3.1.2 Data required

Each VEE is required to provide the following data for annual monitoring purposes:

- Standard data sets (see Appendix 2)

- Details of any relevant, substantial or material changes itemised by domain and standard and evidence of these changes and how standards have been maintained
- Data to demonstrate progress towards addressing directives made at the most recent Accreditation Visit (until VSAAC advises that these have been achieved).

3.1.3 Review of annual and interim monitoring data

Annual and interim data will be reviewed by VSAAC along with any new risks identified. VSAAC may recommend to the AVBC whether further evidence is required or whether the accreditation status should change.

Feedback on the review of the annual report, together with advice of the ongoing accreditation status of the VEE, will be provided by AVBC, within 4 weeks of the accreditation decision by AVBC. Where VSAAC recommends a change in accreditation status on the basis of interim reporting, this advice will also be provided to the VEE within 4 weeks of the accreditation decision by AVBC.

3.1.4 Publication of data

Annual monitoring data on student numbers which forms part of the VSAAC annual report will be published as part of the AVBC Annual Report.

3.2 Annual or interim monitoring triggers an Accreditation Visit

If further action is required as a result of review of annual or interim monitoring data, an accreditation review will commence, regardless of the timing of the next scheduled Accreditation Visit. If an Accreditation Visit is required, the VEE will receive at least 6 months' notice.

Appendix 1: Examples of evidence to support AVBC Accreditation Standards

Standard	Repository Evidence Type: I (Input), P (Process), O (Outcome)					Cross reference with another standard?	Further evidence needed on visit?	Visit evidence Type: I (Input), P (Process), O (Outcome)					Recommended outcome				
	Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3			Type	Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type	Compliant	Partially Compliant	Non-Compliant
1.7	The VEE has systems in place to identify, monitor and promptly address risks to, and concerns about any aspect of the veterinary program.	I	Risk and audit committee terms of reference. SWOT analysis, plan. Risk register. WHS policies and procedures. Induction and training record for staff and contractors, external teachers.	P	Safety committee agendas, minutes, reports. Action, changes made as a result of identified risks.	O	Analysis of impact of risk reduction measures on trends, e.g. minor and near-miss incidents, e.g. animal bites, scratches, falls. Photos of changes implemented.	Yes	Safety procedures, standard operating procedures posted. Records of recent safety drills on site. View safety equipment in ambulatory vehicles.	I	Safety inspection records for teaching sites, signed, dated. Awareness of processes, initiatives in risk reduction. Training and compliance at staff and student meetings.	P	Student and staff perceptions of safety and risk management culture. Contracted practices' views on VEE management of risks associated with teaching partnerships.	O	✓		
3.2	Internal and external stakeholders participate in decision-making processes relating to quality enhancement. Outcomes of review processes are communicated to relevant external and internal stakeholders.	I	Quality enhancement is part of terms of reference for VEE committees. Formal avenues for stakeholder participation. Agendas, minutes.	P	Processes for setting goals for quality, review and reporting on outcomes. Evidence of stakeholder participation in quality enhancement activities.	O	Reports to stakeholders. Changes, actions implemented. Stakeholder evaluation of impact.	Yes	Current VEE quality enhancement activities. Quality enhancement goals and initiatives of VEE leaders.	I	Student, staff and other stakeholder awareness of processes and VEE quality enhancement activities.	P	Issues identified and resolved as a result of VEE quality processes. Stakeholder perceptions of quality enhancement culture in VEE.	O	✓		

Standard	Repository Evidence Type: I (Input), P (Process), O (Outcome)						Cross reference with another standard?	Further evidence needed on visit?	Visit evidence Type: I (Input), P (Process), O (Outcome)						Recommended outcome				
	Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence #3	Type			Supporting evidence # 1	Type	Supporting evidence #2	Type	Supporting evidence # 3	Type	Compliant	Partially Compliant	Non-Compliant		
5.9	The VEE provides students with timely access to a broad range of materials, models, simulations and equipment for the development of students' procedural and technical skills.	I	Skills laboratory catalogue. Skills resources mapped to curriculum. VEE plans for skill models development.	I	Scheduled class and other out of class use of models. Processes for student access to models at other times. Support for skill development using models.	P	Outcomes of assessment of students' skills.	O	X	Yes	Visit skills laboratory, view models in use.	I	Ask educators about support for identifying students learning needs and developing models.	P	WIL supervisor, employer feedback on student skills	O	✓		
10.6	Students demonstrate relevant competency before providing patient care.	I	Policy, process for determining competence for patient care. Training of assessors.	I	Process for identifying and remediating students to competence level required.	P	Numbers of students requiring remediation, areas of difficulty. Curriculum changes to address issues.	O	X	Yes	Competency assessment tasks, descriptions, grading criteria. Interview assessors of competence on standards-setting process.	I			WIL supervisor and student views on adequacy of preparedness.	O	✓		
13.9	Progression criteria and processes are fair and transparent and confirm achievement of milestones towards PLOs and D1Cs.	I	Progression policy, procedures, rationale. Delegated authorities for progression decisions.	I	Barrier assessments clearly identified in course documents. Support provided for student appeals.	P	Progression, attrition data. Analysis of failure rates, reasons for attrition. Analysis for equity, disadvantaged groups.	O			Nothing required					✓			

Appendix 2: Annual monitoring data required

The following datasets are required for annual monitoring. Use the table format provided.

- Student numbers for each cohort within the programme, including:
 - Australian and overseas student numbers
 - Admissions and progression data
 - Diversity data
- Student achievement data for each cohort, including diversity data, progression, final outcome, attrition and exclusion data.
- Student appeals data- on academic and other matters, including total numbers unsuccessful, supported, basis for appeal
- Clinical caseload per student in VEE-controlled or contracted Work Integrated Learning (WIL) (by species, with % cases where students directly involved in the work up of the case, and % in a first opinion, general practice context identified, student-completed necropsies on clinical cases by species).
- Weeks of core and non-core clinical placements completed per student
- Weeks of WIL, including intramural, extramural, clinical, preclinical and animal husbandry
- Staff numbers, including FTE, roles (including educators in core, contracted practices)
- Major changes to infrastructure access or use
- VEE performance against agreed university budget (itemised)

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