Australasian Veterinary Boards Council

Accreditation Process for Veterinary Programs

VERSION 2
May 2024

AVBC

Contents

Part 1 – The Process

1. Introduction

Accreditation is a quality assurance and enhancement process based on external review of Veterinary Education Establishments (VEEs) which ensures that the graduates of accredited programs meet the contemporary standards expected of the veterinary profession. Accreditation assures students that the accredited program will enable them to develop entry-level competency for practice as a veterinarian. The purpose of this document is to describe the accreditation processes for VEEs accredited by the Australasian Veterinary Boards Council (AVBC). The AVBC appoints a standing committee, the Veterinary Schools Accreditation Advisory Committee (VSAAC) which advises on process and plans and conducts on-site inspections of VEEs.

A mission of the AVBC is to ensure the quality of Australian and New Zealand veterinary profession. The AVBC is the only recognised accrediting agency for VEEs in Australia and New Zealand. VEEs outside Australia and New Zealand may seek AVBC accreditation on a voluntary basis.

In 2022 the AVBC embarked on a comprehensive revision of the methodology, accreditation standards and Day One Competencies for veterinary education. This coincided with the release of updated *Methodology for the Accreditation of Veterinary Degree Programmes* by the Royal College of Veterinary Surgeons (RCVS), which has been implemented in 2023. The new accreditation standards will replace the previous AVBC Policies and Procedures (contained in AVBC Accreditation Standards, Version 9, August 2021) and will come into effect from 1 January 2024.

The accreditation processes described here (Version 1, 2024) have been developed for use in conjunction with the revised and updated AVBC Accreditation Standards (Version 1, 2024) and with the new AVBC Day One Competencies (Version 1, 2024) and replace previous versions. Updated advice can be accessed on the AVBC website.

2. The AVBC accreditation process

AVBC grants accreditation to programs that provide evidence that they meet the AVBC Standards for Accreditation based on evaluation of information made available to AVBC via a repository managed by the VEE and an accreditation visit. Continuing accreditation of VEEs in the jurisdictions that comprise AVBC, is based upon a 7-year accreditation cycle, which includes annual appraisal of summary reports of key activities and relevant changes within the VEE.

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.

An accreditation visit includes (i) a review of evidence made available to AVBC, by the VEE, against the accreditation standards and (ii) a visit by a site visit team to triangulate evidence, and to collect and assess evidence not amenable to remote review or repository presentation. A risk-based approach is used in evaluating evidence to ensure each standard is being met. A visit may focus upon all standards or may be tailored to focus on specific standards where further evidence is required to demonstrate the standard has been met.

Each VEE will have an accreditation visit at least once every seven (7) years (Figure 1). The frequency of visits will be based on the VSAAC assessment of the findings of the last accreditation visit, the annual reporting process and notification of any substantial changes relevant to the future delivery of the program (See Section 3.4).

The accreditation status of the VEE, and the timeframe for the next accreditation visit, are determined as outcomes from each accreditation visit.

Each VEE is notified of the AVBC decision, noting that the timing of the next accreditation visit is subject to satisfactory annual monitoring and progress. If warranted, more frequent reporting requirements may be imposed by the AVBC, based on annual reports or other information.

The accreditation status may change after the assessment of any report (from an accreditation visit or from annual reporting).
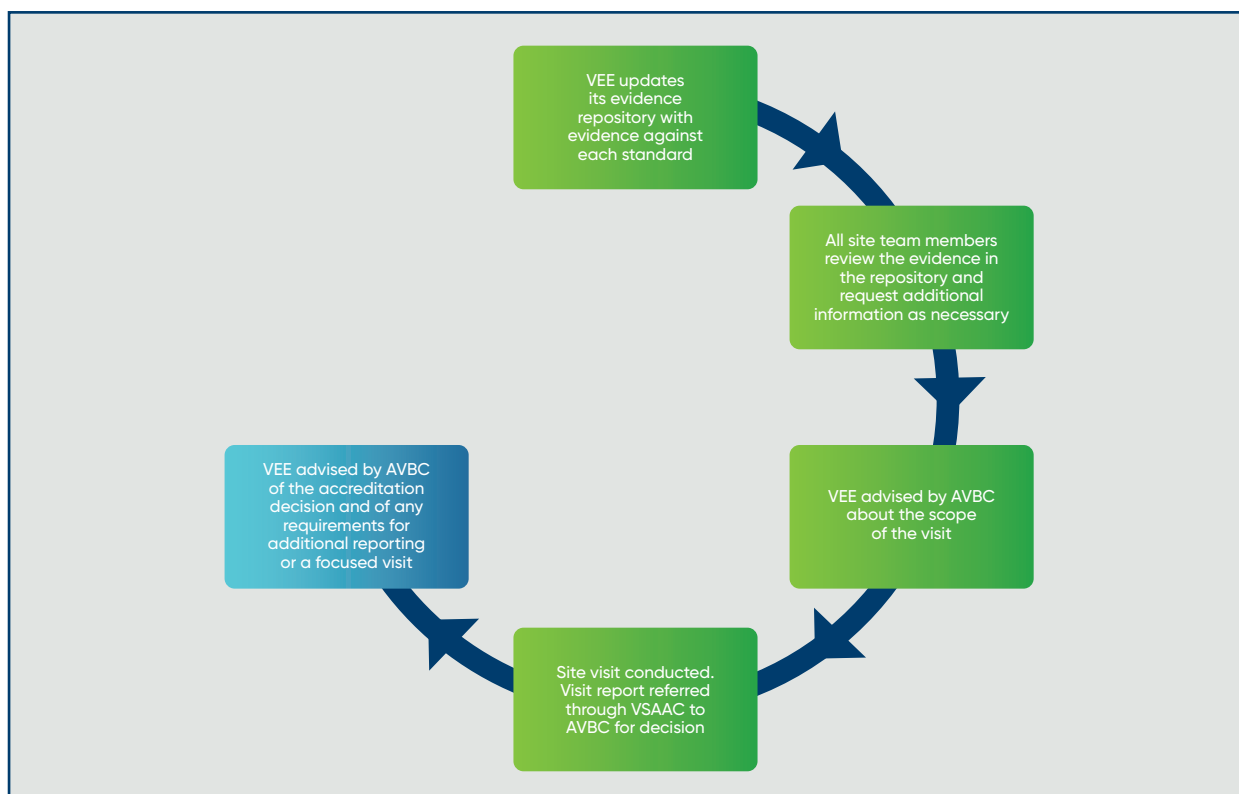
Figure 1 - Accreditation process

2.1 Initial contact

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 to determine a mutually acceptable date for the accreditation visit. In the case of a focused site visit (if required outside the usual seven-year cycle), AVBC will notify the Head of the VEE and the Vice Chancellor of that university at least 6 months before any visit. Visits will take place during teaching periods. If unusual conditions occur, e.g., a natural disaster, then Emergency Conditions may apply; details will be provided at the time.

2.2 Site visit team ('Site team')

The AVBC appoints the members of the site team to undertake an accreditation visit. The VEE will be advised of the nominees to the team at least 9 months prior to an accreditation visit and has the opportunity to object to any individual on the basis of a material conflict of interest with the VEE. If a conflict exists, a replacement member will be appointed.

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 site 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.

Team members may be appointed as full voting members, trainees or observers.

2.2.1 Team expertise

The members of a site team are chosen from the list of available visitors. Team members will:

i. have relevant educational, subject, clinical and/or academic expertise

ii. have completed VSAAC site team training

iii. have no conflicts of interest with the VEE, consistent with VSAAC Conflict of Interest (COI) policy (see AVBC website)

iv. agree to the AVBC policy on confidentiality and privacy and code of conduct (see AVBC website).

The site team for an AVBC accreditation visit will normally comprise up to seven voting members with the necessary combination of educational and subject expertise, clinical practice (outside academia) and academic experience. 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 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

AVBC will appoint the Chair of the site 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 will make a recommendation to AVBC; the VEE will have the opportunity to object on COI grounds.

The Chair of the site team will be a veterinarian with extensive experience of participation in AVBC accreditation visits. The Chair will also have experience in senior academic leadership, or commensurate leadership within a veterinary field.

2.2.3 Observers and trainees

With the approval of the Chair and the Head of the VEE, the site team may include a small number of non-voting independent observers for quality assurance or for training purposes.

Observers who participate in a quality assurance role evaluate the preparation and conduct of the accreditation visit process as a whole. Such observers also include those appointed to support the Mutual Recognition Agreements (MRA) that exist between AVBC and the South African Veterinary Council and AVBC and the Veterinary Council of Ireland, for example. 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.

With the agreement of the Chair and the VEE, trainees, such as new VSAAC members and AVBC staff, may take part and contribute to discussion between assessors. Heads of other VEEs may also request observer status on a visit to gain experience in the accreditation process. Such trainees do not vote on compliance with the standards.

The team may also include an observer member with suitable recent experience such as a veterinary student or recent graduate. The veterinary student or recent graduate will complete VSAAC site team training, participate in meetings, discussions and review of materials, but will not vote.

The number of observers in a site team is normally limited to two. The Head of the VEE may decline observers who are trainees but may only decline observers who are appointed for quality assurance and MRA purposes if the observer is found to have a conflict of interest. The VEE may, at its absolute discretion, agree to more than two observers. As observers are not part of the site team, the VEE is not required to bear their cost.

Observers have access to all documents available to the site team and are present at all discussions between the team and the nominees of the VEE. Observers may be called upon to give guidance on

the specific requirements of the accrediting body they represent. They may contribute to relevant discussions between site team members.

With the agreement of the Chair, and the VEE, observers or trainees may be appointed to undertake the tasks normally undertaken by members of the team. They do not normally participate in discussions with the VEE, except that MRA observers can, with the agreement of the Chair, question the VEE on aspects of their accrediting body's standards that require further elucidation.

2.2.4 Support staff

The AVBC visit coordinator will coordinate the planning, preparation, visit schedule, visit outcomes and communication about the accreditation visit.

The VEE will nominate a member of staff who will facilitate the visit process and provide a point of contact between the site team and the VEE.

2.3 Provision of evidence to inform the accreditation process

Evidence is used to inform the accreditation process. VEEs provide evidence relating to the veterinary program on at least an annual basis and prior to an accreditation visit. Required evidence includes material prescribed by the AVBC for annual reporting (see Section 3); additional material is provided at the discretion of the VEE.

2.3.1 Management of evidence in a secure online repository

Evidence provided by VEEs will be stored in a secure online repository (e.g. a dedicated internal SharePoint environment), hosted by the VEE and arranged as prescribed by AVBC (See 2.3.2). The VEE will be responsible for providing secure access to the online repository as required.

When VEEs are notified of an accreditation visit, they will be invited to assemble the evidence in their VEE repository, by a due date nominated by AVBC. Until the visit report is finalised, access to this repository should be made available to site team members and AVBC staff involved in the processes of accreditation of that VEE. Between visits and for purposes of annual reporting, access will need to be made available to relevant AVBC staff, VSAAC members and the AVBC Chair, on request.

Any additional information forwarded through an alternative medium will not be accepted, unless through prior arrangement. Information not suitable for online access should be made available in hard copy in the team base room.

2.3.2 Guidance on evidence in support of the AVBC Accreditation Standards

Information on inputs, policies, processes and procedures and outcomes will be submitted and organised by standards. The information submitted to the repository should be clear, self-explanatory, sufficient to provide the required evidence (but not excessive in quantity), and be organised according to its relevance.

Guidance and examples of evidence that might be used to support AVBC Accreditation standards is provided (see Appendix 2). These examples are not exhaustive nor prescriptive, as the selection of evidence will depend on the operation and delivery model of the VEE.

2.3.3 Evidence description and format

VEEs will submit evidence that is appropriately itemised and indexed by standard number. Each item of primary evidence (that which substantially addresses one or more items in the standards, such as a set of minutes) requires a concise description of its contents and date of submission. Secondary evidence (such as further sets of minutes from the same committee) may be grouped in a folder appropriately labelled. Further information will be provided in AVBC's Accreditation Repository Guidance currently being finalised; this guidance will be available on the AVBC website.

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 as secondary evidence.

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

2.3.4 Review of evidence by the site team, prior to the visit

Prior to a site visit, the VEE will confirm that all required documentary evidence has been uploaded to its repository by the agreed date. Site team members will have access to evidence submitted to the repository, including annual and interim monitoring data.

The site team will use the AVBC Standards Table of Evidence (see Appendix 3) as a template to check the information provided by the VEE in the repository. The site team will review the materials and determine where sufficient evidence of compliance is provided. They will also identify any gaps in evidence and determine where further evidence needs to be obtained during the accreditation visit. The evidence provided before the visit will be triangulated with evidence of quality inputs, effective processes and outcomes that is gathered during the accreditation visit.

Although team members may be assigned a "portfolio" domain (i.e., a domain for which they have particular responsibility), each team member will independently consider at least the primary evidence provided for all standards.

Based on review of the evidence, the team members will individually, and then as a group, summarise their findings, identify standards which appear on the basis of the evidence presented to have been met and validated, and identify the priorities for review during the accreditation visit.

The site team may request specific material be made available in the team base room during the visit.

2.4 The accreditation visit

2.4.1 Visit date

The date of a standard accreditation visit will be established 12 months prior (Appendix 1). The estimated duration, scope and focus of the visit will be confirmed by the AVBC at least 8 weeks prior to the visit.

All members of the site team will attend the site visit unless impacted by critical personal circumstances, where a replacement will be provided, except where it is not possible to find a replacement in time.

2.4.2 Scope of the accreditation visit

The length and focus of an accreditation visit will be based on the outcome of the evaluation of evidence supplied by the VEE, with a typical duration of 5 days unless additional time is required for visiting external sites used for core practical or clinical teaching; this includes distributed clinical sites attended by 20% or more of the class over a 3-year period.

Established, accredited VEEs that have provided adequate evidence to demonstrate continual compliance, may have a visit shorter than 5 days focused on recent changes, new risks and areas where further triangulation of evidence is required.

A longer, more comprehensive accreditation visit may be required where there is insufficient evidence submitted to the repository, where there have been major changes (see Section 3.4), or for VEEs with limited outcomes data or new facilities.

2.4.3 Visit timetable

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

A suggested site visit timetable is provided in Appendix 4.

2.4.4 Visit conduct

The site team will work as a group to evaluate the VEE and its program; however, the Chair may delegate tasks, including facilities inspections and visits to core external teaching sites, to a subgroup of the team. Whenever possible, all meetings with staff and students should include the full site team.

2.4.5 Facilities inspection

Every visit will inspect the teaching facilities and the clinical facilities that are used for core clinical teaching (whether on- or off-campus or contracted non-VEE practices). Video evidence from off-campus facilities may be accepted as an alternative to a physical visit, by negotiation between the VEE and AVBC. Permission will be sought from the VEE for a nominated observer (or team member) to collect photographic evidence of items that the team identifies during the inspection. The team will gather evidence using a clinical facilities inspection guide (Appendix 5).

2.4.6 Meetings with VEE representatives, students and stakeholders

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 site 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 site team will meet with them separately.

In principle, the site team wishes to speak to as broad a range of staff as possible. It is expected that an individual member of staff (academic, technical or administrative) will not usually attend more than two interview sessions unless their position and responsibilities require it.

2.4.7 Graduate and employer feedback

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

2.4.8 Confidential meetings

All educators, including those in contracted practices, support staff and students will be able to meet the site 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 contracted practices, at least 2 weeks 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 site team can be requested. Meetings with the team will take place through a secure virtual medium during the accreditation visit.

2.5 Report of the accreditation visit

The site team will complete the AVBC Standards Table of Evidence during the visit (Appendix 3). The completed evidence table and the 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 evidence table will be considered by the whole site 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 Compliance

Areas that are deemed not to meet the requirements of the standards are identified in the Team's advice to the AVBC as having '**Significant Deficiencies**' (non-compliant) or '**Minor Deficiencies**' (partially compliant). All areas of non/partial compliance must be supported by commentary and be referenced to specific evidence.

Areas of excellence are identified as '**Commendations**'. Additionally, the site team may advise the AVBC of areas in which improvements could be made ('**Suggestions**'), despite presently complying with the standards. Suggestions are provided to support program improvement and are not mandatory for accreditation purposes. In addition, the team may identify areas for which AVBC may require '**Further Reporting**', despite presently complying with the standards.

In the case of areas that have Significant or Minor Deficiencies, the site team will provide AVBC with guidance on potential '**Directives**' for the VEE. Directives require follow-up action and reporting and must be satisfactorily addressed in order to retain accreditation.

2.5.2 Findings of an accreditation visit

At the end of the visit, the site team will reach agreement on their recommendations to AVBC 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 a site 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 AVBC Standards Table of Evidence forms the basis of the exit presentations to the VEE and the university.

2.5.3 Verbal feedback to the VEE

At the conclusion of the visit, the site team will meet the Vice Chancellor (or equivalent) of the university and the head and senior staff of the VEE to present a high-level summary of the team's findings in relation to the AVBC Standards.

The VEE is not directly informed of the findings regarding compliance/non-compliance with individual standards, or with the standards as a whole. Similarly, the VEE is not informed of any recommendation to AVBC by the site team of its opinion regarding the likely outcome of the visit in terms of accreditation status.

The VEE and the Vice Chancellor (or their representatives) are informed that the decision on accreditation status is determined by the AVBC rather than by the team; and that, once taken, that decision will be communicated to the university by the AVBC.

2.6 AVBC process after the accreditation visit

2.6.1 VEE review of the visit report for factual accuracy

Following the site visit, the report of the team's evaluation of the evidence will be returned to the VEE for checking of the factual accuracy of the commentary of the site team and of the evidence cited. Thereafter, the site team will consider any rebuttal and additional information that demonstrates resolution of issues identified during the visit 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 request:

   i. That the site team's report and recommendations be forwarded to the AVBC without further comment from the university; or

   ii. That the site team's report and recommendations be forwarded to the AVBC together with further comment from the university; or

   iii. That there be an independent review of the report.

2.6.3 Review of site visit team report

Where the university formally requests that a review be convened, the university should specify those aspects of the process or site team's recommendations with which it is dissatisfied. Should a review be required, AVBC in consultation with the University will then select an appropriately qualified person to act as reviewer.

The reviewer considers the VSAAC report and recommendations, and the comments and responses of the VEE and the university. Further information may be sought from the site team, the AVBC, the VEE or the university. The reviewer then prepares a report and provides a copy to the university and the AVBC. The report of a review, in addition to the final report of the site visit inspection, and the university's objections will be considered by the AVBC in reaching a final decision on accreditation.

2.6.4 AVBC decision

On receipt of a formal response from the university, or an external review, VSAAC will consider the responses, and the site team's final report of the accreditation visit, before preparing recommendations to the AVBC on the ongoing accreditation status of the VEE.

Provided there is no need for a review, the site team's final report and VSAAC's recommendations will form the basis for the AVBC accreditation decision.

Within 10 weeks of the visit, these documents will be 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.

2.6.5 Notification

Following the decision of the AVBC, the VSAAC Chair advises the VEE Head of School via telephone. The VEE and the Vice-Chancellor are notified of the result in writing within 30 days of the AVBC decision. This notification will include the final report with commendations, directives, suggestions and areas for further reporting.

2.6.6 Published findings

A standardised format Executive Summary of the final report will be published on the AVBC website once the VEE has been notified of the decision on accreditation.

3. Annual and interim reporting

AVBC requires an annual report from accredited veterinary programs, except in years where an accreditation visit occurs. VSAAC reviews these reports at its annual meeting in April.

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. Timing of interim reports will be notified to the VEE but will typically be associated with a VSAAC meeting in September (Appendix 6).

3.1 Review process and data requirements

Annual reporting data (and interim data if required) are reviewed by VSAAC, with input from expert reviewers, to monitor trends and changes at each VEE.

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

1. Standard data sets

2. Details of any relevant, substantial or material changes (or planned significant changes) itemised by standard and evidence of how standards have been maintained (See Section 3.4).

3. Data and/or information to demonstrate progress towards addressing directives made at the most recent accreditation visit or after review of annual reports (until AVBC advises that these have been achieved).

3.2 Review of annual and interim reporting data

Having reviewed annual and/or interim reports, VSAAC may recommend to the AVBC that the accreditation of the VEE should remain unaltered, or that the accreditation status should change (Figure 2). Recommendations for changing accreditation status are on the basis of either (i) new areas of non-compliance with the standards or (ii) resolution of earlier directives.

Feedback on the review of the annual report, together with a decision about the ongoing accreditation status of the VEE, will be provided by AVBC, within 4 weeks of the decision being made by AVBC. VSAAC will make accreditation recommendations once per year (May), based on the annual report. VEEs may wish to, or be asked to, provide interim information to demonstrate progress for consideration at the September VSAAC meeting (Appendix 6).

The AVBC annual report will include data for student numbers compiled from the annual reports from each VEE.

Figure 2 Annual reporting and monitoring

3.3 Annual or interim reporting triggers an accreditation visit

If further action is required subsequent to identification of a Significant Deficiency or due to the accumulation of a number of Minor Deficiencies through the 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.

3.4 Reporting of substantial changes to the program or VEE

The VEE must report any planned substantive changes to the program, the organisation or the resources of the VEE which might result in the program no longer meeting the accreditation standards or with the potential to contribute, in more than a trivial way, to the workload, financial and resource pressures on the VEE, or to introduce or increase risks to the program delivery or student safety. Examples include, but are not limited to:

- Any change in the established mission or objective of the VEE

- Any change in the organisational structure, substantial changes to the VEE's autonomy and quality assurance oversight of the veterinary program, legal status, form of control, or ownership or management of the veterinary teaching hospital

- The addition or removal of courses or programs that represent a significant departure, in either content or method of delivery or assessment since the last reporting period

- Any changes to the veterinary program that reduce the weeks of work integrated learning placements by 10% or more

- Any changes to key animal and clinical resources used for teaching, such as farms or contracted practices, that impact 10% of the program or more

- The establishment of an additional location geographically apart from the main campus at which the institution offers at least 25% of the entire professional program

- An anticipated admitted student cohort change of 10 % or more students from the last approved request or the most recent accreditation site visit; or a cumulative total enrolment change of 15% or more over 5 years

- Other adverse circumstances impacting the VEE, such as substantial reductions (10% or more) in finances or in staffing.

Substantial changes are to be notified to AVBC at least 6 months in advance, other than in exceptional circumstances (e.g., major natural disasters).

Part 2 - The outcomes

4. Classification of accreditation

The decision whether to grant the accreditation to a veterinary program is entirely at the discretion of the AVBC and there is no obligation whatsoever on the AVBC to grant accreditation to a veterinary program.

Options for decisions on accreditation of veterinary programs are:

4.1 Accredited (All standards met)

An accreditation status granted to a VEE that has fully met all of the AVBC Standards. Accreditation is granted for a period of seven years. The AVBC reserves the right to revisit a VEE granted accreditation subject to annual reporting requirements. If the annual reports are satisfactory, re-accreditation will be subject to an on-site assessment in the seventh year.

4.2 Accredited with Minor Deficiencies (One or more standards partially met)

An accreditation status granted to a VEE that has fully met most of the AVBC Standards but has partially met one or more of the AVBC Standards. Partially-met standards have minimal or no effect on student learning or safety. Partially-met standards are readily corrected in one year and MUST be corrected in one year to avoid a change in accreditation status. The VEE is required to submit a plan to AVBC within 30 days of the status notification. The plan must outline steps to correct the partially-met standards and provide a timetable for completion. Progress reports to AVBC are required every six months, one being the annual report. If the VEE provides evidence that the deficiencies have been corrected, the VEE may be granted Accredited status for the remainder of the accreditation cycle, as determined by AVBC at one of its regularly scheduled meetings (May). If partially met standards are not corrected within one year, the VEE will be placed on Probationary Accreditation for one additional year.

4.3 Probationary Accreditation (One or more standards not met)

An accreditation status granted to a VEE that has one or more Significant Deficiencies in one or more AVBC Standards. Significant Deficiencies have more than minimal impact on student learning or safety. These deficiencies MUST be corrected in two years. This is not an adverse decision. The VEE is required to submit a plan to AVBC within 30 days of the status notification. The plan must outline steps to correct deficiencies and provide a timetable for completion. Progress reports to AVBC are required every six months, one being the annual report.

If at, or before the end of the two-year period, deficiencies have been corrected and there is evidence to support full compliance, the VEE may be granted Accredited status for the remainder of the accreditation cycle, as determined by AVBC at one of its regularly scheduled meetings (May).

A VEE that fails to correct Minor Deficiencies during one additional year on Probationary status or Significant Deficiencies within two years, will be placed on Terminal Accreditation unless an extension for good cause is granted or pending an appeal. Progress reports are required every six months.

4.3.1 Procedures for VEEs with the Classification of Probationary Accreditation

During the period of Probationary accreditation, AVBC may appoint a site team to visit the VEE to report on the progress toward meeting the Standards. When time is necessary to correct deficiencies (e.g. construction or major renovation of physical facilities), and if the VEE has presented evidence that it is making acceptable progress toward accredited status at the end of two years, Probationary Accreditation may be extended for good cause.

A Letter of Intent to Place on Terminal Accreditation is an official letter from AVBC warning the VEE that the accreditation status may move to Terminal Accreditation if the correction of deficiencies is not completed in the time specified. The letter is sent to the VEE in the 18th month of Probationary Accreditation. This is not an accreditation status.

At the end of an assigned period of Probationary Accreditation, or earlier at the invitation of the VEE, VSAAC will conduct a comprehensive accreditation visit, a focused accreditation visit, or determine that no site visit is necessary to determine the compliance of the VEE with the standard in question. On the basis of this evaluation, AVBC must:

   i.   award Accredited status; or

   ii.   continue Probationary Accreditation for good cause; or

   iii.   assign Terminal Accreditation following written due process; or

   iv.   withdraw accreditation.

4.4 Terminal Accreditation

If a previously accredited VEE is unable to comply with AVBC Standards, it will be placed on Terminal Accreditation. This is an accreditation status assigned to a VEE that is unable to correct deficiencies within the specified time period. It is an adverse accreditation decision. Due process will be initiated, prior to a final decision. The VEE may respond in writing within 30 days of notification of the adverse action. The purpose of terminal accreditation is to protect the quality of education of currently enrolled veterinary students in the period in which the veterinary VEE closes its operations.

In addition to the circumstances noted above which may result in a program being placed on Terminal Accreditation or if a program voluntarily closes, AVBC may revoke accreditation, when evidence indicates that the number or severity of deficiencies in the program with regards to complying with each of the Accreditation Standards cannot be corrected before the admission of the next first-year class. As outlined in Section 4.4.1, procedures must be followed to protect the interests of enrolled students.

4.4.1 Procedures for VEEs with the Classification of Terminal Accreditation

1. The classification of Terminal Accreditation is intended to protect enrolled students from the disadvantage of graduating from a non-accredited VEE and may continue no longer than necessary to protect the educational interests of such students.

2. The Head of the VEE and the Vice-Chancellor of the university are notified immediately in writing of the classification of terminal status and the reasons for this decision.

3. Not later than 14 days after the date of receipt of notification of the classification of Terminal Accreditation, the VEE may request an independent review (as described Section 2.6.3).

4. During the first 6 months after the assignment of terminal accreditation, the VEE must submit a detailed plan describing how it will ensure that the educational interests of currently enrolled students will be met.

5. By 1 March of each year that the VEE holds Terminal Accreditation status, the VEE will provide a detailed report to the AVBC describing how the plan is being followed and how it has been altered with respect to students who entered when the program met or partially met the Standards.

6. To maintain Terminal Accreditation status, the VEE must:

   (i)   immediately cease enrolment of additional students;

   (ii)   commit resources adequate to complete the education of currently enrolled students;

   (iii)   ensure that deficiencies cited do not worsen.

7. During a period of Terminal Accreditation, representatives from AVBC will visit the VEE annually and report on whether the VEE is meeting the conditions for Terminal Accreditation. The reported information and that furnished in writing by the VEE, will be considered by AVBC to determine if Terminal Accreditation should continue. Following a period of Terminal Accreditation, the classification of accreditation withheld will be assigned.

5. Reasonable assurance and provisional accreditation

5.1 Reasonable Assurance

The AVBC may at its sole discretion offer consultation to any university seeking Reasonable Assurance or wishing to create a new VEE. Reasonable Assurance is not a pre-accreditation action by VSAAC and does not confer accreditation of any kind on a developing program.

Upon request, Reasonable Assurance evaluations and accreditation visits for proposed programs are conducted using the methodology used for established accredited programs. Evidence provided by the VEE, the accreditation visit and the report of the evaluation address the standard requirements based on plans and existing resources such as budgets, facilities, teaching and administrative staff. A Reasonable Assurance evaluation is based on planned action and preliminary arrangements subject to VSAAC deeming the implementation of such planned actions to be reasonable, pragmatic and feasible within appropriate time frames.

A VEE is considered eligible to apply for a "Letter of Reasonable Assurance" if the parent institution:

    i.   is legally authorised to confer a degree, and

    ii. employs a veterinarian as Head of the VEE.

A formal letter of application from the Vice Chancellor through the VEE is submitted to AVBC to begin the process of obtaining a letter of Reasonable Assurance. The VEE provides evidence to the AVBC that addresses each standard using the process described in Section 2.3. Through the information submitted, the VEE must address business and educational plans. Programs must address each standard by carefully describing how compliance with that standard will be assured. The evidence submitted and information gained during an accreditation visit are the basis for the Reasonable Assurance evaluation by VSAAC and a decision to grant Reasonable Assurance is made by the AVBC.

A VEE granted Reasonable Assurance must offer admission to its first intake of students within 3 years. A VEE that delays offering admission to its first intake beyond 3 years after being granted Reasonable Assurance, must submit a new formal letter of application to AVBC.

A letter may be granted to a university indicating that there is reasonable assurance of future accreditation of a developing VEE, if such a VEE is established according to detailed plans presented to AVBC, and if these plans demonstrate intent and a realistic plan to comply with the Standards of Accreditation. Reasonable Assurance may lead to Provisional Accreditation. Reasonable Assurance may be renewed annually by the AVBC for a maximum of three years based on progress documented in written reports submitted to AVBC twice a year (March and August). If a developing university granted Reasonable Assurance fails to continue to demonstrate that its plan to develop its program will comply with the Standards, or if the program significantly changes its plan without notifying the AVBC, the AVBC may withdraw the classification of Reasonable Assurance.

5.2 Provisional Accreditation

A VEE which has received Reasonable Assurance, which is still in effect on the date the initial class is admitted, will be granted Provisional Accreditation status. Provisional Accreditation status may be held by a VEE for no longer than the minimum duration of the program.

Whilst on Provisional Accreditation, the VEE must provide evidence to assure future compliance with each standard. Twice-yearly interim reports are required every six months (March and September), to monitor the program's progress; in particular, changes in business, facilities development or educational plans must be addressed in detail.

During the second year of an initial class, a full accreditation visit is conducted by VSAAC to determine whether a program is continuing to make the necessary progress. The site team report from that accreditation visit will clearly describe and identify compliance and/or non-compliance with each standard. If AVBC determines that the program is making reasonable progress, it will continue to grant Provisional Accreditation status.

If the AVBC determines that deficiencies are significant and compliance with the AVBC Standards is unlikely, or in the event that the VEE has been on Provisional Accreditation status for longer than the duration of the program, AVBC may withdraw accreditation and the VEE may be placed on Terminal Accreditation. The VEE will be required to follow the procedures outlined for Terminal Accreditation, through which the interests of enrolled students can be assured.

An accreditation visit may be conducted at any time during the developmental period (i.e. the period from granting Reasonable Assurance and through Provisional Accreditation) at the invitation of the VEE. A full accreditation visit must be conducted during the final year of the initial intake. If the AVBC determines that the VEE is in substantial compliance with each standard, an accreditation status (as per Section 4) will be granted.

6. Focused accreditation visits

6.1 Introduction

Focused accreditation visits may be requested by AVBC when annual/interim reports from a VEE, or other information obtained by AVBC, indicate that it is likely that a VEE has become non-compliant with a standard.

VEEs granted Probationary Accreditation by AVBC may be the subject of a focused accreditation visit. During the term of probationary accreditation, a site team may be appointed to visit the VEE to report on progress toward accredited status. A focused accreditation visit may be carried out at the end of an assigned period of probationary accreditation, or earlier at the invitation of the VEE, to determine the compliance of the VEE with the standard in question.

6.2 The nature of a focused site visit

The arrangements for these visits are generally similar to those for a normal accreditation visit but with the following exceptions:

- The information made available via the VEE's repository may be required to address only the non-compliant standards

- A site team that is reduced in number is normally used, with members selected to provide expertise to review the standards that were previously non-compliant

- The length of the visit may be shorter than that required for a full visit

- Fully compliant standards are not normally re-examined at focused accreditation visits. Partially-compliant standards may be included in the review.

6.3 Outcomes

Based upon the outcomes of a focused accreditation visit, AVBC may resolve:

i.   no change in status; or

ii. extension of Probationary Accreditation for good cause; or

iii. Terminal Accreditation following written due process; or

iv. withdrawal of accreditation; or

v.   full accreditation for the remainder of the accreditation period.

7. Accreditation of foreign VEEs

VEEs outside of Australia and New Zealand which are not part of the International Accreditation Working Group (IAWG) process, or the subject of a recognition agreement, may request an international site visit.

The process is voluntary and is initiated by a written request to AVBC from the Head of the VEE or Vice Chancellor. The VEE must be established, accredited and recognised by the relevant local accreditation body and graduates recognised as eligible for registration as veterinarians upon graduation, based on local requirements.

Consideration of requests and accreditation visit scheduling receives lower priority than Australian and New Zealand accreditation reviews. A request may be denied on the basis of unsafe conditions in the country that might place the site team members at risk. If the VEE is denied accreditation on the first visit, then it will not be re-evaluated for at least two years following assurance, with evidence, that deficiencies have been corrected.

The accreditation review follows the same process as for local reviews. Language is not a barrier to accreditation, however all correspondence, accreditation materials and meetings related to accreditation review must be conducted in English. Local cultural diversity is recognised. Local species of importance and clinical conditions are acknowledged as important; however, the graduates must achieve the AVBC Day One Competencies and be sufficiently prepared to practice as veterinary professionals in Australian and New Zealand.

International VEEs seeking AVBC accreditation may access:

- Documents, resources and training for accreditation that are made available to Australian and New Zealand VEEs.

- A consultative accreditation visit to evaluate the VEE's readiness for accreditation. A consultative visit must occur prior to a full site visit and focus on areas nominated by the VEE for review. The team comprises 3 experienced AVBC visitors, one locally registered veterinarian with teaching experience nominated by the local veterinary registration board, and one AVBC staff member. The accreditation consultative report is received for information by the AVBC.

- A full accreditation visit following the same process as employed for Australian and New Zealand VEEs. Site team composition is as for local visits, including one locally registered veterinarian with teaching experience nominated by the local veterinary registration board.

- A focused site visit for review of previously identified deficiencies of a foreign VEE. It is conducted by 2 experienced AVBC visitors from the original visit and one AVBC staff member.

Once accredited, the VEE follows the same process of annual, interim reporting and periodic re-evaluation as Australian and New Zealand VEEs.

8. Verification visit

Under exceptional circumstances, it may be necessary for a site visit to be conducted virtually. A verification visit is a form of focused accreditation visit, which is undertaken following a virtual site visit.

The verification accreditation visit will occur within 18 months of the virtual accreditation visit, with the option for AVBC to grant an extension of up to 12 months in the case of a continuing emergency.

The verification visit team consists of two or more AVBC trained site team members, supported by one AVBC staff member.

The verification visit duration will depend on the agenda. The agenda will focus on the standards where further information or triangulation is required. The agenda will include visits of facilities and equipment, including off-campus clinical teaching sites, meetings with students, staff and exit interviews with the Head of the VEE.

The report of the verification visit is prepared following the template for full visits, with commentary against those standards that were reviewed during the visit. After review of the report for factual accuracy by the Head of the VEE, the report is finalised and a recommendation is made by VSAAC, to AVBC, on accreditation status.

9. Quality assurance

9.1   Post visit surveys of site team and VEEs

Following an accreditation visit, the VEE is asked to provide VEE participants with access to an AVBC online evaluation form. Site team members are also asked to provide feedback to evaluate the visit conduct. The AVBC reviews the survey findings and makes recommendations and changes as part of AVBC's quality assurance process.

9.2   Procedures for complaints regarding VSAAC accreditation

Interested parties may make written, signed complaints to the AVBC on failure by site teams to follow policies and procedures, failure to exercise sound professional judgement in applying the standards of accreditation or to consider all evidence in accreditation recommendations, or other actions or inactions. The AVBC will acknowledge the complaint, determine if the complaint has merit, and inform the complainant if further action is required (Section 2.6.3).

VSAAC will consider if changes to policies and/or procedures are required and make recommendations to AVBC. The complainant will be informed of actions taken.

Appendix 1: Schedule for the assessment of a VEE

Timescale	Action
12 months prior	• Accreditation visit scheduled. Assumed to be a 5-day visit across all standards. Final dates subject to visit timetable and consideration of off-campus sites. • AVBC writes to Vice-Chancellor to advise of process for re-accreditation, including an indicative schedule of fees. • Specific procedures with timelines and milestones, provided to the Head of the VEE.
11 months prior	• Contact point at VEE nominated. • VEE requested to provide details of off-campus sites (whether traditional or distributive teaching model) attended by 20% of the class or more, on contracted/core placements over a 3-year period.
At least 9 months prior	• Site team nominated and the Head of the VEE invited to give feedback. • Chair considers visits to external practices and provides feedback to the VEE for purposes of a draft timetable.
At least 8 months prior	• School to book hotel(s) and meeting room(s) for team discussions. Allow additional nights' accommodation for international visitors.
At least 4 months prior	• The Head of the VEE provides a draft timetable for the visit based on the AVBC suggested visit template (see Appendix 4). • The Head of the VEE provides a draft list of attendees. • Feedback provided to the VEE on the draft timetable within 2 weeks.
12 weeks prior	• Site team granted access to the VEE's completed site visit evidence repository.
At least 8 weeks prior	• Site team completes the AVBC Standards Table of Evidence and identifies priorities for review during the visit. • Site team sends additional information requests to the VEE, to be provided to VEE's site visit repository. • AVBC confirmation with the VEE of any items that can be removed from the timetable for the visit. • School to arrange to have available a data projector, internet connection and printer set up in hotel meeting room and team base room.
At least 4 weeks prior	• VEE provides response to additional information requests to the VEE's site visit repository • The Head of the VEE provides final confirmed list of attendees and meeting locations • Part A of AVBC Distributed clinical facilities inspection guide completed online, by all relevant sites, for site team review (see Appendix 5)
Visit commencement	• Site team training meeting at team hotel. • Welcome event at team hotel or School or alternative venue.
Visit week	• Draft report prepared daily and contents of draft and recommendations agreed before the end of the visit. Additional information available in visitors' base room. Additional information requests may be asked of VEE, via AVBC staff support.
Final morning of visit	• Verbal report to Head of School. • Verbal report to Vice-Chancellor. • Site team meets after exit interviews to make final edits or revise the draft report. • Feedback on the conduct of the visit is gathered by the Chair from the visiting team members and recorded by the AVBC staff support.

Within 3 weeks of completion of visit	• Draft report sent by Chair to the Head of the VEE with an invitation to check on factual accuracy and respond to AVBC within 14 days. • Meeting attendees invited to provide feedback on the conduct of the visit.
Within 5 weeks of completion of visit	• Draft report returned by the Head of the VEE with correction of any factual errors.
Within 3 weeks of receiving draft report feedback from VEE	• Site Team Chair considers feedback and refers any recommended changes to 'Site Team Comment' in the draft report, to the Site team for approval.
Within one week of the response to any feedback having been resolved	• AVBC sends Final Report to the University (Vice-Chancellor) for formal comment.
Within 10 weeks of the visit (depending on schedule of AVBC meetings)	• Final Report and VSAAC recommendation for classification of accreditation provided to all AVBC member boards for consideration.
Within 4 months of the visit (depending on schedule of AVBC meetings)	• Immediately following the AVBC decision, the VSAAC Chair advises the Head of the VEE via telephone.
Within 30 days of AVBC meeting	• The Head of the VEE and Vice-Chancellor receive letter and formal statement indicating the accreditation status of the VEE and principal findings detailed in the report of evaluation. • Notify a request for comments within 2 months and notification that an annual and interim report (if applicable) of progress will be requested.
Within 60 days of AVBC meeting	• A standardised executive summary of the visit report uploaded to the AVBC website. • Relevant partner accreditation bodies advised of the AVBC decision.

Appendix 2: 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.	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.	I	Safety committee agendas, minutes, reports. Action, changes made as a result of identified risks.	P	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.	O		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.	Quality enhancement is part of terms of reference for VEE committees. Formal avenues for stakeholder participation. Agendas, minutes.	I	Processes for setting goals for quality, review and reporting on outcomes. Evidence of stakeholder participation in quality enhancement activities.	P	Reports to stakeholders. Changes, actions implemented. Stakeholder evaluation of impact.	O		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.	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.	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.	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 3: Table of evidence provided, against AVBC Standards

Standard number	Standard	Assessment			Further information required on visit
		Compliant	Partially compliant	Non compliant	
AVBC Domain: Governance and Quality Enhancement					
Governance					
1.1	The VEE is part of a nationally accredited institute of higher education and has the autonomy and accountability required to ensure the quality of the veterinary program.				
1.2	The VEE has a mission statement that expresses its values and purposes, including its goals for the veterinary program. The mission statement is followed and reflected in the practices of the VEE.				
1.3	The VEE demonstrates effective strategic and operational planning and achieves its goals in a timely manner. Strategic and operational plans are linked to the stated mission of the VEE.				
1.4	Finances are sufficient to sustain the education programs and operation of the VEE and are assured for the duration of current cohorts of students. Financial plans are reviewed regularly and updated to ensure they are sufficient in relation to strategic and operational plans.				
1.5	The VEE has effective governance and management structures and processes which support achievement of its mission. There are clear lines of responsibility for management, resourcing and delivery of the veterinary program. Staff contribute to decision-making in the VEE.				
1.6	Students are represented on all relevant committees of the VEE.				
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.				
1.8	Access to external clinical and other teaching facilities used for VEE-controlled or contracted teaching activities, and the quality of education at these sites, are assured via formal agreements.				
1.9	Sites used for student placements have documented agreements with the VEE, which specify learning outcomes and include arrangements for student insurance and workplace safety. The VEE ensures that the learning environment is safe, supportive and suitable to the needs of each student.				
Leadership					
2.1	The head of the VEE is a locally registered veterinarian who has expertise in academic affairs, leadership and the veterinary profession. The head is able to obtain and direct resources required for sustainable delivery of the veterinary program.				
2.2	The person(s) responsible for the professional, ethical and academic conduct of the clinical operations in which VEE-controlled or contracted clinical teaching occurs and the person(s) with oversight of clinical teaching is/are locally registered veterinarian(s).				
Quality assurance and enhancement					
3.1	Quality enhancement processes are systematically and routinely applied across all accreditation standards and all aspects of the veterinary program. Processes include internal and external data collection, review and analysis.				
3.2	The VEE has a system in place to gather outcomes data on recent graduates to ensure the DICs and learning outcomes of the program result in relevant entry-level competency.				

Standard number	Standard	Assessment			Further information required on visit
		Compliant	Partially compliant	Non compliant	
3.3	Internal and external stakeholders contribute to review processes relating to quality enhancement. Outcomes of review processes are communicated to relevant stakeholders.				
3.4	The VEE responds to contemporary developments in veterinary practice and professional education.				
Professional environment					
4.1	The VEE actively promotes and maintains a learning and workplace culture that is collegial, equitable, inclusive, free of discrimination, and that reflects wider societal expectations. The VEE investigates and learns from mistakes and takes action to address concerns.				
4.2	The VEE holds staff to high levels of ethical and professional conduct.				
4.3	Students are made aware of the high standards of professional conduct expected of veterinarians and are held accountable to these standards while enrolled in the VEE.				
4.4	The VEE and its staff demonstrate responsible and environmentally sustainable practice and use of resources.				
4.5	Staff and students can effectively and safely convey their concerns, needs and wants to the VEE. The VEE considers and acts upon their feedback and requests.				
4.6	The VEE provides a mechanism for students and staff, anonymously if they wish, to offer suggestions, comments, and complaints regarding the compliance of the VEE with the AVBC standards for accreditation.				
AVBC Domain: Learning Environment					
Facilities, resoiurces and equipment					
5.1	All aspects of the facilities, infrastructure, physical and digital resources used in the program provide an environment conducive to learning.				
5.2	Learning spaces are adequate in number and size for the cohort, accessible (including disability access), fit for purpose and appropriately equipped.				
5.3	Learning spaces provide a safe, clean, and well-maintained environment, are monitored for hazards, and comply with all relevant jurisdictional legislation.				
5.4	The university has a schedule and resources which are used to monitor, maintain, service and upgrade the buildings and equipment required for the veterinary program.				
5.5	All clinical learning facilities (i.e., those controlled or contracted by the VEE; on- or off-campus) provide standards of veterinary care appropriate to the clinical setting and an effective learning environment (which includes dedicated student spaces and internet access).				
5.6	Appropriate isolation facilities are available (or can be supplied when needed) at all sites where VEE-controlled or contracted clinical education is delivered. Such facilities meet requirements for isolation and containment of animals with communicable diseases.				
5.7	Students have access to a broad range and sufficient standard of teaching, diagnostic and therapeutic facilities and equipment; including pharmacy, dentistry, diagnostic imaging, anaesthesia, clinical and anatomical pathology, intensive/critical care, surgeries, treatment facilities, ambulatory services and necropsy facilities for the main domestic animal species.				
5.8	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.				
5.90	Students and educators have timely access to literature and information resources relevant to the program. Specialised expertise is available to support students and educators in developing the skills for effective retrieval and evaluation of information.				

Standard number	Standard	Assessment			Further information required on visit
		Compliant	Partially compliant	Non compliant	
5.10	Facilities, resources and equipment are available for staff and students to undertake high quality research				
Animal resources					
6.1	The VEE provides, or has access to, sufficient numbers of normal and diseased animals of the main domestic species to ensure the necessary quantity and quality of clinical instruction. Cadavers of the main domestic species are provided for instruction in post-mortem examination. Instruction includes clinical experience with individual animals and herd health management in supervised field services and/or ambulatory clinical services.				
6.2	High standards of animal husbandry and care, safety, biosecurity and welfare are promoted and demonstrated across all aspects of the program.				
6.3	The VEE has a program of refining teaching methods for the development of procedural skills that implement the principles of the "three R's" (replacement, reduction and refinement of animal use).				
6.4	Animal use is supervised by an appropriately constituted Animal Ethics Committee (or equivalent). Client consent is obtained for student involvement in patient care.				

AVBC Domain: Curriculum and Assessment

Standard number	Standard	Compliant	Partially compliant	Non compliant	Further information required on visit
Oversight, management					
7.1	The veterinary curriculum is designed, resourced and delivered to ensure that all students have, by graduation, achieved Program Learning Outcomes (PLOs) and the AVBC and WOAH D1Cs. The curriculum is aligned to the mission of the VEE.				
7.2	The curriculum is managed by the VEE. The VEE has a curriculum committee that is responsible for developing, monitoring, assuring and enhancing the quality of veterinary education and student experience. The majority of the members of the committee are academic staff and the committee includes student representation.				
7.3	A formally constituted group within the VEE has overall responsibility for the assessment strategy, including moderation processes.				
7.4	Revisions of the curriculum are undertaken on a timely and ongoing basis and the curriculum is reviewed as a whole at least every 7 years. Quality assurance data and feedback from students, educators and stakeholders are considered in the review process, as well as emerging issues and advancements in knowledge and technology.				
Educational design					
8.1	The program is underpinned by a current, coherent educational philosophy that informs program design, delivery and evaluation. The program design is understood by staff and students. The VEE supports innovation and development of teaching approaches.				
8.2	The curriculum provides a cohesive framework in which the learning outcomes, teaching, learning and assessment strategies of each unit of study and of the program as a whole are aligned and support the development of the knowledge, skills and attributes of a veterinarian.				
8.3	PLOs form the basis for explicit statements of the intended learning outcomes of individual units/courses of study. PLOs are regularly reviewed, managed and updated to ensure they remain relevant, adequate and are effectively achieved. PLOs are communicated to staff and students.				
8.4	The VEE demonstrates significant and broad research activities that address societal needs. Academic staff in the VEE maintain active research programs that integrate with and strengthen the veterinary degree program and provide opportunities for veterinary student engagement.				
8.5	The VEE provides advanced postgraduate degrees and programs (which may include PhD, internships, residencies) that complement and strengthen the veterinary program and are relevant to the needs of the profession and society.				

Standard number	Standard	Assessment			Further information required on visit
		Compliant	Partially compliant	Non compliant	
Duration and content					
9.1	The curriculum extends over a period equivalent to a minimum of five academic years or, for a combined or post-graduate program, a minimum of four academic years.				
9.2	The curriculum has sufficient depth and breadth of instruction to ensure student achievement in the required areas of veterinary science and professional practice.				
9.3	Students demonstrate the ability to safely handle animals of the main domestic species before undertaking WIL placements or clinical activities.				
9.4	Clinical education in veterinary public health, including exposure to veterinary services in licenced abattoirs and food processing facilities, ensures that graduates meet WOAH D1Cs.				
9.5	Students are educated in the scientific method and research techniques relevant to evaluation and integration of research in veterinary science and evidence-based veterinary practice. The curriculum includes opportunities for students to observe and participate in research programs.				
Clinical education					
10.1	The quality, quantity and variety of clinical education is sufficient to ensure a graduate meets PLOs and D1Cs and is competent to practise in a range of workplaces.				
10.2	The majority (≥70% by duration) of the clinical teaching is focused on common, entry level clinical practice with the main domestic species.				
10.3	The VEE monitors and ensures that all locations in which clinical teaching and WIL occurs are committed to, and provide, an environment conducive to student learning.				
10.4	Students contribute actively to management of cases during clinical instruction, including practical aspects of history-taking, diagnosis and treatment, clinical reasoning and decision-making, consideration of financial and economic factors, and client communication.				
10.5	Students demonstrate relevant competency in entry-level activities (such as animal handling, history taking, diagnostics, therapeutics, communication, analgesia, suturing) before providing patient care.				
10.6	Students systematically record and reflect on their clinical experiences and skills development and, with academic guidance, select learning activities to meet their learning needs.				
10.7	Students are directly supervised by suitably qualified veterinary professionals and allied veterinary professionals during patient care and veterinary treatment. Students work as a team with allied veterinary professionals during clinical instruction.				
10.8	Patient medical records are comprehensive and maintained in an effective retrieval system at all sites used for VEE-controlled or contracted clinical teaching. Records are used to efficiently support the teaching, research, and service programs of the VEE. Students contribute to medical record-keeping under supervision and have access to appropriate levels of clinical records.				
10.9	Students receive practical instruction on accepted best practice for preventing the spread of infectious disease. Students demonstrate proficiency in the implementation of relevant biosecurity procedures.				
Assessment					
11.1	The VEE has a comprehensive, coherent and robust assessment strategy. The validity, reliability and educational impact of assessments are appropriate to their purpose and evidenced through relevant evaluation data and processes.				
11.2	Assessment is designed and conducted by trained staff with relevant expertise.				

Standard number	Standard	Assessment			Further information required on visit
		Compliant	**Partially compliant**	**Non compliant**	
11.3	Progressive development of each student towards entry-level competence across the program can be demonstrated. Only students who have fully met PLOs and D1Cs, are permitted to graduate.				
11.4	The assessment tasks and grading criteria for each unit of study are clearly identified, and available to students in a timely manner. Requirements to pass, including the effect of barrier assessments, are explicit.				
11.5	Direct assessment of clinical, non-clinical and professional skills and holistic clinical practice forms a significant component of the overall process of assessment in the clinical disciplines.				
11.6	Assessment is planned and managed to evidence achievement and to provide constructive, timely, formative and summative feedback to support students' progress, whilst ensuring appropriate workloads for students and staff.				
11.7	Moderation processes are in place to ensure parity within and between individual units of study, across the program and with other VEEs, and to ensure that each student is treated fairly and without bias.				
11.8	Students receive academic support with learning and assessment, commensurate with the learning outcomes of the program and the D1Cs				
Work integrated learning (WIL) placements					
12.1	There is an effective, well-managed program of WIL in animal handling and management, preclinical and clinical placements in authentic workplaces, that complements the theoretical and practical instruction throughout each stage of the veterinary program (Appendix 2). WIL has learning outcomes and assessments that support and consolidate prior learning and contribute to the attainment of program outcomes.				
12.2	Students undertake WIL to meet requirements listed in Appendix 2 of the AVBC Standards. During WIL placements in animal enterprises, students are actively engaged in routine animal handling, husbandry and management. During pre-clinical WIL placements in veterinary practices, students are actively involved in animal handling, patient nursing care, as part of the veterinary support team. During clinical WIL, students participate actively in the workplace, including the workup, management and treatment of patients.				
12.3	The VEE manages and coordinates student placements in WIL to ensure student access and provide academic oversight of placement quality. Oversight of all WIL is the responsibility of academic staff and includes evaluation of placement suitability, student learning and development and recording of students' educational outcomes.				
12.4	The VEE defines the responsibilities, provides support and training, and monitors the performance of WIL placement providers to a degree appropriate for their contribution to the program.				
12.5	WIL placement providers give feedback on student performance. Mechanisms to enable WIL placement providers to critique the workplace learning program are in place.				

AVBC Domain: Staff and Student Support

Standard number	Standard	Assessment			Further information required on visit
Student admission and progression					
13.1	The number of students is consistent with staff capacity and the teaching and learning resources of the VEE, including buildings, facilities, equipment, healthy and diseased animals and material of animal origin. Any proposed changes to the number of students admitted are consistent with staff capacity and teaching and learning resources.				
13.2	There is a clearly stated and accessible admissions policy. Selection criteria are clear, consistent, robust, defensible and free from discrimination or bias (except for explicit affirmative action in favour of nominated equity and diversity groups). Academic performance requirements for admission are commensurate with the academic demands of the program. Selection criteria include both academic performance and non-academic factors.				
13.3	The VEE has an admissions committee, the majority of whom are full-time academic staff, that recommends students for admission, following the specified policy and procedures.				

Standard number	Standard	Assessment			Further information required on visit
		Compliant	Partially compliant	Non compliant	
13.4	Training is provided for those involved in the selection process to ensure applicants are evaluated fairly and consistently.				
13.5	There is a formal assessment of student competency in the language of instruction prior to entry to the program. Where English is the language of instruction, there is a formal assessment of English language competency for students whose primary language is not English.				
13.6	There are admissions strategies for supporting diversity and widening participation, including by Indigenous and First Nations peoples.				
13.7	There are policies and procedures for consideration of applicant or student disability, illness, or impairment, and accommodations for these where appropriate. Policies take into account the requirement that all students must be capable of meeting D1Cs by the time they graduate.				
13.8	Accurate information about the program, including Australian and New Zealand registration and fitness to practise requirements, is readily accessible to prospective students.				
13.9	Progression criteria and processes are fair and transparent, and confirm achievement of milestones towards PLOs and D1Cs.				
13.10	Admission and progression criteria are reviewed against attrition and progression data to ensure they are consistent with successful program completion for all students, specifically including those of diversity and equity groups.				
Student welfare					
14.1	Students are encouraged to access support and to develop strategies to meet their physical, emotional, academic and welfare needs. Equity and diversity principles are promoted in the student experience.				
14.2	Students have access to adequate study, digital, recreation, locker and food services and facilities.				
14.3	Students learn in supportive learning and professional environments that actively encourage the development of professional values and attributes.				
Academic, clinical, professional and support staff					
15.1	The processes for recruitment, selection, appointment and advancement of staff are open, fair, transparent and free from bias.				
15.2	Academic and support staff are sufficient in number, expertise and availability in each functional area to ensure effective design, delivery and quality of the program. The majority of academic staff involved in veterinary training are veterinarians. The ratio of teaching staff to students is not less than 1:7.5 (FTE:EFTSL).				
15.3	Casual teachers, residents and graduate students may supplement the teaching efforts of the permanent academic staff if appropriately integrated into the instructional program, providing students have access to disciplinary expertise. The amount of the core curriculum delivered by casual teachers does not impact the effectiveness or quality of the educational program.				
15.4	Positions offer the security and benefits necessary to maintain stability, morale, competence and career development of staff.				
15.5	Academic and clinical staff have a balanced workload of teaching, research and service proportionate to their role. Educators have opportunities to participate in scholarly activities. Clinical educators have opportunities for continued professional development.				
15.6	Regular appraisal processes are in place for all staff to ensure their continued competence and effectiveness relevant to their role. There is a comprehensive program for the appraisal of professional growth, development and scholarly activities of academic staff.				
15.7	Criteria for promotion and tenure are explicit, well-publicised and relevant to different roles of academic staff within the VEE.				
15.8	Educators involved in all aspects of teaching, assessment, supervision and learning support demonstrate continued competence and effectiveness. Educators are supported through preparatory training and ongoing professional development relevant to their role.				
15.9	Clinical educators are supported through orientation and training for their roles in student supervision. Sufficient time is allocated to clinical educators to ensure they have time for student supervision and assessment.				

Appendix 4: Suggested visit timetable

This is a suggested timetable which can be modified for the circumstance of each VEE – and in liaison with the nominated AVBC staff support for the visit.

Where walking tours are involved, please ensure that sufficient time is allowed for travel/movement between sites/locations. Where a distributed model for clinical teaching is used, time must be timetabled to allow inspection of facilities and discussion with the key practice personnel about their role with students – and with any students present (1- 1.5 hours).

It Important to ensure that a detailed list of staff and students (and their roles) attending various sessions is provided to the team well ahead of the visit.

It is important that the base meeting room for the visit can accommodate up to 30 people to allow for the site team and those with whom they are meeting.

While the applicable domain and standards will be the focus of a session, any aspect of the standards may be considered at any meeting, to provide additional perspectives and triangulation of evidence provided.

Day	Time	Details	Applicable Domain/Standard	Name and role of staff members present	Venue
DAY -1		Include if visits to off campus visits to contracted sites used for core teaching. Allow 1.5 hours at each practice (2 hrs if students present)			
LUNCH	1230 - 1330	Site team meets.			
SITE TEAM TRAINING AND PLANNING	1400 - 1600	Ensure access to hotel meeting room			
(Optional) WELCOME GATHERING including veterinary student research posters	1730-1900	For school executive/leadership (broadly) and the school may wish to showcase student-led research; for example, by having student research posters to view and students available to speak about their projects			
TEAM DINNER	1900				
DAY 1					
TRAVEL TO CAMPUS	Pick-up time	Indicate pick-up time from team hotel to have team in base room 15 minutes prior to first session each day			

GOVERNANCE, LEADERSHIP & QUALITY ASSURANCE	0830 - 0915	Orientation to school & overview of school strategic initiatives, including governance, leadership and quality assurance.
		
		Can include a presentation - maximum of 10 minutes, copy provided to AVBC in advance.
			DOMAIN 1:
			GOVERNANCE AND QUALITY ENHANCEMENT
			   1. Governance
			   2. Leadership
			   3. Quality assurance and enhancement
				Head of School and senior team.	

Day	Time	Details	Applicable Domain/Standard	Name and role of staff members present	Venue
FINANCE & OPERATIONS	0915 - 1000	Covers finance, risk management, WHS, management of facilities and operations.	**DOMAIN:** **GOVERNANCE AND QUALITY ENHANCEMENT** 1. Governance 2. Leadership 3. Quality assurance and enhancement 4. Professional environment **DOMAIN:** **LEARNING ENVIRONMENT** 5. Facilities, resources and equipment	Meet with senior staff responsible for finance and school operations; may include staff from university services	
BREAK/MORNING TEA	1000 – 1020				
FACILITIES TOUR	1020 - 1230	Facilities tour of tutorial rooms, clinical skills laboratories, administrative, faculty and staff offices +/- animal holding sites. To save time, team may divide into groups (as for off-site visits).	**DOMAIN:** **LEARNING ENVIRONMENT** 5. Facilities, resources and equipment 6. Animal resources		
LUNCH	1230 - 1345	Lunch with students		Veterinary students, no staff. 15-30. Mix of international/ domestic, elected leaders, others. Preferred arrangement, groups of students around several tables in one room.	
BREAK	1345-1400				
CURRICULUM DESIGN, MANAGEMENT & SUPPORT	1400 - 1530	May include presentation (maximum 10 minutes) highlighting changes, demonstrating mapping, management tools etc.	**DOMAIN:** **CURRICULUM AND ASSESSMENT** 7. Oversight, management 8. Educational design 9. Duration and content	Meet with curriculum academic and support leaders, year or major theme coordinators, educational designers and educational support.	
BREAK	1530 - 1545				
STUDENT ADMISSIONS & PROGRESSION	1545 - 1630		**DOMAIN:** **STAFF AND STUDENT SUPPORT** 13. Student admission and progression 14. Student welfare	Range of support staff (may be from outside school), admissions team leaders, education support leaders.	
REVIEW	1630 - 1700	Site team in session			
TRAVEL TO HOTEL	1700 - 1730				
SITE TEAM IN SESSION AND DINNER	1800 - 2130	Ensure access to hotel meeting room			
DAY 2					
TRAVEL TO CAMPUS	Pick-up time	(indicate pick-up time from team hotel to have team in base room 15 minutes prior to first session each day)			

Day	Time	Details	Applicable Domain/Standard	Name and role of staff members present	Venue

PRECLINICAL TEACHING	0830 – 0915		**DOMAIN:**
			CURRICULUM AND ASSESSMENT
			    7. Oversight, management
			    8. Educational design
			    9. Duration and content
			    11: Assessment
			    12: WIL placements
				Teachers of preclinical years (all relevant staff; senior staff do not attend).	

CLINICAL TEACHING	0915 – 1000		**DOMAIN:**
			CURRICULUM AND ASSESSMENT
			    7. Oversight, management
			    8. Educational design
			    9. Duration and content
			    10. Clinical education
			    11: Assessment
			    12: WIL placements
				Teachers of clinical years (all relevant staff; senior staff do not attend).	

BREAK/MORNING TEA	1000 – 1015				

CLINICAL FACILITIES TOUR	1015 – 1200	Clinical facilities on and/or near campus.
		Split for small /large/ equine/ production/wildlife hospitals (2 groups).
			DOMAIN:
			LEARNING ENVIRONMENT
			    5. Facilities, resources and equipment
			    6. Animal resources		

BREAK	1200 – 1210				
LUNCH	1210 – 1330	Alumni and employers	**DOMAIN:** **GOVERNANCE AND QUALITY ENHANCEMENT** 3. Quality assurance and enhancement	Meet with employers, external stakeholders and alumni. Part of this time could be devoted to meeting with employers and external practitioners supporting the program, over zoom – who could not otherwise participate in the lunch session.	

ASSESSMENT	1330 –1415		**DOMAIN:**
			CURRICULUM AND ASSESSMENT
			    7. Oversight, management
			    11. Assessment
				Relevant assessment leaders, subject coordinators, staff responsible for quality assurance for assessment.	

WIL & EMS	1415 – 1500		**DOMAIN:** **CURRICULUM AND ASSESSMENT** 12. WIL placements	Academic coordinators and support staff – animal husbandry and clinical.	
BREAK	1500 – 1515				

ANIMAL HOLDING & TEACHING FACILITIES	1515 – 1615	Walking tour (in groups). Facilities may be on or near campus	**DOMAIN:**
			LEARNING ENVIRONMENT
			    5. Facilities, resources and equipment
			    6. Animal resources		

SCHOOL SHOWCASE	1615 – 1645	Optional			
REVISIT SESSION	1645 – 1715	Time set aside to revisit a facility and/or with staff, if/as required.			
TRAVEL TO HOTEL	1715 – 1745				

Day	Time	Details	Applicable Domain/Standard	Name and role of staff members present	Venue
SITE TEAM IN SESSION AND DINNER	1800 - 2200	Ensure access to hotel meeting room			
DAY 3					
TRAVEL TO CAMPUS	Pick-up time	(indicate pick-up time from team hotel to have team in base room 15 minutes prior to first session each day)			
QUALITY ASSURANCE & ENHANCEMENT, OUTCOMES ASSESSMENT	0830 - 0915		**DOMAIN:** **GOVERNANCE AND QUALITY ENHANCEMENT** 3. Quality assurance and enhancement	Senior staff, curriculum leaders and quality assurance officers.	
SENIOR STAFF	0915 - 0945		**DOMAIN :** **GOVERNANCE AND QUALITY ENHANCEMENT** 4. Professional environment **DOMAIN:** **STAFF AND STUDENT SUPPORT** 15. Academic, clinical, professional and support staff	Meet with senior staff only.	
BREAK/MORNING TEA	0945 – 1000				
JUNIOR STAFF	1000 - 1045		**DOMAIN:** **GOVERNANCE AND QUALITY ENHANCEMENT** 4. Professional environment **DOMAIN:** **STAFF AND STUDENT SUPPORT** 15. Academic, clinical, professional and support staff	Junior staff only, no senior staff present.	
PROFESSIONAL STAFF	1045 - 1130	Meet with professional staff, no senior staff present.	**DOMAIN:** **GOVERNANCE AND QUALITY ENHANCEMENT** 4. Professional environment **DOMAIN:** **STAFF AND STUDENT SUPPORT** 15. Academic, clinical, professional and support staff	Professional staff, no senior staff present.	
BREAK	1130 - 1145				
STUDENT SUPPORT, WELFARE & SERVICES	1145 - 1230		**DOMAIN:** **STAFF AND STUDENT SUPPORT** 14. Student welfare	Range of support staff (may be from outside the School), academic support leaders.	
LUNCH	1230 – 1330				

Day	Time	Details	Applicable Domain/Standard	Name and role of staff members present	Venue

RESEARCH	1330 – 1400		**DOMAIN:**
			LEARNING ENVIRONMENT
			
			    5. Facilities, resources and equipment
			
			DOMAIN:
			CURRICULUM AND ASSESSMENT
			
			    8. Educational design
			    9. Duration and content
				Research leadership, coordinator of student research activities (compulsory and optional activities).	

BREAK	1400 – 1415				

MEET WITH GRADUATE STUDENTS, INTERNS, RESIDENTS	1415 – 1445		**DOMAIN:**
			CURRICULUM AND ASSESSMENT
			
			    8. Educational design
			
			DOMAIN:
			STAFF AND STUDENT SUPPORT
			
			    15. Academic, clinical, professional and support staff		

BREAK	1445 – 1500				
LIBRARY TOUR/DIGITAL LITERACY	1500 – 1600	Tour of library and/or demonstration of digital literacy services (and tour of any student facilities not completed previously).	**DOMAIN:** **LEARNING ENVIRONMENT** **5. Facilities, resources and equipment**		
BREAK	1600 – 1615				
REVISIT SESSION	1615 – 1700				
TRAVEL TO HOTEL	1700 – 1730				
SITE TEAM IN SESSION AND DINNER	1800 – 2200	Ensure access to hotel meeting room			
DAY 4					
TRAVEL TO CAMPUS	Pick-up time	(indicate pick-up time from team hotel to have team in base room 15 minutes prior to first session each day)			
	0830 – 0845	Zoom set up/AV support			
CONFIDENTIAL MEETINGS WITH INDIVIDUAL STUDENTS	0845 – 0915	Confidential meetings with individual students.	**All DOMAINS**		
CONFIDENTIAL MEETINGS WITH INDIVIDUAL STAFF	0915 – 0945	Confidential meetings with individual staff members.	**All DOMAINS**		
BREAK	0945 – 1000				
REVISIT SESSION	1000 – 1100	Time set aside to revisit a facility and/or with staff, if/as required.			

Day	Time	Details	Applicable Domain/Standard	Name and role of staff members present	Venue
RECAP/EXECUTIVE SESSION	1100 – 1200				
LUNCH	1200 – 1245				
REVISIT SESSION	1245 – 1500	Time set aside to revisit a facility and/or with staff, if/as required.			
TRAVEL TO HOTEL	1500 – 1530				
SITE TEAM IN SESSION AND DINNER	1600 – 2400	Ensure access to hotel meeting room			
DAY 5					
TRAVEL TO CAMPUS	Pick-up time	(indicate pick-up time from team hotel to have team in base room 15 minutes prior to first session each day)			
MEET HEAD OF SCHOOL & SENIOR STAFF	0900 – 0945				
BREAK	0945 – 1000				
MEET VC/SENIOR UNIVERSITY STAFF	1000 – 1100				
TEAM DEBRIEF AND MORNING TEA	1100 – 1230	Report finalisation, if required			
DEPART	1230 – 1300				

Appendix 5: AVBC Distributed clinical facilities inspection guide

This form will available to complete online, on the AVBC website

PART A – FOR CLINIC STAFF USE

It would greatly assist the accreditation site team, to have an overview of the student experience at your clinic. Please complete Part A of this form. Only brief responses are required.

Clinic details

Site Name and Location		
Number of weeks/rotation		
Number of students/rotation		
Contract in place? Date ?		
	Name	**Position and Rotation Responsibilities***
Names of Clinical Personnel		
Which staff have been trained in teaching ?		
Students present during visit ? If 'yes', please include their names where possible.		

(*Indicate staff responsible for rotation coordination, teaching and assessment, and for workplace safety)

Orientation

Students instructed in use of facility? (orientation)	
How	
When	
By Whom?	

Monitoring and supervision

Clinical rotation distributed sites – questions for site coordinator		
Question	**Comments**	**N/A**
How were you trained for the responsibilities of being a distributed site veterinary teaching facility coordinator?		○
What training do other staff participating in teaching receive at this site?		○
How are you informed of the learning outcomes and expectations for students on rotation and of accommodations for individual student needs?		○
What are your responsibilities regarding development of the clinical competencies of students. What other tasks do students have to complete on this rotation?		○
Describe the types of rounds you have with the students? How often do these occur?		○
How do students provide feedback on their experience of the rotation? Do you receive this?		○
How often does someone from the university visit or meet with your clinic?		○
Who usually makes these visits?		○
What do they do during the visit? What is the follow-up? Do you keep record of these visits and/or correspondences?		○
Who is responsible for day-to-day supervision and monitoring of students in your practice?		○
How and when are students given mid-rotation and end of rotation feedback?		○
Who is responsible for completing the on-line assessment of students in your practice?		○
Do other staff contribute to assessment of students?		○
Are clinical skills assessed directly? Which ones?		○
Do you use the feedback forms /internet programs provided by the school for providing feedback to students? (view example)		○
Do you feel that the assessment system provided allows you to assess the students and that the process ensures remediation when needed?		○
How do you provide the school with feedback on the program?		○
Do you comment on the school's strategy and curriculum plans?		○

Student involvement and responsibilities

When students are rotating through this practice/site, how are they involved in healthcare management? Do they:					
Activity		**Yes**	**No**	**N/A**	**Comments**
Meet with clients?		○	○	○	
Prepare bills and discuss costs/billing with clients?		○	○	○	
Admit patients?		○	○	○	
Discharge patients?		○	○	○	
Take a medical history?		○	○	○	
Examine patients?		○	○	○	
Make entries in medical records?		○	○	○	
Participate in diagnoses?		○	○	○	
Take a cytology sample?		○	○	○	
Treat patients?		○	○	○	
Participate in surgeries?		○	○	○	#Nature of participation:
Administer and/or monitor anaesthesia?		○	○	○	
Participate in emergency treatments?		○	○	○	
Participate in critical care?		○	○	○	
Participate in imaging?	Radiography?	○	○	○	
	Positioning/taking radiographs?	○	○	○	
	Interpretation?	○	○	○	
	Ultrasound	○	○	○	
Conduct necropsy examinations?		○	○	○	
Other		○	○	○	

#Nature of participation: Observe, assist, participate under supervision, lead with supervision, complete independently.

Medical records

Medical records				
The team should, if possible, examine a few representative records.				
What type of medical records do you maintain?	Electronic: ⚪		Paper: ⚪	Both: ⚪
Access to Records	**Yes**	**No**	**N/A**	**Comments**
Do students have access to the records?	⚪	⚪	⚪	
Are records 'readily retrievable?'	⚪	⚪	⚪	
Records reviewed during site visit?	⚪	⚪	⚪	
Other comments regarding records				

Learning support			
What type of learning and information resources do students have access at to at your practice?			
Resource	**Yes**	**No**	**Comments**
Internet, wifi access	⚪	⚪	
Textbooks	⚪	⚪	
Journals (Hardcopy)	⚪	⚪	
Journals (Electronic)	⚪	⚪	
Electronic Databases	⚪	⚪	
Other	⚪	⚪	
General Comments			

Part B: For site team use only:

General Comments	
Site Team Members	
Date	

Distributed Clinical Facilities Inspection Guide
PART B - FOR SITE TEAM USE ONLY

Adequacy of safety measures

Safety Measure		Adequate	Inadequate	N/A	Student Use#	Comments
Posted protocols/ warning signs	Isolation facilities					
	Radiology/ radioactivity					
	First aid/ evacuation/ other emergencies					
	Hydraulic chutes					
	Necropsy e.g. bandsaws					
Safety Equipment in place for radiographic procedures	Lead barriers					
	Aprons					
	Gloves					
	Eyewear					
	Dosimetry Badges					
Safety of facilities for housing animals (fencing, corrals, caging, runs, etc.)?						
Are all areas safe? (Describe any unsafe conditions)						
Who is responsible for safety inspections?						
What safety induction do students receive?						
How are incidents/near misses reported to practice and to school?						

(# Indicate student involvement and use)

Adequacy of instructional environment and equipment

Area		OK	Concerns	N/A	Student Use#	Comments
Waiting rooms/ client areas						
Examination rooms						
Treatment areas						
Laboratory – clinical pathology/ diagnostics						
Kennels/ Animal Housing						
Surgery and Anesthesia						
Gas cylinders secured						
Intensive/ critical care						
Necropsy						
Pharmacy	Controlled substances (Access in clinic)					
	Controlled substances (Access Ambulatory)					
	Controlled substances (records)					
	Expired Drugs					
	Chemo Drugs					
	Chemo Drug PPE					
Offices/ Student break area						
Computers and internet access						
Overall building infrastructure						
Isolation						
Other						
General comments:						

Questions for Students

If possible, verify these with students on site or during student interview session.

How did the students learn about the facility?	
Describe how arrangement for transportation and housing were made at the site?	
How do the students evaluate the site and their experiences there?	
How are students instructed in biosafety at the sites?	
Can students access support (learning, disability, health care etc) while on site?	

Students instructed in use of facility? (orientation)

How	
When	
By Whom?	

Site team summary:

General Comments	Any deficiencies to note on the rubric ?
Site Team Members	
Date	

Appendix 6: Schedule for annual and interim reporting

Timescale	Action
ANNUAL REPORTS	
Early March	• VEEs complete annual reporting requirements for the previous calendar year
APRIL	• Annual VSAAC meeting
Within 4 weeks of AVBC accreditation decision	• VEE provided with feedback on the review of the Annual Report, together with advice on the ongoing accreditation status of the VEE. • Relevant Accreditation Bodies advised of AVBC decisions
INTERIM REPORTS	
Mid-August	• VEEs complete any interim reporting requirements
SEPTEMBER	• VSAAC meeting to consider Interim Reports
Within 4 weeks of VSAAC meeting	• VEE provided with feedback on the review of the Interim Report

Appendix 7: Annual reporting data

Annual reporting formats will be agreed each year at the September VSAAC meeting. Letters will be sent to the VEEs in November each year, confirming annual reporting requirements.

Appendix 8: Protocol guidelines for site visits

Dress Code and Code of Conduct of Site Visit Teams

- The site team must wear business attire during the visit and to meet with the Vice Chancellor. At other times the site team should be appropriately attired including appropriate footwear.

- The site team must remain together as a group. No team member should separate from the group and undertake individual investigations or conversations during the formal visit, except where the team divides at the discretion of the Chair. There should be no confrontation with any of the staff during the visit. If there is evidence of staff becoming angry or upset, members of the site visit team should not pursue the line of questioning.

- There should be no use of mobile phones, electronic tablet devices, smart phones or laptop computers to work on personal emails or data during interviews with staff or on tours of the VEE.

- If a site team member requires additional information, this should be communicated to the Chair or AVBC Staff member of the site team who will convey the information to the Head of School.

- A notebook or equivalent should be taken with each team member to record areas of concern or of strengths related to the standards.

- In the various meetings, the Chair will normally open the session and then invite the designated person on the site team who has leadership in relation to a particular standard to ask questions, followed by the backup person. After this, any team member can address questions to any of the VEE members present. The focus of all questions must be related to the standards and in particular the student experience. Such questions may be on any aspects of the standards. Questions should be used exclusively to seek clarification of issues that relate to the standards and that are unclear from the information provided

- Punctuality is important in all meetings and the Chair is responsible for ensuring that meetings commence and finish according to the timetable.

- All site team members should have read and have evaluated the information in the online repository for all standards.

- When questions are asked, time must be given for a full response by the VEE member and notes should be taken of the areas of response that may need to be included in the report of the site team.

- When meeting with students, it is important that they be asked for their views of the positive aspects of their education prior to any questions that would seek information as to how the program could be improved.

- With postgraduate students, interns and residents, questioning should determine how they are involved in teaching students including interactions within the veterinary teaching hospitals.

- Confidential meetings are provided during the accreditation visit for students or staff to meet with the site visit team. In such meetings, site team members do not ask questions (except to obtain clarification) but do allow people to speak about what is on their mind.

Behavioural Guidelines for Site Visit Team Members

- Do not comment to staff or students on how the VEE is doing.

- Do not comment on the hours that the VSAAC site team has been working.

- Do not comment in relation to outcomes of the visit.

- Do not make value statements, e.g. "this is a great program."

- Do not tell "war stories".

- Be alert, interested and open-minded throughout the process, curious about differences in opinion, and recognise and acknowledge any potential bias

- Be positive at all times.

- Be well prepared and familiar with all the information provided and participate actively in discussions and deliberations.

- Focus on the Standards of Accreditation and evaluating the VEE against these (not other VEEs)

- Be on time.

- Ensure that the primary writer for each standard has sufficient notes on strengths and recommendations about the standard(s) for which he/she is responsible.

The Chair of the site team has the authority to dismiss any team member who has a COI, or who becomes disruptive or uncooperative during the accreditation process. If a COI with the Chair is identified, a vice-chair of the team will be appointed.

Appendix 9: Procedures for joint visits with other accreditation agencies

Introduction

The International Accreditation Working Group (IAWG) meets to develop procedures for accreditation visits by multiple agencies. It is comprised of representatives from the American Veterinary Medical Association Council on Education (AVMA), the Royal College of Veterinary Surgeons (RCVS), the Australasian Veterinary Boards Council, the European Association of Establishments for Veterinary Education (EAEVE) and the South African Veterinary Council (SAVC).

Some key principles for managing such visits are:

- the site visit is managed by the home organisation;

- the Executive Chair of the site visit is from the country or region concerned (but with consultation from other organisations);

- two Co-chairs for visits attended by AVMA (one local and one AVMA) with defined responsibilities;

- the region visited should supply the administrative support;

- team member selection is undertaken in collaboration to ensure a balance of expertise;

- examination of documentation from different jurisdictions is required to ensure all requirements are met;

- a single collection of evidence (which may include an AVMA style self-evaluation report) is required from the VEE;

- a single visit report is produced;

- the full authority for a final decision rests with each jurisdiction;

- time is allocated for 'team building' and training; and

- use of a joint rubric that incorporates all standards.

The team membership for visits to Australian and New Zealand VEEs, depending on participating agencies, should include the regional AVMA nominee with the local number of team members and a COE (non-voting) member resulting in a maximum of 8 voting team members as follows:

- 2 AVMA

- 1 CVMA (Canadian VMA)

- 3 local (RCVS, AVBC)

- 1 or 2 RCVS

- 1 COE observer (non-voting)

- Up to 2 voluntary observers (South Africa/EAEVE)

- 1 student (UK)

- 1 AVMA staff

- 1 AVBC/RCVS staff

Appendix 10: Glossary of terms and abbreviations

Accreditation cycle	The 7-year cycle including the accreditation visit and the annual reporting process.
Accreditation review	VSAAC members and expert reviewers, visit, review evidence and evaluate the performance of a VEE and report on compliance against the AVBC Standards. See Section 3.3
Accreditation visit	The visit to the VEE to evaluate compliance with the AVBC Standards; the visit will be tailored, and the scope determined by the site team following the initial review of evidence in the VEE-hosted repository (i.e. focusing upon standards where more evidence or triangulation of evidence is required).
Additional reporting	A VEE may be required to provide additional information about compliance with the Standards at any time during the accreditation cycle when there is evidence of non-compliance with one or more standards. This most commonly occurs after an accreditation visit or after review of the annual report. The frequency and nature of the reporting will be advised to the VEE by AVBC.
Annual reporting process	The process of data collection and reporting via a VEE-hosted repository, for VSAAC review. The process is completed annually, and interim data submission when required. VSAAC monitors the trends and changes in performance of each VEE.
AVBC Standards Table of Evidence	A summary of the site team's evaluation of the evidence provided before and examined during an accreditation visit, against each standard. Evidence is grouped as input, process and outcome evidence. It is used to determine if standards are met, partially met or not met. See Appendix 2.
AVMA	American Veterinary Medical Association
COI	Conflict of interest. VSAAC members, potential team members and others contributing to the AVBC accreditation processes must declare all potential and actual conflicts of interest. The relevant policies can be found on the AVBC website.
College	This is the term generally used by the American Veterinary Medical Association (AVMA) to denote a VEE (see below). For College, also read VEE or faculty.
Contracted Teaching practice or Distributed Teaching Practice	Delivers part of the core teaching at sites not owned or managed by the VEE.
EAEVE	European Association of Establishments for Veterinary Education
EFT	Equivalent to full time
Head of School	The role may have a range of titles, including Head of School, Principal and Dean
IAWG	International Accreditation Working Group. See Appendix 9.

MRA	Mutual Recognition Agreement – an agreement that documents arrangements between AVBC and other international accreditation bodies, including RCVS, SAVC, VCI for mutual recognition of graduates, for the purpose of registration.
RCVS	Royal College of Veterinary Surgeons
SAVC	South African Veterinary Council
Site team	The team, appointed by the AVBC, that reviews the VEE's evidence against each standard during the review prior to, and during the accreditation visit.
VCI	Veterinary Council of Ireland
VEE	Veterinary Education Establishment. Refers to the major administrative division of the university delivering the veterinary program. In some universities this may be a faculty or institute. The VEE is the organisational unit that is responsible for the veterinary program.
Verification visit	A verification visit may be conducted following conduct of a virtual visit, should the circumstances have required a virtual visit to be conducted. A verification visit is usually shorter, with a smaller team and may only address standards where an in-person inspection or meeting is required.
Virtual visit	An accreditation visit undertaken fully online should circumstances require this, which will be followed by a verification visit.
VSAAC	Veterinary Schools Accreditation Advisory Committee. The AVBC appoints a standing committee, VSAAC, which establishes criteria for veterinary graduate educational standards to meet standards acceptable for registering authorities, profession and community and annually reviews those standards. VSAAC advises on process, plans and conducts on-site inspections of VEEs and monitors veterinary graduate performance. See the AVBC website for further information.
VSANZ	Veterinary Schools of Australia and New Zealand

Appendix 11: Version updates

Version	Date	Status and changes
V1	Jan 2024	
V2	May 2024	Minor edits to Appendix 1