

Australasian Veterinary Boards Council

Accreditation
Repository
Guidance for
Veterinary Schools

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Contents

1. Introduction	1
1.1 New Standards, processes and Day One Competencies	1
1.2 Key changes	1
1.3 Providing evidence for an accreditation visit.....	1
1.4 Management of evidence in a secure online repository	2
2. Evidence repository hosted by the VEE	2
2.1 Design.....	2
2.2 Availability (duration).....	2
2.3 Accessibility and testing.....	2
3. Guiding principles.....	3
3.1 A Table of Evidence and the visit report	3
3.2 Careful curation and selection of evidence	3
4. Organising evidence on the repository.....	3
4.1 General structure	3
4.2 Types of evidence.....	4
4.2.1 Inputs	4
4.2.2 Processes	4
4.2.3 Outcomes	4
4.3 How much evidence?	5
4.4 Commentary.....	5
4.4.1 Per Standard	5
4.4.2 Per Domain.....	5
4.5 An indexed summary	5
4.6 Responding to past visit reports and annual reports.....	6
5. Further information.....	6
Appendix 1: Examples of evidence to support AVBC Accreditation Standards	7

1. Introduction

1.1 New Standards, processes and Day One Competencies

The new AVBC Accreditation Standards for Veterinary Programs (the 'Standards') came into effect on 1 January 2024. The Standards and a partner document describing the accreditation process are available on the [AVBC website](#). A new set of AVBC Day One Competencies also came into effect on 1 January and can be accessed on the website.

The new standards are designed to reflect contemporary approaches to accreditation. This includes a greater emphasis on the outcomes of veterinary programs and a new process by which VEEs are required to provide evidence to the AVBC in support of an accreditation site visit.

1.2 Key changes

Briefly, the key changes to the standards that have been ushered in with the new standards are as follows:

Standards to 2023	January 2024 +
Detailed requirements for inputs based on existing delivery models	Focus on robust, relevant outcomes and the systems and processes that support them. The new standards can be met by a variety of models of veterinary education.
Quality assurance and forensic inspection to ensure VEE meets prescriptive external standards	Quality enhancement focus, on the effectiveness of VEE-led cycles of reflection and action
University-centric	Centred on student learning support and professional readiness
	Safety for clients and their animals

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

In terms of *process*, there is a major change the way in which VEEs are required to consider and assemble evidence for consideration of the site team prior to, and during, a site visit. That is the focus of this guidance document.

Further information about the accreditation process can be accessed in the *AVBC Accreditation Process for Veterinary Programs* document on the AVBC website.

1.3 Providing evidence for an accreditation visit

As indicated above, with a greater attention to inputs, the previous Standards were more prescriptive in describing the evidence that VEEs were expected to provide. An important shift in the new process, is that the onus is very much more on VEEs to identify the evidence that best demonstrates a particular standard has been met.

Under previous arrangements, ahead of a site visit, VEEs were requested to prepare a *Self-Evaluation Report (SER)*, a hard copy of which was made available to the team several weeks ahead of the site visit. The presentation and layout of that report was prescribed in the AVBC Standards and required a mix of tabular data and narrative to elaborate the information presented.

The new process no longer requires an SER. Rather, VEEs are requested to assemble evidence against each standard, on a dedicated online platform ('repository'), with sufficient and succinct commentary to guide the site's team's interpretation of that evidence.

1.4 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. The VEE will be responsible for providing secure access to the online repository during the accreditation period and until advised of the AVBC's final accreditation decision.

2. Evidence repository hosted by the VEE

2.1 Design

The platform used or developed by the VEE to house the evidence provided to the site team will be at the discretion of each VEE and consistent with the security requirements of the University. It should be easy to navigate, easy to access and straightforward for the VEE to maintain over the duration of the visit.

2.2 Availability (duration)

When VEEs are notified of an accreditation visit, they will be invited to assemble the evidence in their VEE repository, by the due date nominated by AVBC (12 weeks prior to the visit). See the suggested schedule in Appendix 1 of the *AVBC Accreditation Process for Veterinary Programs*.

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.

It is anticipated that, from 2025, VEEs will also be requested to provide annual reporting data in an online repository. Access will need to be made available to relevant AVBC staff, VSAAC members and the AVBC Chair on request. Further details will be provided by November 2024.

2.3 Accessibility and testing

One of the issues that has arisen on site visits in the past, where VEE-hosted platforms have been used, is difficulty with access because of some form of incompatibility with the VEE's or the visitors' computer systems. To avoid unnecessary delays in the site team's access to data, it will be necessary for the VEE to test site team access to their evidence repository, at least 2 weeks ahead of the team being given formal access. The platform used should be accessible and continuously available to all site visitors without the requirement to purchase additional software.

All those accessing the repository, including members of the site team and support staff, will have completed confidentiality agreements, precluding disclosure of any information provided through the repository. Site team members are actively discouraged from downloading material onto their computers and are required to remove all material associated with the visit from their computers, on completion of the final visit report.

If documents are reached through a password protected link, please ensure visitors receive password access.

The VEE must ensure ongoing technical support is available for access prior to, and throughout, the site visit.

3. Guiding principles

3.1 A Table of Evidence and the visit report

The site team will use a Table of Evidence for the AVBC's Accreditation Standards as a template to check the information provided by the VEE in the repository (see Appendix 3 of the *Accreditation Process* document). 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 site visit. The evidence provided before the visit will be triangulated with evidence of quality inputs, effective processes and evaluated outcomes, that is gathered during the visit.

The completed Table of Evidence forms the basis of the exit presentations to the VEE and the University and VSAAC's subsequent report and recommendations to the AVBC.

3.2 Careful curation and selection of evidence

For some standards, the choice of evidence provided by the VEE may be self-evident and straightforward. For others, the VEE will need to give careful consideration to the evidence chosen. It is not acceptable to flood the repository with multiple documents per standard. The VEE should provide no more than 3 items of "core" evidence documents for each standard. See 4.3 following.

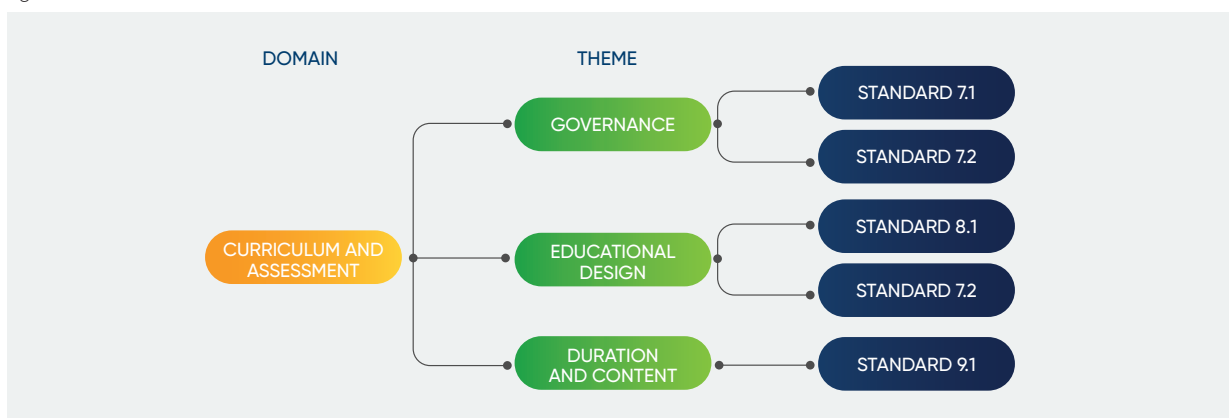
Where material can be accessed directly online weblinks should be provided, and checked by the VEE to ensure they are current.

4. Organising evidence on the repository

4.1 General structure

It is expected that the material will be organised in the repository, in a hierarchical fashion, to reflect the organisation of the AVBC Standards – that is, Domains, Themes and Standards (Figure 1).

Figure 1



During the standards review, close consideration was given to grouping of standards, to reduce overlap; there will always be many different ways in which they can be grouped.

In the first instance, when preparing and assembling the materials, a VEE may wish to use groupings that work best for its own particular structures and organisation. However, on the repository, materials should be organised as indicated in Figure 1.

4.2 Types of evidence

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.

Any additional information forwarded through an alternative medium (other than the repository) 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.

Guidance and examples of evidence that might be used to support AVBC Accreditation standards is provided in Appendix 1. These examples are not exhaustive nor prescriptive, as the selection of evidence will depend on the operation and delivery model of the VEE.

It is not essential to have 3 different evidence types (input, process, outcome) for each standard – however, wherever possible, outcomes evidence should be provided.

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

4.2.1 Inputs

Inputs are evidence of the VEE's policies etc that address the issue.

For example, Standard 12.4 requires that 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."*

In this case, inputs might include policies, information on WIL administrative support, academic oversight, academic requirements, learning outcomes, assessment requirements – all the inputs that give the WIL program structure and ensure that the WIL program works effectively.

In this instance, it is likely that the same evidence will be relevant to adjacent standards (12.1 – 12.5).

4.2.2 Processes

Continuing with the WIL example, processes might include evidence that there are processes in place and that they are working effectively, e.g. minutes from WIL group meetings to deal with complaints against WIL sites or against students, evidence that the VEE is regularly in contact with, and providing training to WIL providers, seeking their feedback, evidence that the VEE is tracking students' completion of WIL requirements prior to graduation etc.

4.2.3 Outcomes

Outcomes related to WIL might include collated, analysed student feedback on placement experiences, and evidence the VEE has taken action where there were issues identified; evidence of uptake of training by WIL providers who host a substantial proportion of students; evaluation of feedback from WIL providers of the program (including areas of deficiency and strength) and evidence the VEE has acted on these findings.

4.3 How much evidence?

Please limit the evidence to a maximum of **3 primary documents** per standard. **Please reference documents and page numbers** to help reviewers quickly find the key sections. Document names should be meaningful – with a prefix of the key standard number to which the evidence applies.

Secondary reference material may be provided but not more than 5 additional documents per standard.

Note this will be treated as supplementary only and the VEE should not assume that secondary material will be read and evaluated by the site team.

4.4 Commentary

4.4.1 Per Standard

In addition to the primary documents, VEEs are requested to provide a brief commentary, **per standard**, on the evidence provided (max 150 words). For example, consider offering a summary of the data, conclusions of analysis, reflections – and indicate how the evidence provided across the documents meets the standard. Use **key words** wherever possible to enhance searching.

If there is a lot to say (eg a report of attrition trends over time, by student enrolment, to show how the VEE has addressed low SES enrolments) then the detail should be provided in a report with an executive summary that would be uploaded.

4.4.2 Per Domain

Please also provide a 100-word summary of the VEE's suggestions for improvement across **each Domain**.

4.5 An indexed summary

Whilst the final design and 'look' of the repository will likely vary between VEEs, to ensure that the site team can effectively navigate the repository, it is critical that the VEE includes a summary index of the data provided.

For each standard, the index should indicate whether the evidence can be characterised as input, process or outcomes data. The use of **key words** throughout will facilitate searching across the index.

Figure 2 is an illustration of the type of information required in the index – the final presentation of the index will be for each VEE to determine.

Figure 2

Repository Evidence Type: I (input), P (process), O (Outcome)					
Standard	Supporting evidence #1	Type	Supporting evidence #2	Type	Supporting evidence #3
	Named with standard number, meaningful name and hyperlinked. Indicate page numbers where relevant.		Named with standard number, meaningful name and hyperlinked. Indicate page numbers where relevant.		Named with standard number, meaningful name and hyperlinked. Indicate page numbers where relevant.

Please provide hyperlinks to each of the documents cited – if a document applies across more than one domain, hyperlinks can each point to the same document – however, the specific page reference, table reference or context, may change. The site team will need to be advised the specific pages, table number, figures etc that address a particular standard.

4.6 Responding to past visit reports and annual reports

As was the case with the previous AVBC standards and the SER, VEEs are required to respond to the findings of the previous accreditation site visit and most recent annual reports, with updated advice and evidence to indicate actions taken. This information will also need to be provided on the repository and clearly identified.

5. Further information

The most recent *AVBC Accreditation Standards* and the *AVBC's Accreditation Process for Veterinary Programs* can be accessed on the AVBC website.

Both of these documents and this *Repository Guidance* document will be reviewed periodically. Please ensure that you are always accessing the current version(s).

Appendix 1: Examples of evidence to support AVBC Accreditation Standards

Standard		Repository evidence Type: I (Input), P (Process), O (Outcome)						Visit evidence Type: I (Input), P (Process), O (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
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	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	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)						Visit evidence Type: I (Input), P (Process), O (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
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	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	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 DTCs.	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					

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