

**European Association  
of Establishments for Veterinary Education**



**RE-VISITATION REPORT**

**To the Faculty of Veterinary Medicine and Animal Science, SLU, Uppsala**

**On 10-12 October 2018**

**By the Re-visitation Team:**

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### **Introduction**

The Faculty of Veterinary Medicine and Animal Sciences (VHF) was established in 2004 by a merger of the former Faculty of Veterinary Medicine and the animal science departments from the Faculty of Agriculture. VHF is part of the Swedish University of Agricultural Sciences (SLU). The Veterinary School dates back to 1775, when it was first established in Skara, from where it moved to Stockholm and finally to Uppsala in 1976.

The VHF recently moved into a new building, the Centre for Veterinary Medicine and Animal Science, which improved substantially the training and research facilities at SLU. The clinical training of the students is being carried out at the University Animal Hospital (UDS).

The Establishment was ESEVT-visited in 1997, 2007 and 2017.

Since the Visitation in 2007, the Establishment has introduced major changes in its structure, such as the founding of an independent University Animal Hospital (UDS) in 2007, largely financed by the SLU and reporting through the Vice-Chancellor of the SLU.

The VHF is part of the SLU, as presented in Fig. 1. VHF is the only educational Establishment for training veterinarians in Sweden. It can be seen in this figure that the UDS is independent from the VHF body, even though a vital part of the veterinary training is carried out there.

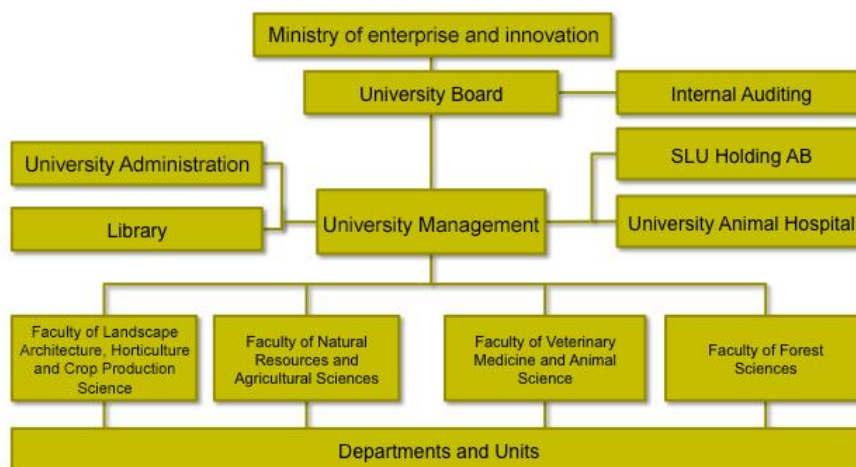


Figure 1. The place of the Veterinary Faculty within the SLU

## **FINAL REPORT AS ISSUED BY ECOVE ON 22 NOVEMBER 2018**

The Faculty of Veterinary Medicine and Animal Science (VHF) was visited (full Visitation) on the 25-29 September 2017 by the ESEVT in accordance with the ESEVT SOP 2016. During the Visitation, the ESEVT Visitation Team identified a number of deficiencies. Based on these observations, in November 2017 ECOVE concluded that three of these deficiencies were considered to be Major Deficiencies, leading to a Non-Accreditation status for the Establishment. The Major Deficiencies identified were:

1. The Establishment is not compliant with Standard 3 because of insufficient number of hours in practical training in Food Hygiene and Food Safety and absence of practical training in anaesthesiology.
2. The Establishment is not compliant with Standard 4 because of inappropriate isolation facilities for companion and food-producing animals.
3. The Establishment is not compliant with Standard 5 because of insufficient number of healthy and diseased companion animals and of cadavers in food-producing animals.

On an appeal by the Establishment, ECOVE unanimously decided to reclassify the relevant part of the Major Deficiency 1 as a Minor Deficiency: “The Establishment is partially compliant with Standard 3 because of insufficient number of hours in practical training in Food Hygiene and Food Safety”.

However, ECOVE dismissed the appeal regarding ‘*absence of practical training in anaesthesiology*’ so maintaining the **Major Deficiency**: “The Establishment is not compliant with Standard 3 because of absence of practical training in anaesthesiology”.

Furthermore, after the successful appeal, two Minor Deficiencies were recognised and listed by ECOVE:

1. Instructional integrity of the VTH resources does not take priority over financial self-sufficiency of clinical services operations (partial compliance with Standard 2).
2. The Establishment is partially compliant with Standard 3 because of insufficient number of hours in practical training in Food Hygiene and Food Safety.

The Revisitation Self Evaluation Report (R-SER) was well written, to the point and only needed to be clarified over a few points. All involved stakeholders were shown to have contributed to the R-SER.

Senior management from the SLU stated a need to address the Visitation Team separately in order to highlight the organisatory and financial difficulties of running the UDS independently from the VHF. All stakeholders reaffirmed their commitment to the education of veterinary students being a major priority and a shared responsibility.

The previous Visitation in 2017 made all of the above stakeholders aware that some changes were necessary, and in this Re-visitation the Team found widespread praise from the students for the implemented changes. Both hospital staff and Faculty staff seem to appreciate the new collaboration between VHF and UDS and the recognition of new possibilities in teaching, research, etc. that will flow from such collaboration.

The sharing of the professorship of Anaesthesiology between UDS and the Faculty is now seen as a model for further collaboration in other clinical subjects. The financial consequences of

sharing these positions between the Faculty and hospital (SLU) are not fully worked out, but all parties are dedicated to the process.

The implemented changes in the curriculum will only fully get into effect when students enter the clinical years in the 2020-2021 rotation. In the meantime the Faculty is working with an interim curriculum which will have implemented most of the changes indicated above. The description of the interim curriculum can be found in the R-SER.

Clinical education within veterinary medicine is not the sole responsibility of the Faculty and so a close collaboration between SLU, VHF and UDS will be necessary to overcome obstacles and to achieve clinical excellence.

## **1. Correction of the Major Deficiency 1**

1.1. Major Deficiency: *The Establishment is not compliant with Standard 3 because of absence of practical training in anaesthesiology.*

### 1.1.1. Findings

The lack of practical training in anaesthesiology has been addressed by the Establishment. In the first place the Establishment argues that the anaesthesia and analgesia practical education is included in their concept of “total teaching”. The R-SER sets out the different methods that the students experience during their practical exercises, both before and then throughout the clinical rotation year. The evidence within the R-SER includes and clarifies the practical exercises previously carried out, as well as the changes and additional teaching introduced after the 2017 ESEVT Visitation.

The lectures and practical trainings in anaesthesia and analgesia on dummies and cadavers are well defined as recognised by the original ESEVT Visitation Team. The emphasis on the Deficiency was due to insufficient coordination and follow-up of the practical teaching of anaesthesia on live animals (patients). In addition, there was no anaesthesiologist present in any of the clinics, nor the presence of any senior member of the clinical staff responsible for the adequate anaesthesia of the patients and delivering the teaching of anaesthesiology to the students.

This situation has now been well addressed by the Establishment. The professor of anaesthesiology has been assigned part-time (50%) to the University Hospital (UDS) to coordinate and participate in the practical training for students at both the SA and LA clinics. In addition, and crucially, two residents have been recruited to support and teach the students during their practical training. These residents are already working towards the European diplomate status in anaesthesiology.

The Establishment recognises the fact that some further training of students, especially in inhalation anaesthesia, is needed. The teaching and actual practical training of these Day One Competences is assured through accurate monitoring of the student logbooks, which are only signed by the anaesthesiology resident/professor if they have demonstrated sufficient practical skills.

#### 1.1.2. Comments

The introduction of the Professor of anaesthesiology, and the recruitment of two residents dedicated to the practical training of anaesthesiology into the University Hospital (UDS), has been recognised and appreciated by both students and the clinical staff working in UDS. This new development is leading to further research possibilities in connection with the clinics.

Both the faculty (VHF) and hospital (UDS) have realised that this sharing of staff between the two institutions is a very positive development, and are working towards a similar model for all professors and other staff that teach clinically relevant subjects.

#### 1.1.3. Suggestions

Evaluate the progress made at the revision of the Interim Report (IR) submitted by the Establishment in 2.5 years time, to assess the gains made in the anaesthesiology teaching.

#### 1.1.4. Decision

The Major Deficiency 1 has been fully corrected.

### **1. Correction of the Major Deficiency 2**

1.2. Major Deficiency: *The Establishment is not compliant with Standard 4 because of inappropriate isolation facilities for companion and food-producing animals.*

#### 1.2.1. Findings

The Small Animal isolation area within the UDS has a separate entrance to a number of rooms from the inside of the building and the outdoor area is surrounded by a high security fence. The Establishment does share the opinion that the fencing of the two outside cages within the SA isolation unit was insufficient, and as a result, these SA isolation unit cages have been surrounded by an extra locked fence. This new facility now ensures that neither humans nor animals are able to get into contact with isolated patients and this upgraded fencing has now brought the small animal isolation facilities up to the highest standards.

The understanding behind the original statement in the SER regarding isolation facilities for food-producing animals has now been elucidated. The wooden shed that was previously identified as an isolation unit, is **not** in fact an isolation unit; it is used only as a temporary housing for sheep during hands-on training for students with normal live animals.

The LA isolation unit is already in place and can be used when necessary for food-producing animals as well as for equines. It is located at the end of building 2 of the UDS, equipped with separate and airlocked entrances, eight separate stables, and for an isolation facility it is certainly of a high standard.

#### 1.2.2. Comments

The Establishment should ensure that there are up-to-date protocols in place for isolation of companion animals, equines and food-producing animals, and clear instructions on how to handle a potential outbreak of a contagious disease within the clinics.

#### 1.2.3. Suggestions

The isolation protocols for food-producing animals need to be updated. The ambition of the academic staff teaching within the area of food-producing animals for additional “sick”

ruminants to be admitted to the teaching hospital should be supported and adequate facilities for housing such patients within the existing buildings to be allocated and adapted if necessary.

#### 1.2.4. Decision

The Major Deficiency 2 has been fully corrected.

### **1. Correction of the Major Deficiency 3**

1.3. Major Deficiency: *The Establishment is not compliant with Standard 5 because of insufficient number of healthy and diseased companion animals and of cadavers in food-producing animals.*

#### 1.3.1. Findings

The findings of the ESEVT Visitation in 2017 focused mainly on insufficient diseased animals and cadavers in food-producing animals.

#### **Number of healthy companion animals**

There are currently 28 Beagle dogs and 15 horses owned by the Establishment and kept for clinical propaedeutics and animal handling courses. These animals are also used for practical exercises during the anatomy and physiology courses. In addition, when both the dogs and horses are not involved in timetabled teaching exercises, students can arrange to use them for non-invasive exercises on their own.

#### **Number of diseased companion animals**

The 2017 Visitation Report acknowledged the fact that there are sufficient clinical cases in both SA and LA, but felt that students were **not** always active participants in the workup of patients (Partial Compliance, Standard 5.5) in the SA Clinics. The ECOVE decision regarding the number of diseased companion animals also followed the relevant indicator (Indicator 8) showing a low value.

Until the new curriculum is fully implemented, an interim solution for the clinical rotation year is in place, which includes additional time spent in the SA Clinics. As a result, the R-SER clearly shows that the number of companion animals the students directly deal with during their clinical activities has now significantly increased and has resulted in an important rise of the Indicator 8 value, which is now 49.78 (minimal value 42.01).

#### **Number of cadavers from food-producing animals**

The situation during the ESEVT Visitation in 2017 was a reduction in cadavers from food-producing animals after the relocation of the pathology premises to VHF in the summer of 2014 and, as a result, the Standard 5 requirements could temporarily not be met. In addition, the fact that the pathology necropsy facility is closed for extended periods (holidays) during the year, does not help to increase the number of necropsies.

However, an increasingly good relationship with the ambulatory clinic and the teaching farm in Lövsta has resulted in more necropsies being brought to the pathology department. As a result, the Establishment has now increased the number of necropsies from food-producing animals, which has brought the ratio above the minimum required value. The Establishment has

also started the process of recruiting a senior poultry specialist, something that will positively affect the availability of necropsy materials from poultry.

The value of Indicator 18 is now 1.15 (minimal value 0.97).

#### 1.3.2. Comments

The Visiting Team verified the increase in the number of companion animals seen by students and their increased participation in the workup of these patients, backed up in conversations with students who were attending the clinics.

#### 1.3.3. Suggestions

Extended opening hours for the pathology department and extending the collaboration with external stakeholders to further increase the number of necropsies reaching the Establishment.

#### 1.3.4. Decision of the Visitation Team

The Major Deficiency 3 has been fully corrected

## **2. Correction of the Minor Deficiencies**

2.1. Minor Deficiency 1: *Instructional integrity of the VTH resources does not take priority over financial self-sufficiency of clinical services operations (partial compliance with Standard 2).*

#### 2.1.1. Findings

The Faculty of Veterinary Medicine (VHF) and the University Hospital (UDS) are the only ones in the whole of Sweden. Currently, the UDS is financially separated from the VHF and is under management of and directly responsible to the University itself (SLU).

The VHF, the UDS **and** the SLU senior management have reconfirmed that the clinical education of the veterinary students is not only their major priority but is also their shared responsibility.

The Establishment has recognised some of the difficulties between the separation of the VHF and the UDS, and is actively working towards a better integration. A major improvement is the developing principle behind sharing the employment of all clinical professors with UDS and giving them a part responsibility for the practical training of the students in their respective subjects (as already established with the professorship of Anaesthesiology).

Beside the integration of theoretical education and practical education, the employment of clinical professors within the UDS will benefit patient care and lift the profile of the UDS as a centre of excellence and knowledge within Sweden.

Over the last few years, the SLU has invested heavily in creating the excellent facility that UDS now clearly is, and is also continuing the financial support from the University for the UDS. The senior management at the SLU is now deeply engaged in developing a renewed co-operative culture between UDS and the VHF, which will overcome the deficiency outlined by the 2017 ESEVT Visitation Report.



### 2.1.2. Comments

The sharing of resources, staff and facilities has already led to a noticeable improvement in the clinical education of the students, noted by students, clinical staff at the hospital, the ambulatory service and the VHF itself. While the Re-Visitation Team was aware of the financial responsibilities and difficulties of running the hospital (UDS), it was pleased to see that all parties involved are working towards the common goal of providing the best education for students and providing the best care for patients.

The introduction of “shared responsibility” for Professors and other academic teaching staff is already initiating possibilities for increased collaborative research as a direct result of better access and collaboration between the UDS and the VHF.

A key individual in developing the shared responsibility between the SLU, the VHF and the UDS will be the senior process manager specifically appointed by the Vice-Chancellor and who started work on 1 October 2017.

### 2.1.3. Suggestions

It is important that VHF has an opportunity to influence the recruitment of veterinarians to UDS, especially in ensuring that important teaching tasks within the hospital, such as supervision of students and research projects, are given appropriate attention.

Further, such collaboration will benefit research and promote the UDS as the centre of veterinary clinical excellence in Sweden.

**2.2. Minor Deficiency 2: *The Establishment is partially compliant with Standard 3 because of insufficient number of hours in practical training in Food Hygiene and Food Safety.***

#### 2.2.1. Findings

The R-SER clearly outlines in some detail the exact number of hours spent by each student in the practical aspects of training in Food Hygiene and Food Safety. This practical training occurs in study years 4-5 as part of the clinical rotation year, and to be approved students are required to:

- independently conduct inspection before and after slaughter;
- assess and decide on the management of live animals;
- assess the use of meat and animal products in accordance with current regulations;
- perform simple inspection and review of slaughterhouses, in accordance with current legislation;
- work appropriately with regard to hygiene, infectious protection, occupational safety and animal welfare;
- attend and actively participate in the practical exercises at the slaughterhouse.

The Establishment has planned a 50% increase in the amount of time devoted to practical training in Food Hygiene and Food Safety in the new curriculum. The lack of hands-on education in poultry (due to geographical location of the slaughter plants) is compensated by video presentations. The intended recruitment of a poultry specialist into the Faculty (January 2019) will increase the training of students in the food production of avian origin.

#### 2.2.2. Comments

The staff involved in the practical training of Food Hygiene and Food Safety are very dedicated.



Besides the practical training in slaughterhouses, the staff also deliver case studies to prepare students for possible scenarios they might meet in this field.

Geographical difficulties limit the possibilities of visiting a multitude of different slaughterhouses, but this is compensated by the case studies and video presentations. In addition, the fact that students are working in small groups (3-5 students) makes this practical training much more efficient.

### 2.2.3. Suggestions

None.

## **3. ESEVT Indicators**

### 3.1. Findings

The indicator I-8 (the number of companion animals seen intra-murally) has now been recalculated and with the extra time allocated for students to spend at the University Hospital, it raises the indicator from 34.9 to 49.8 (well above the minimum required value of 42.01)

The indicator I-18 (the number of ruminant and pig necropsies seen by students graduating annually) has also been recalculated following the increased number of incoming necropsies, so raising the indicator from 0.933 to 1.149 (well above the minimum required value of 0.97).

### 3.2. Comments

None.

### 3.3. Suggestions

None.

## **4. Conclusions**

The 3 Major Deficiencies are considered fully corrected.

The Minor Deficiencies are either fully corrected or on the way to full correction in the long term.

## **FINAL REPORT AS ISSUED BY ECOVE ON 22 NOVEMBER 2018**

### **Decision of ECOVE**

The Committee concluded that the Major Deficiencies had been corrected.

The Faculty of Veterinary Medicine and Animal Science, Swedish University of Agricultural Sciences is therefore classified as holding the status of: **ACCREDITATION**.