REPORT OF EVALUATION
UNIVERSITY OF GLASGOW
SCHOOL of BIODIVERSITY, ONE HEALTH
and VETERINARY MEDICINE (SBOHVM)

Date of site visit          October 24-27, 2022
Site Team                  Dr. Andrew Parks, Co-Chair, COE Site Visitor
                           Dr. Cheryl Scudamore, Co-Chair, RCVS Site Visitor
                           Dr. John Weale, COE Site Visitor
                           Dr. Alex Berry, RCVS Site Visitor
                           Prof. Glen Coleman, AVBC Site Visitor
Observer                   Dr. Norman LaFaunce, COE
Staff                       Dr. Karen Martens Brandt, AVMA-COE
                           Ms. Claire Holliday, RCVS
                           Mr. Kieran Thacker, RCVS

PRINCIPAL UNIVERSITY ADMINISTRATIVE OFFICERS

Vice-Chancellor and Principal    Prof. Sir Anton Muscatelli
Vice-Principal and Head of College of Medical, Veterinary & Life Sciences
Head of School, SBOHVM

Prof. Iain McInnes
Prof. Ewan Cameron
Site visit: University of Glasgow, School of Biodiversity, One Health, and Veterinary Medicine
THE STANDARDS OF ACCREDITATION
Report of Evaluation – Verification Visit

This was a joint AVBC/AVMA/RCVS verification visit as a follow-up to the joint visitation that occurred on March 7-12, 2021.

The purpose of the verification visit was to tour the facilities that were reviewed via video and still photographs during the virtual site visit. The site team toured on-campus facilities and the Cochno Farm & Research Centre. In addition, the site team held meetings to address Standards 4 Clinical Resources and 11 Outcomes Assessment.

The Standards reviewed in this report are Standard 3 Physical Facilities and Equipment, Standard 4 Clinical Resources, and Standard 11 Outcomes Assessment. The site team also added comments regarding Standard 6 Students, and how the School has addressed the learning environment in the clinics.
### Standard 3, Physical Facilities and Equipment

<table>
<thead>
<tr>
<th>Classrooms, teaching laboratories, teaching hospitals, which may include but are not limited to ambulatory/field service vehicles, seminar rooms, and other teaching spaces shall be clean, maintained in good repair, and adequate in number, size, and equipment for the instructional purposes intended and the number of students enrolled.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative and faculty offices and research laboratories must be sufficient for the needs of the faculty and staff.</td>
</tr>
<tr>
<td>An accredited college must maintain an on-campus veterinary teaching hospital(s), or have formal affiliation with one or more off-campus veterinary hospitals used for teaching. Appropriate diagnostic and therapeutic service components including but not limited to pharmacy, diagnostic imaging, diagnostic support services, isolation facilities, intensive/critical care, ambulatory/field service vehicles, and necropsy facilities to support the teaching hospital(s) or facilities must be provided to support the teaching hospital(s) or facilities with operational policies and procedures posted in appropriate places.</td>
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**Intent:** Colleges must have adequate and appropriate physical facilities to facilitate interaction among administration, faculty and students. The physical facilities must meet legal standards and be safe, well maintained, and adequately equipped. Colleges must demonstrate compliance with relevant institutional practices and the American Disabilities Act to provide appropriate access to learning and clinical facilities for students with disabilities.

**What to look for:**

Evidence that all aspects of the physical facilities provide an appropriate learning environment for the number of students enrolled, including students with disabilities. Effective biosecurity and safety measures are in place and regularly monitored.

Classrooms, teaching laboratories, teaching hospitals, which may include but are not limited to ambulatory/field services vehicles, seminar rooms, and other teaching spaces are:

- **Clean and well maintained**
  - Y MD N
  - ☒ ☐ ☐

- **Adequate in number, size, and equipment for the instructional purposes intended**
  - Y MD N
  - ☒ ☐ ☐

- **Adequate in number, size, and equipment for the number of students enrolled.**
  - Y MD N
  - ☒ ☐ ☐

- **Administrative and faculty offices and research laboratories are sufficient for the needs of faculty and staff.**
  - Y MD N
  - ☒ ☐ ☐
Adequate on-campus veterinary teaching hospital(s), or formal affiliation with one or more adequate off-campus veterinary hospitals are provided for teaching.

Diagnostic and therapeutic service components, including but not limited to the following are available that reflect contemporary standards and provide an adequate learning environment:

- Pharmacy
- Diagnostic imaging
- Diagnostic support services
- Isolation facilities
- Intensive/critical care
- Ambulatory/field service vehicles
- Necropsy facilities.

Effective college and/or institutional biosecurity officer/committee and safety officers responsible for clinical and research facilities in place.

Evidence that building materials, especially flooring and wall surfaces are in good repair, promote animal and personnel safety, and can be adequately disinfected for infectious disease control.

Operational policies and procedures are posted in appropriate places.

Protocols (SOP's) for Isolation units or other biosecurity areas are posted or readily accessible.

If Isolation units do not have separate external entrances, appropriate protocols for admission of isolation patients are in place.
Evidence of appropriate controlled substance management and auditing in the hospital pharmacy, at distributed dispensing sites in clinical facilities and in ambulatory facilities, including policies related to student access to/use of controlled substances.

Evidence of safe handling of chemotherapeutic/cytotoxic drugs.

Evidence of regular monitoring of radiation safety.

Evidence of regular monitoring (at least annually) of formaldehyde levels in anatomy laboratories and compliance with OSHA or other state regulations.

Evidence that learning and clinical facilities are accessible to disabled students.

**Comments:**

The facilities at the School of Biodiversity, One Health and Veterinary Medicine Garscube campus and the University farm at Cochno were assessed during the verification visit. Distributed sites were not assessed during this visit following satisfactory review by the AVMA COE/RCVS at the previous virtual visit.

Facilities were generally considered adequate for teaching current student numbers with sufficient space for the current class teaching group sizes.

The facilities in the main teaching complex on campus including the Mary Stewart building, James Herriot Library, Clinical Skills facility, associated lecture theatres and computer clusters were all adequate for teaching students and well maintained.

Students are provided with individual lockers but there is on-going consultation with students to discuss a potential move to use of lockers on demand.

The Small Animal Hospital is relatively new and provides excellent facilities for referral cases and a recently introduced primary care practice. The hospital includes diagnostic imaging, pharmacy and critical care facilities. Small animal isolation facilities are well controlled with one room for an individual animal and a second room with housing for up to 5 animals.

The equine hospital is well equipped but there was evidence of wear and tear to the facility e.g., in the outpatient examination room the wood at front of stocks is worn and the rubber floor is lifting (See GLA-EQ-VTH.pdf slides 2, 3, & 4), in the ICU stall the concrete floor is showing signs of wear and other areas of wood in the facility are showing surface damage limiting their ability to be effectively disinfected.
The post-mortem room facility is dated, small and reaching the end of its serviceable lifespan. The facilities for disinfection and decontamination after leaving the post-mortem room are inadequate with four small hand wash sinks which are accessed prior to removal of student boots and overalls. There are limited facilities for staff or student changing and no facility for showering. At the time of the visit the egress footbath was out of order, one of the taps for hand wash sinks was not working and there was evidence of probable water damage to the cladding on a wall in the service passageway between the footbaths.

The site for the planned new post-mortem facility has been found to be unsuitable. A new site has been identified but this additionally requires relocation of the large animal isolation facilities and exercise arena. The identification of a new site and changes in building requirements have resulted in a delay in the project and increase in cost.

During the visit health and safety documentation and SOPs were examined. A number of paper SOPs in the SAH were found not to have been reviewed recently and/or had not been updated from those on the central database. There was a general lack of clarity and consistency in the process for regular review and auditing of SOPs and other health and safety documentation.

Radiation monitoring is required for all staff in the hospitals and for students in the equine facility involved in radiography. In the SAH and clinical studies facilities students are not exposed to X rays and are therefore not routinely monitored.

Disability access is not currently available to all teaching areas although accommodations are made for students on a case-by-case basis in accordance with university guidelines. There are plans in progress to implement some improvements in access to teaching areas which are currently inaccessible due to stair only access.

Examples of minutes from review meetings with distributed sites were received along with a log of feedback and actions indicating a more coordinated effort to collate feedback from student placements at these sites.

**Dean’s Comments:**

The comments above are factually accurate.

**Re Equine hospital**

The School has already started to liaise with the University Estates department to remedy any wooden structures showing signs of wear and tear and render all surfaces suitable for appropriate disinfection procedures. The School also notes the comments on the flooring and suitable repairs have been prioritised.

**Re Interim PM Facility**

The School notes the comments on the current post mortem room and has communicated the need for an estates project to enhance levels of biosecurity until the new facility is
commissioned. This project will look at appropriate modifications to the current building and standard operating procedures within the current facility to enhance biosecurity controls.

Re Health & Safety Documentation

As stated in the response to full virtual visitation report the School has instituted a formal annual report from the Health and Safety committee and an annual meeting between the School Executive and the Health and Safety Committee to review and discuss the findings of the report. Such a report will serve as a checklist that all safety reviews have been conducted according to a standard predetermined schedule and will include a record of completed actions.

Deficiencies (Minor):

All aspects of the physical facilities must provide an appropriate learning environment. Safety of personnel and animals must be a high priority. Classrooms, teaching laboratories, teaching hospitals, which may include but are not limited to ambulatory/field service vehicles, seminar rooms, and other teaching spaces shall be clean, maintained in good repair, and adequate in number, size, and equipment for the instructional purposes intended and the number of students enrolled.

Directives:

Floors and surfaces in the equine facilities must allow for cleaning and disinfection.

Students and staff must be able to safely decontaminate themselves on exit from the post-mortem room.

Suggestions:

The School is encouraged to ensure meaningful progress is demonstrated in development of the new post-mortem facilities.

The School is encouraged to explore the provision of turn out space for teaching horses.

Additional Reporting:

The School must continue to update the accrediting agencies on further changes to the timeline for construction of the new post-mortem facility as well as the new large animal isolation facilities and equine exercise arena.

Facilities for the housing of animals used for teaching and research shall be sufficient in number, properly constructed, and maintained in a manner consistent with accepted animal welfare standards. Adequate teaching, laboratory, research, and clinical equipment must be available for examination, diagnosis, and treatment of all animals used by the college.

Intent: Teaching and research animals must be maintained and cared for in accordance with the accepted animal welfare standards including the Animal Welfare Act.

Accreditation Policies and Procedures of the AVMA Council on Education May 2018, revised December 2018
Australasian Veterinary Boards Council, Inc. Accreditation Standards, Version 7, December 2019
RCVS standards and procedures for the accreditation of veterinary degrees, November 2017
What to look for: Evidence that the housing and care provided for teaching and research animals is consistent with the Animal Welfare Act and other accepted animal welfare standards, for example, an appropriately functioning Institutional Animal Care and Use Committee (IACUC) is in place, favorable USDA inspection reports, and AAALAC accreditation (not required). Evidence that the college/institutional biosecurity/safety committee is appropriately structured and functions effectively are covered in 3.7 above.

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<thead>
<tr>
<th>What to look for</th>
<th>Y</th>
<th>MD</th>
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<tbody>
<tr>
<td>Housing for teaching and research animals provides sufficient space that is properly constructed and maintained in accordance with accepted animal welfare standards.</td>
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<tr>
<td>Adequate teaching, laboratory, research, and clinical equipment are available for examination, diagnosis, and treatment of all animals used by the college.</td>
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<tr>
<td>Adequate safety and facilities management plans are in place and followed.</td>
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**Comments:**

Housing for farm animals and equines maintained for teaching were considered adequate for the welfare of the animals. Research animals are housed in accordance with UK legislation.

The horses used for animal handling classes have no external area to allow them to be turned out on a regular basis, although they are rested at pasture outside of teaching terms.

Broken concrete driveways at the Cochno farm were noted but are scheduled for replacement in the near future.

**Dean’s Comments:**
The comments above are factually accurate.

**Overall, can the college be said to be in compliance with Standard 3?**

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**Supplemental Information Cited:**

GLA-EQ-VTH.pdf
Standard 4, Clinical Resources

Normal and diseased animals of various domestic and exotic species must be available for instructional purposes, either as clinical patients or provided by the institution. While precise numbers are not specified, in-hospital patients and outpatients including field service/ambulatory and herd health/production medicine programs are required to provide the necessary quantity and quality of clinical instruction. The program must be able to demonstrate, using its assessment of clinical competency outcomes data, that the clinical resources are sufficient to achieve the stated educational goals and mission.

It is essential that a diverse and sufficient number of surgical and medical patients be available during an on-campus clinical activity for students’ clinical educational experience. Experience can include exposure to clinical education at off-campus sites, provided the college reviews these clinical experiences and educational outcomes. Further, such clinical experiences should occur in a setting that provides access to subject matter experts, reference resources, modern and complete clinical laboratories, advanced diagnostic instrumentation and ready confirmation (including necropsy). Such examples could include a contractual arrangement with nearby practitioners who serve as adjunct faculty members and off-campus field practice centers. The teaching hospital(s) shall provide nursing care and instruction in nursing procedures. A supervised field service and/or ambulatory program must be maintained in which students are offered multiple opportunities to obtain clinical experience under field conditions. Under all situations students must be active participants in the workup of the patient, including physical diagnosis and diagnostic problem-oriented decision making.

Intent: The clinical resources available through the veterinary college should be sufficient to ensure the breadth and quality of outpatient and inpatient teaching. These resources include adequate numbers and types of patients (e.g., species, physiologic status, intended use) and physical resources in appropriate learning environments.

What to look for: Documentation and analysis of caseload in the Teaching Hospital, Ambulatory/Field Service, Herd/Flock Programs, and Off-campus Facilities for the past five years; Analysis must demonstrate the availability of adequate, sustainable numbers of diseased animals to fulfill the teaching, research, and service mission. The number and variety of normal animals must be consistent with student enrollment. Assess the college response to increasing/decreasing medical resources and efforts to maximize the teaching value of each case across the curriculum. Core off-campus clinical sites must provide an appropriate learning environment.

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<thead>
<tr>
<th></th>
<th>Y</th>
<th>MD</th>
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<tr>
<td>There are adequate numbers of normal and diseased animals; analysis of five-year caseload data is consistent with student enrollment</td>
<td>☒</td>
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<tr>
<td>There is an adequate mix of domestic and exotic animal species.</td>
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<tr>
<td>There are adequate numbers of in-hospital patients and outpatients.</td>
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</table>
There is adequate access to a reasonable number of surgical and medical patients.  Y MD N

There are adequate number of patients available for instructional purposes, either as clinical patients or provided by the institution. Y MD N

Core off-campus clinical experiences occur in settings/field practice centers that provide:

Core off-campus clinical sites were assessed during the virtual visit and not requested to be reviewed by any agency. Y MD N

- Consistent and appropriate access to subject matter expertise
- Adequate reference resources
- Access to modern and complete clinical laboratories
- Sufficient access to advanced diagnostic instrumentation and ready confirmation (including necropsy)
- Appropriate numbers of adjunct faculty members.

Students have multiple opportunities to obtain clinical experience under field conditions.  Y MD N

Students are active participants in the workup of the patient including physical diagnosis and diagnostic problem-oriented decision making and client communication. Y MD N

Comments:

Overall, the clinical caseload for horses, food animals, cats and dogs are adequate for clinical instruction.

Small animal clinical instruction is delivered through the Small Animal Hospital for referrals; a new Primary Care Clinic/Rotation, also through the Small Animal Hospital, having a soft start in August 22 (minimal advertising) and will undergo further development. Currently 3 veterinarians are employed with plans to increase veterinarians as case load improves. Further small animal instruction is provided off-site through the PDSA, Scottish SPCA, and a dermatology referral practice.
The equine caseload through the Weipers Equine Hospital has decreased over recent years, but the SBOHVM is in the process of recruiting three equine clinicians (surgeons). The equine primary care caseload is provided through the SBOHVM’s ambulatory service (3 veterinarians) and two contracted private practices (Clyde Veterinary Group and MBM Veterinary Group).

Healthy animals, beef, dairy, and sheep are available for instruction at Cochno farm. The SBOHVM Hospital food animal caseload is primarily cattle and sheep. The SBOHVM purchases or receives diseased, donated food animals into the Galloway Building, but does not receive individual client owned clinical cases. All animals are used for instruction by students. Animals that are considered to have a poor prognosis are examined by students and then euthanized and used for post-mortem instruction. Those that have a good/fair prognosis are examined and treated by the students under staff supervision and a number retained for further instruction for a variable time, but eventually all animals that enter the Galloway building are used for post-mortem instruction. The SBOHVM also has an ambulatory service for production medicine and visits off site farms (Cochno, Meldrum, Rossiebank, and Kaimhill farms). The SBOHVM also contracts with the Clyde Veterinary Group to provide students the opportunity to participate in individual food animal primary care as well as production medicine.

The School maintains three cats, several guinea pigs, rats, and rabbits, for teaching handling and clinical skills, and staff owned ferrets are also available. Staff owned dogs are available for instruction. Four university owned horses are available for handling and also used as blood donors. Caged pet mammals and birds are seen through the Small Animal Hospital.

All animal use is reviewed by appropriate animal welfare committees.

Based on the number of necropsies reported in the 2021 SER, the number of canine, feline, and equine necropsies decreased 48, 36, and 33 percent respectively between 2015 and 2019. However, based on the numbers supplied in the RCVS 2021 Annual Monitoring Report (see table below), the numbers have further decreased indicating overall decreases of 55% for dogs, 66% for cats, and 36% for horses between 2015 and 2021.

<table>
<thead>
<tr>
<th>Species</th>
<th>Number of necropsies undertaken</th>
<th>Estimated % of these necropsies observed by or undertaken by veterinary undergraduate students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food-producing animals:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cattle</td>
<td>196</td>
<td>92%</td>
</tr>
<tr>
<td>Small ruminants</td>
<td>215</td>
<td></td>
</tr>
<tr>
<td>Pigs</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Other farm animals</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Poultry</td>
<td>16</td>
<td>81%</td>
</tr>
<tr>
<td>Equine</td>
<td>19</td>
<td>84%</td>
</tr>
<tr>
<td>Dogs</td>
<td>103</td>
<td>74%</td>
</tr>
<tr>
<td>Cats</td>
<td>36</td>
<td>80%</td>
</tr>
<tr>
<td>Rabbits</td>
<td>10</td>
<td>78%</td>
</tr>
<tr>
<td>Other/exotic</td>
<td>40</td>
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</table>
Small animal cadavers are obtained for clinical instruction and necropsy from the SSPCA. The School recognizes the value of obtaining more and is currently exploring a memorial program to increase the number.

**Dean’s Comments:**

The sentence *Small animal cadavers are obtained for clinical instruction and necropsy from the SSPCA* should read *Small animal cadavers are obtained for clinical instruction and necropsy from the SSPCA.* Cadavers from the Scottish SPCA are only used for clinical instruction.

Although the data shows a decrease in equine caseload last year, with the exception of the pandemic ‘year’, the recent trend in caseload has been upward.

In relation to Equine clinical resources, the report states that there are: ‘two contracted private practices (Clyde Veterinary Group and MBM Veterinary Group)’ for Equine. In fact there are three (we also have Avondale) although at any one time we will only have students placed in 2 of the 3.

All other comments are factually accurate.

**Site Team’s Assessment:**

The site team appreciates the correction provided by the Head of School regarding the SSPCA.

The Avondale practice was not listed in the self-study/SER or mentioned in the addendum. The team was provided with MOU’s for both the Clyde Veterinary Group and MBM Veterinary Group, but not Avondale.

**Suggestions:**

The School is encouraged to continue the development of the Small Animal Primary Care Practice to enhance student’s day-one skills, including surgery.

The School is encouraged to identify opportunities to increase the post-mortem caseload of cats, dogs, and horses.

The School is encouraged to explore opportunities to obtain more small animal cadavers for anatomy, clinical skills, and post-mortem instruction.

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**Medical records must be comprehensive and maintained in an effective retrieval system to efficiently support the teaching, research, and service programs of the college.**

*Intent:* Comprehensive, retrievable medical records are an essential instructional resource for student learning and fulfillment of the research and service mission. Although not specifically mentioned in the P&P, it is understood that the medical records include the record keeping and tracking of controlled substances. This is considered under pharmacy in Standard 3 but should be documented within this standard as well.
What to look for: Evidence of effective, retrievable medical recordkeeping across clinical service areas.

A comprehensive medical records system is maintained and kept in an effective retrieval system for major species. *Medical Records were assessed during the virtual site visit.*

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<tr>
<th>Y</th>
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Comments:

Medical records were reviewed during the virtual visit and determined to be appropriate.

Dean’s Comments:

The comment above is factually accurate.

Overall, can the college be said to be in compliance with Standard 4?

<table>
<thead>
<tr>
<th>YES</th>
<th>MD</th>
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</table>

AVMA Standard 11, Outcomes Assessment

Outcomes of the veterinary medical degree program must be measured, analyzed, and considered to improve the program. New graduates must have the basic scientific knowledge, skills, and values to provide entry-level health care, independently, at the time of graduation. Student achievement must be included in outcome assessment. Processes must be in place to remediate students who do not demonstrate competence in one or more of the nine competencies.

The college should have in place a system to gather outcomes data on recent graduates to ensure that the competencies and learning objectives in the program result in relevant entry level competencies.

The college must have processes in place whereby students are observed and assessed formatively and summatively, with timely documentation to assure accuracy of the assessment for having attained each of the following competencies:

1. comprehensive patient diagnosis (problem solving skills), appropriate use of diagnostic testing, and record management
2. comprehensive treatment planning including patient referral when indicated
3. anesthesia and pain management, patient welfare
4. basic surgery skills and case management
5. basic medicine skills and case management
6. emergency and intensive care case management
7. understanding of health promotion, and biosecurity, prevention and control of disease including zoonoses and principles of food safety
8. ethical and professional conduct; communication skills including those that demonstrate an understanding and sensitivity to how clients’ diversity and individual circumstance can impact health care
9. critical analysis of new information and research findings relevant to veterinary medicine

The Council on Education expects that 80% or more of each college’s graduating senior students sitting for the NAVLE will have passed at the time of graduation.*

*The Council will calculate a 95% exact binomial confidence interval for the NAVLE scores for colleges whose NAVLE pass rate falls below 80%. Colleges with an upper limit of an exact 95% binomial confidence interval less than 85% for two successive years will be placed on Probationary Accreditation. Colleges with an upper limit of an exact 95% binomial confidence level less than 85% for four successive years will, for cause, be placed on Terminal Accreditation.

Intent:

Outcomes of the DVM program must be measured, analyzed, and acted upon, as needed, to maintain compliance with the standards of accreditation and promote continuous program improvement.
What to look for:

Student achievement during the pre-clinical and clinical curriculum and after graduation must be included in outcome assessment. Evidence produced through outcomes assessment data collection and analysis must demonstrate that new graduates have the basic scientific knowledge, skills, and values to provide entry-level health care, independently, at the time of graduation.

Learning objectives for each of the nine listed competencies and a summary of the analysis of evidence-based data collected for each of the nine competencies must demonstrate graduates are prepared for entry-level practice. Evidence that there is a process to provide remediation for those students who have not demonstrated competence in one or more of the nine competencies. Evidence of student learning outcomes for the nine clinical competencies must be obtained and that students are observed and assessed formatively and summatively. Evidence that outcomes assessment results have been used to improve the curriculum are required for compliance.

Outcome assessment includes evidence of student achievement during the:

- Pre-clinical years
- Clinical years
- After graduation.

Outcome assessment includes evidence that students and graduates at the time of graduation, have:

- The program’s stated learning outcomes
- Basic scientific knowledge
- Entry-level clinical skills
- Values to provide entry-level health care independently.
Direct and indirect evidence exists for student competency in:

Comprehensive patient diagnosis (problem solving skills)

Appropriate use of clinical laboratory testing

Record management

Comprehensive treatment planning including patient referral when indicated

Patient welfare

Anesthesia and pain management

Basic surgery skills, experience, case management

Basic medicine skills, experience, case management

Emergency and intensive care case management

Health promotion, disease prevention/biosecurity

Zoonoses and food safety

Client communications

Ethical conduct

Communication skills including those that demonstrate and understanding and sensitivity to how clients’ diversity and individual circumstance can impact health care
Critical analysis of new information and research findings relevant to veterinary medicine.  

Evidence that students have been assessed formatively and summatively.  
Evidence of a process for remediation of students who have not demonstrated attainment of each of the clinical competencies.  
Evidence of plan to reverse negative trend(s) if and when necessary  
Adequacy of NAVLE School Score Report within expected range of NAVLE passing percentages.  
If applicable, adequate explanation and corrective remediation measures for decrease in in NAVLE passing percentages.  
Evidence of assessments of educational preparedness and employment satisfaction of:  
Graduating seniors  
Alumni at some post-graduation point.  
Employers of graduates  
Program Outcomes:  
Five-year trends in student attrition rates within reason.  
If applicable, adequate explanation and corrective remediation measures for increase in student attrition rates.  
Five-year trends in one-year post-graduation employment rates.  
If applicable, adequate explanation and corrective remediation measures for decrease in employment rates.  
Evidence of assessments of faculty, instructors, interns, residents.  
Evidence of assessments of adequacy of clinical resources, facilities and equipment.
Institutional Outcomes:

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
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<tbody>
<tr>
<td>Evidence of evaluation of college progress</td>
<td>☒</td>
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<tr>
<td>Adequacy of resources and organizational structure to meet the</td>
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<tr>
<td>educational purposes</td>
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<td>Appropriateness of outcomes assessed that are meaningful for the</td>
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<tr>
<td>overall educational process</td>
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<tr>
<td>Evidence that outcome findings are used by the college to improve</td>
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<tr>
<td>the educational program</td>
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Comments:

The design of the new curriculum was such that a student could potentially gain passing grades for knowledge and understanding in BVMS3 and BVMS4 without actually passing the veterinary public health components of those exams. Since the 2021 visit, the School has reviewed assessment related to veterinary public health and food safety. Students must now pass the practical spot exam focused on Food Safety and Public Health in order to receive a passing grade in BVMS4. In addition, two new compulsory “must pass” assessments have been introduced into the final year of the program: Public Health Portfolio asset and an abattoir scenario assignment.

At the verification visit, the School reported to the site team that student visits to food business operators would resume in January 2023, and students would attend either a red meat or white meat abattoir. Some learning activities introduced during the pandemic will continue including:

- Student use of the 3D Occulus at the School, followed by a discussion with the relevant session lead.
- Practical activity on stunning and killing of food producing animals (emergency slaughter practical in pathology room with cadaver specimens).
- 2D deer slaughterhouse (self-directed activity)

The School has processes in place to observe and assess formatively and summatively, student attainment of each of the nine competencies.

Since the 2021 visit, the School has introduced opportunities for students to be given mid-rotation formative feedback in all rotations, though how this is structured and delivered to students varies between rotations. The timing of the mid-rotation feedback also differs between rotations but the school expects students to have time to remediate any issues before the end of a rotation. There are either timetabled opportunities for verbal feedback or mid-rotation written feedback is given. The written mid-rotation feedback is captured within the School’s wider feedback system. Conversations with both staff and students showed a good level of engagement with the goal of providing mid-rotation feedback, and a recognition of its value to the student learning experience, however it also showed that such feedback is not always given.
End of rotation feedback is recorded and collated via the School’s feedback system, with a goal that feedback for rotations is available to students 1 week after finishing the rotation, and the percentage of feedback given by this deadline is recorded and monitored as part of the school's QA procedures. Whilst the great majority of end of rotation feedback is given by the deadline, some rotation areas have a significantly lower percentage of feedback given by this time. Several rotations also delivered a substantially lower proportion of feedback by the 1 week deadline following block 5 rotations, and explanations for this included issues such as staffing disruption (difficulty recruiting, or new recruits who took time to learn the University’s systems).

Dean’s Comments:
The comments above are factually accurate.

Overall, can the college be said to be in compliance with Standard 11?

YES MD NO ☒ ☐ ☐

Click here to enter text.
STANDARD 6

In March 2021, the site team received a number of comments regarding a positive working environment during rotations. However, the 2018 Septennial review of the BVMS flagged a concern regarding a negative learning environment in the small animal hospital and the site team also received comments from more than one source, that some students experienced negative comments and disrespectful treatment in the small animal specialty services rotations and a similar concern was expressed about the equine hospital rotations. The commenters perceived that there was limited response by the school to these comments. The site team recommended the School review the clinical learning environment and the processes to respond to concerns.

At the verification visit, the School provided evidence of considerable work to improve the clinical learning environment. An ‘away day’ was held with staff from the Small Animal Hospital devoted to this topic. A learning environment working group has been established and recommendations arising from the group are being implemented. These include appointment of six Learning Environment Champions within clinics who serve as points of contact for students and work with students to help improve this aspect of clinical training. A role description for these champions was provided to the site team. In addition, a question on the learning environment has been included in student evaluation surveys of courses.
CLASSIFICATION OF ACCREDITATION

The University of Glasgow School of Biodiversity, One Health, and Veterinary Medicine is granted Accredited status with a minor deficiency in Standard 3 Physical Facilities and Equipment.