

**European Association  
of Establishments for Veterinary Education**

**Association Européenne  
des Établissements d'Enseignement Vétérinaire**



**QA VISITATION REPORT**

**To the VETERINARY FACULTY OF THE CEU-UCH OF VALENCIA, SPAIN**

**On 2-5 October 2017**

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## **Introduction**

The Faculty of Veterinary Medicine is part of CEU Cardenal Herrera University, which in turn is part of the San Pablo CEU University Foundation. The San Pablo CEU University Foundation is a non-profit organisation and with its 25 teaching centres (including the three universities) forms the largest private-sector university in Spain. The Trust is the main decision-making body of the San Pablo CEU University Foundation.

The CEU Cardenal Herrera University is almost 50-years old and the first public service, private-sector university in the Autonomous Community of Valencia. It is organised into a Higher School and four faculties, including the Faculty of Veterinary Medicine. The degree in Veterinary Science was introduced in 1996.

The degree in Veterinary Science is the most international degree of the university and the only veterinary degree in Spain that offers options for studying in Spanish, English or French. For the academic year 2016/17 the total number of degree students was 1159, postgraduate students 87 and PhD students 27.

The previous full ESEVT visitation took place in November in 2016. The ECOVE final decision in May 2017 was “non-approval” with four major and several minor deficiencies. The current QA visitation was undertaken at the request of the Establishment at the same time as the revisit.

## **1. Outcome Assessment and Quality Assurance**

The Internal Quality Guarantee System (SGIC) of the CEU Cardenal Herrera University is applied at the Establishment and all information about it is publicly available on the internet. The design of this quality system is accredited by the National Agency for the Assessment of Quality, a member of ENQA. The basic objective of SGIC is to guarantee the quality of the degrees. It ensures the transparency within the European Higher Education Area, introduces strategies for continuous improvement, and works to pass the successive accreditation processes of the degrees. The Commission for the Assessment of Quality (CECU) at the University assists the Governing Council in tasks related to the SGIC. It nominates Quality Commissions in each faculty, oversees processes and gathers information. The Quality Guarantee Commission (CGC) for each centre works with the SGIC. The Assessment Council acts as a link between the University and society.

The SGIC is complemented at the Establishment level by the quality systems for the Secretariat of the Faculty and for the Veterinary Clinic Hospital. These hold a certificate of accreditation based on Standard ISO 9001.

Students, staff and external stakeholders participate in the internal quality guarantee system of the Establishment. One student is elected each year by his/her peers to the Faculty Council and to the Veterinary Science Quality Guarantee Commission (CGC), which is the body managing and controlling the quality of the qualifications. The class delegates are the point of contact in relation to academic organisation and class groups have a lecturer who coordinates relations between the management and the students.

Students are able to express their level of satisfaction via surveys regarding the lecturers and regarding the educational programme. Both of these are anonymous, electronic surveys and their results are communicated to students, teachers and management of the Establishment in appropriate ways. An electronic suggestion box is available for students.

A representative of the teaching and research staff is a member in the Faculty Council and CGC. A Department Director represents the staff in the Governing Council of the University. There is also one member representing the Administrative and service staff in the Faculty Council and CGC. Proposals of the staff regarding the educational program are collected via formal meetings and surveys.

Professional veterinarians and professionals from institutional and academic veterinary science fields are included in the Qualification Consultative Commission, which is the body responsible for gathering and analysing the proposals for improving the curriculum design. Professional veterinarians who take students to External Practical Training (EPT) respond to evaluation surveys on the performance of veterinary science students.

A communication sheet and a thank-you sheet from the Academic Secretariat are available for students, all staff and the general public.

The Quality Guarantee Committee (QGC) of the Establishment that meets at least three times per year is responsible for controlling the strategic plan. “Strategic plan roadmaps” evidence the progress made in relation to actions. The members of the QGC include the Dean, members of the Management Team, the person responsible for veterinary quality, a person appointed by the Strategic Development and Quality Unit, a representative of the lecturers, a representative of the administration and service staff, a representative from the Clinical Veterinary Hospital, a representative from the University Teaching and Research Farm, and a student representative.

## **1.1. Objectives and Organisation**

The structure of the CEU Cardenal Herrera University is organised into the Governing area and the General Services area. The Governing area includes the Rector, the Secretary General and the Vice-Rector for Strategic Development and Communication, four Offices of the Vice-Rectors, and the Office of the Managing Director. The highest management body of the University is the Governing Council that includes the Dean and the representative of the Department Directors. The Governing Committee and the Deans meet every month. The General Services include e.g. the Library, General Secretariat, University Guidance and Disability Support Service, Professional Career Service, Language Service, Marketing Service, Office for International Relations, Human Resources Service, Maintenance Service and the Unit for Strategic Development and Quality. The users of the services can express their level of satisfaction via surveys.

The Establishment’s management team includes the Dean, the Vice-Dean, the Academic Secretary and the Directors of the Departments. These academic officials meet weekly in the

## **FINAL REPORT AS ISSUED BY ECOVE ON 28 NOVEMBER 2017**

Faculty Council. The lecturers' representative and the students' general representative are also invited to the Faculty Council. The functions of the Faculty Council are described in the statutes of the University.

The Dean is the highest academic and organisational authority and holds ultimate responsibility for the degree. The Vice-Dean's principal role is the management and coordination of all educational activity. The Academic secretary coordinates the Establishment's key administrative processes. The academic and research activity is structured in two University Departments (Department of Animal Medicine and Surgery; Department of Production and Animal Health, Public Veterinary Health and Food Science and Technology), and the Department Directors are responsible for their day-to-day management and administration. The Coordinator of linguistic excellence Groups oversees the teaching activities for students in the degree groups which are taught in English or French. The selection process of each academic official is explained in the QA SER.

The Clinical Veterinary Hospital and the Teaching and Research Farm are both directed by a person with a Doctorate in Veterinary Science and accredited experience in management.

The support team of the Establishment is made up of the Manager of the University Guidance and Disability Support Service, the Coordinator responsible for EPT, the Coordinator of International Relations and Mobility, the Coordinator for Erasmus and national exchange programmes, the Quality Manager and members of the Secretarial Service.

The mission of the Establishment is in line with that of the University. It aims to be a pioneer in the development of innovative educational projects. They are orientated to help students to understand veterinary science and to conduct their professional activity with integrity and responsibility. Their benchmark is the values of Christian humanism and they are committed to the global society, to which they seek to bring

- individuals who are comprehensively trained and prepared to perform a public role and to contribute the improvement of their milieu
- relevant research and the transference of knowledge and innovation
- an entrepreneurial spirit in relation to business and social projects.

The vision is to be an Establishment with a strongly international outlook, open to people all over the world, and to be a training establishment for veterinarians who

- possess a comprehensive view of veterinary science as a key discipline in the development of the society
- possess a vision without frontiers
- hold an ethical vision of their work
- are aware of and support the One Health concept.

The vision and mission have determined the official syllabus of the degree in Veterinary Science. The quality systems support the processes and guarantee an operational rationale based on the measurement of the results of actions, the taking of decisions based on data, and the participation of all the target groups. The strategic plan maps out the route to achieving the objectives for the short and medium term.

The Establishment develops its strategy with an operational plan based on four parameters:

- decisions are taken on the basis of data and SWOT analysis

- decisions will involve the definition of objectives that are measurable, objective and coherent with the mission and vision
- decisions involve action plans accompanied by measurements and indicators to facilitate monitoring and evaluation of the results
- quality systems that define processes for decision making, documentary evidence, communication of decisions to target groups, and gathering bottom-up opinions and evaluations

In 2012 CEU Cardenal Herrera University embarked on a Strategic Plan for the period of 2012-2019. The four axes of the Establishment's strategy are in line with those of the University and include:

- 1) Internationalisation: attracting international students, institutional internationalisation (number of agreements with international universities and businesses), the internationalisation of the staff, and academic internationalisation for which two external accreditation processes are being undertaken. The first is domestic renewal of the accreditation of the degree by AVAP to check that the results of the degree are satisfactory, and the other one is international EAEVE accreditation.
- 2) Improvement of training and research resources: construction of new teaching-learning spaces, new hospital and laboratory spaces and improvements to the teaching and research farm. Existing research groups are consolidated and new research lines and researches are being encouraged.
- 3) Educational innovation as a source of improved learning: creation of an advanced virtual campus based on Blackboard technology; innovative study plan based on integration of subjects; support for innovative teaching projects, the Innovative Teaching Days for sharing best practices, and Innovative Teaching Prizes to recognize the work of lecturers who have best implemented new learning methodologies.
- 4) Promoting employability: integration of special additional training activities by CEU Emprende and CEU Accede in students' timetables and activities to help in accessing the job market with the support of the Professional Careers Service.

### **1.1.1. Comments**

The SWOT analysis was not included in the QA SER but was provided on request. The satisfaction surveys are a key element of quality assurance and are meant to be used for several purposes, e.g. for strategic plan roadmaps. The response rate of satisfaction surveys has been very low in recent academic years and the Establishment has been unable to significantly increase it.

### **1.1.2. Suggestions for improvement**

Closely monitor and review the impact of the new approaches planned to increase the survey response rate.

## **1.2. Finances**

The budget management must be consistent with the Strategic Plan and the budget is prepared following an annual management process and the Dean submits a budget proposal.

The initial proposal allocated to hiring new teaching and research staff members is subject to analysis by the management team of the Faculty and the Vice-Rector of Academic Affairs and Academic Staff. For the analysis, there are various budget meetings and a key factor in the analysis is the required improvement actions identified through the quality systems. The agreed proposal for academic staff requirements (= Teaching Organisation Plan) is sent to the Human

Resources Department for calculations and then sent back to the Dean and the Vice-Rector to be included in the formal budget proposal.

A proposal from the Dean is sent to University Management for analyses and to ensure that the lines correspond with the improvement actions identified by the quality system contained in the strategic planning and that they are economically viable. After that, the Dean presents a formal budget proposal for approval by the Board of Trustees of the University. Once the budget is approved, the working processes are activated by the Human Resources department, the Maintenance department and the Management team.

The approved budget is implemented and checked on a monthly basis. Justified modifications are permitted during the implementation period and the Dean may make new requests to the University Management.

An internal audit area reviews all contractual and economic processes to ensure that they are adjusted to the budget and the Compliance standards by the Board.

The income almost entirely comes from tuition fees paid by students. Public or private funding of research projects is only used for the development of projects. Income from clinical services is primarily to service teaching and research and is not intended to be economically viable.

The expenditure structure is contained in an accounting document. The Dean and the Establishment's Management team are aware of the amounts of each of the expenditure lines. There are control systems for teaching costs and total income; these ratios separate and categorise the cost of each of the teaching types. The teaching cost should not exceed 55% of income except exceptional cases related to adjustment or strategy. Separation of operating costs, ordinary and extraordinary investments and depreciation allows efficient financial planning.

The budget implementation is based on various internal audit and control systems. The timing of the budget is aligned with the academic year.

The invoices for different costs, except staff wages, must be approved by the Dean. Internal audit reports are sent regularly to University Management and the Dean. The Management team monitors the implementation of the budget. The 'Rumbo 2019' program (covering the 2015-2019 period) establishes a series of shared financial indicators for degrees in the three universities of the San Pablo CEU University Foundation.

### **1.2.1. Comments**

In the last five years, the Board of Trustees has always approved the budget proposed by the Establishment. During this time, 18 million euros have been invested for the Establishment to improve its facilities and the Establishment is well supported by the University in responding to needs including improving teaching facilities and increasing staff numbers.

### **1.2.2. Suggestions for improvement**

None.

## **1.3. Curriculum**

The process to design and implement the syllabus includes five phases and is described in detail in the QA SER. The first three phases that are coordinated by the Establishment result in an



extensive (over 300 pages) Study Plan report document. The document is reviewed by the Strategic Development and Quality Unit and then sent to the Ministry of Education for the degree verification procedure, regulated by Royal Decree 1393/2007 (phase 4). In phase 5, the proposal contained in the Official Study Plan Report is sent to ANECA (the Spanish university quality organisation) and is assessed by an expert committee. If found favourable, it is passed to the Board of Universities which awards the rank of official degree to the proposal. The Official Report for the Veterinary Medicine Degree contains the objectives for the degree that must correspond with certain regulations.

The Degree in Veterinary Medicine is verified by ANECA to level MECES 3 - EQF 7.

The system to update and improve the study plan is also set out in Royal Decree 1393/2007 and is called “modification”. The start of this procedure arises from the results and evidence produced by the quality systems. Similarly, to the design of syllabus, academic staff, students, support service staff, professional sector and institutional veterinary sector are involved. The Dean is responsible for starting a degree modification and improvement process.

In the design of the study plan, all skills described in order ECI 333/2008 have been used as a basic requirement. The curriculum has a modular organisation based on integration of content and skills; the basic structure of the content included in 5 major modules is comprised by order 333/2008. The Veterinary Medicine Degree is of 5 years duration and the first and second years are taught in Spanish, French and English. From the third year all classes are taught in Spanish only and non-native speakers must pass a Spanish language test to progress to the third year.

Each subject has a teaching guide that is developed each academic year. The format for that document is the same for all subjects and the preparation of the document follows the same process. The process involves the Vice-Dean, the teaching staff and the subject coordinator. The teaching guide contains the educational objectives, the skills to be acquired by the student, details of the content and on the assessment, the timetable, the number of independent working hours for students, the mandatory and suggested bibliography, requirement of prior knowledge, research conducted by the staff that relates to the subject, and organisational details. The guides are published on the virtual campus and the first hour of class for each subject is used to explain the expectations and commitments by all relevant parties.

The Teaching Improvement Plan is a tool used to inform the development of the teaching guides and a review is usually undertaken in two-year cycles or by a direct decision of the Faculty Management. The operational criteria used for the Plans include all subjects using methodologies which encourage the students’ ongoing learning and promote active learning as well as ensuring integration between subjects. The teaching coordination guidelines contain the design of the content and development of each subject based on consistency of theoretical and practical content and assessment throughout the curriculum (vertically) and the required criteria for each year of study and area of knowledge.

The Teaching Improvement Plan has a defined workflow and there is a catalogue of 18 pre-defined guidelines that the Vice-Dean can make mandatory for subjects. Lecturers can propose additions to the guidelines. The results of applying the Teaching Improvement Plan are reported to the Faculty Council and the summary of the improved applications are contained in a document called the Teaching Culture of the Faculty of Veterinary Medicine. The best teaching processes are also presented at University Innovative Teaching Days.

Teaching Team Coordination Meetings (RCED) take place at least twice a year, just after assessment of subjects in January and June. Attendance at these meetings is mandatory for all subject coordinators. During these meetings, the academic results of students are reviewed and possible issues in the academic coordination of the group's lecturers is analysed. This process of analysis and proposal of solutions is known as horizontal academic coordination. These meetings are managed by the Vice-Dean and attended also by the person responsible within the Disability Care and University Guidance Service.

According to the official degree accreditation process, re-accreditation must take place every seven years and the Veterinary Degree was re-accredited during the 2016/17 academic year. The veterinary Quality Guarantee Commission (QGC), must thoroughly review all indicators and prepare a quality self-assessment report and follows the document protocol of the roadmaps (described under Standard 1).

The curriculum includes three types of practical training: laboratory practical work and workshops (10-25 students in a group, 2 students at abattoirs), clinical practical work (1-5 student in a group) and External Practical Training (EPT) (mostly completed individually). EPT is used for certain species that cannot be taught at the university e.g. swine for legal reasons, to complement intramural training e.g. for farm animal, to provide a wide range of options during the elective, and for voluntary vacation placements. The EPT tutors are veterinary professionals who are required to possess accredited work experience of at least 4 years. The official veterinary medicine professional associations of the Valencian region are responsible for verifying the tutors' professional activity and ensuring that they are not subject to ethical disciplinary proceedings. The official veterinary inspectors acting as tutors are civil servants and as such, have passed the associated selection processes. The non-veterinarian tutors working at private or public institutions related to veterinary medicine who supervise students have a specific agreement with their institution and requirement of professional experience.

The training by external professionals occurs in collaboration and coordination with a lecturer of the University; every student has a professional tutor and an academic tutor for EPT. There are procedures for planning training activities based on the student's required learning outcomes. Both the EPT tutors and the training activity itself are evaluated by the students via a mandatory survey. The tutors take no more than two students simultaneously.

The management protocol of EPT is established in the quality system of the faculty that is ISO 9001 certified. The two key processes for EPT are the signing of agreements with each of the institutions and signing of personalised documents for each of the students. This ensures e.g. appropriate accident and civil liability insurance cover. The administration of EPT is supervised by the Coordinator of External Practical Training, appointed by the Dean.

The method of assessment of the Day One Competences is specified in the course guide of the Intramural Rotations. Each student has "objectives booklets" that include the competences to be acquired by the student and assessed by the academic staff. In clinical practical training the students' acquisition of skills and competences is supervised and assessed on a regular basis by the lecturer.

### **1.3.1. Comments**

There are clear processes, including production of Teaching Improvements Plans, for regular updating of teaching and the curriculum based on outcomes assessment data. Teacher, student, alumni, employer and other stakeholder feedback is considered. One example of this was cited



as the need to improve students' communication skills with clients. However, although there are established mechanisms for collection of feedback, the response rates have been very low (except for the mandatory student feedback on EPTs). Focus groups and qualitative methods as well the use of mobile technology are being implemented as possible solutions to the problem. Additionally, a market research company is being tasked with identifying other ways to improve outcomes data collection.

The new teaching methods require more working time and the challenge of matching the essential content with subject timetabling has been identified by the Establishment. Curriculum overload was stated regarding some subjects and occasionally, solving problems by adding content gave the Team an impression that there was not always a clear strategy for content control. For example, about 90 hours of practical training have been added in the last year but very few other contact hours removed.

The online training for EPT providers was supposed to start in September 2017 but is behind schedule. The quality assurance of the extramural studies is not systematic.

The links between the University and the Establishment seemed to be well established and supportive for curriculum and teaching and the related requirements and initiatives.

### **1.3.2. Suggestions for improvement**

Increase response rates for internal and external outcomes assessment data collection (surveys of students, alumni and employers of alumni) and the frequency of survey administration (for alumni and employers) to better inform the Teaching Improvement Plan process and support: effective analysis, identification of issues and trends, planning of changes and monitoring of the resulting impact. Monitor the impact of the new initiatives to improve survey response rates.

Implement a mechanism for monitoring curriculum 'overload' and a strategy for identifying and removing unnecessary content to allow space for new content e.g. based on requirements identified through outcomes assessment.

Monitor the uptake of the online training for EPTs and gather feedback on the usefulness and value in relation to teaching and assessing students when on extramural placements.

Increased attention needs to be paid to assessing and monitoring the quality of extramural training (from the prospective of the EPT providers and the Faculty, not just from the students).

## **1.4. Facilities and equipment**

The facilities of the Establishment have been improved in recent years following the investment plan. These include new offices, classrooms, meeting rooms and computer rooms, new Veterinary Hospital Clinic, improvements to the farm, and new laboratories. In all facilities students have access to free Wi-Fi. The architectural design guarantees access for people with disabilities.

All the buildings have a self-protection plan that established the training and security procedures in the event of any type of incident. The content of the plan is communicated through internal signs and the intranet. The relevant documentation for the students is in Spanish, English and French.

The Library building is cared for by professional experts in library sciences and during several months of the years it is open 24/7. In addition to books and scientific journals, students have direct access to databases and there are individual and group workspaces.

In the multi-purpose University building students have access to language reinforcement services, an office of financial entity, administrative offices and a cultural room in which speaking in Spanish is not allowed. All facilities are open access except the Library and clinical areas in which the student must gain access through his/her electronic ID card.

The general real estate investment plan is approved by the Board of the Trustees of the San Pablo CEU University Foundation.

The Maintenance Service is responsible for the maintenance of the facilities. Any problem related to the functional state of the facilities is reported through a Maintenance Service computer platform. There are processes of coordination and follow-up of the execution of the maintenance programme, of cleaning the facilities and of preventative maintenance.

The Occupational Risk Prevention Service oversees compliance with Spanish standards. The staff and students have at their disposal in the intranet all the documents referring to the policy, plan and occupational risk prevention procedures. Information files of the risks of the workstations are available. The staff receives specific training on annual courses.

The Clinical Hospital, Teaching and Research Farm and the laboratories have their own biosafety protocols. The Biosafety Commission and Occupational Risk Services oversee these protocols. First-year students have 3 hours of training in the biosafety measures in the laboratories, followed by an exam and sign a sheet to acknowledge having read and understood the concepts explained. In practical training requiring specific biosafety measurements the lecturer/instructor explains the protocols and procedures at the start of the session.

#### **1.4.1. Comments**

Considerable effort has been made to raise the standard in biosecurity and safety. However, there was some variation in the extent to which staff were aware of the biosafety processes and monitoring. This became evident for example in the equine hospital, the isolation unit and the off-campus farm teaching facility. There were no handwashing facilities at certain areas where they would have been needed and occasionally only water, without soap or disinfectant, was provided. There were concerns regarding the protocols and safety in radiography at the equine hospital. Whereas, the Team observed exemplary practice regarding biosecurity and safety in the pathology teaching laboratory. Control of storage at the pharmacy at the clinic was acceptable but there were single bottles of drugs in the hospital area that had been opened without a record of the date when this had happened.

#### **1.4.2. Suggestions for improvement**

Review biosecurity facilities (e.g. provisions for handwashing at the farm), signage (e.g. in equine radiology) and also adherence protocols in certain areas (e.g. to prevent cross contamination of footwear, opening of drugs in the hospital). Improve faculty awareness of biosecurity and safety protocols. Enhance monitoring of associated training in biosecurity and safety protocols.

## **1.5. Animal resources and teaching material of animal origin**

Each student is exposed to clinical cases in small animals, equines and farm animals. In order to reduce the use of animals in teaching and improve their welfare, teaching models (bovine dystocia simulator, bovine and equine theriogenology model and equine palpation/colic simulator integrated with equine neck venepuncture) have been ordered but have not yet arrived. These models will be used on several undergraduate courses. Additionally, the University has acquired 30 licences of programs for the study of equine and bovine anatomy using virtual models.

The number of available clinical cases is periodically evaluated. The University has a marketing plan to ensure the necessary number of patients. The number of External Practical Training (EPT) places both in Spain and abroad is high and is used for core teaching in food animals and provides considerable choice for the compulsory elective. In relationship to the animal farm clinic, the faculty has several part-time teaching staff and agreements with the farms.

### **1.5.1. Comments**

A number of initiatives have been undertaken over the last year to improve the clinical and practical training for students e.g. acquisition of more teaching cows and horses and opening of the new clinical facilities. A calendar system to monitor the use of each of the teaching cows and horses has been introduced that records the animal identification, type of practical class and the date.

### **1.5.2. Suggestions for improvement**

The Establishment is encouraged to continue to monitor the adequacy of student access to case-load and identify opportunities to complement the use of animals in teaching with alternatives (for example models are already used in anatomy and equine and bovine practicals).

## **1.6. Learning resources**

Teaching materials and documentation for each subject are available on the Blackboard platform. The lecturers and the students receive periodic training in the use of the platform. The Establishment considers digital space as an important place of study and academic work. Lecturers are encouraged to make intensive use of pedagogical tools.

In order to increase the students' competency in autonomous learning, a project of training in computer and information competences (CI2) was set in motion. This CI2 project is led by the University Library.

### **1.6.1. Comments**

The Library satisfaction among staff and student is high and the Establishment is well supported by the central Library team. There is a process for requesting new books which is linked to the number of students and the language.

### **1.6.2. Suggestions for improvement**

None

## **1.7. Student admission, progression and welfare**

### Admission

In Spain, the admission to university is established by the Ministry of Education, Culture and Sport. There are obligatory requirements that the student must fulfil. All relevant information regarding admission and studying is published on the university website in Spanish, English and French.

The admission process involves a personal interview with each candidate. Lecturers of the Faculty, having received training for this purpose, carry out the interviews. At the interview, there is special emphasis on the Requirements for the Continuation of Studies.

International students receive individually adjusted extra support upon their arrival at the Faculty.

All students start their studies with the Welcome Days, which aim to improve the student's integration at the Establishment and include academic and social activities, as well as information on Campus Life. Each student is given a specific Welcome Guide for the Faculty.

### Progression

The academic progress monitoring system aims to prevent and identify cases of inadequate performance and to provide help.

The academic monitoring system includes several mechanisms. A personal tutor is assigned to each first-year student to provide personalised academic guidance. Students are offered a minimum of four interviews over the academic year with their tutor.

The examination results are reviewed at the Teaching Team Coordination Meetings held twice a year, which allows a general assessment on a particular group of students and enables decisions to be taken by the academic staff for remedial action or improvement in teaching. The minutes of the meetings are communicated to the Vice-Dean and the Dean and the information is passed from them to the staff members with relevant academic responsibilities. A 360 Academic Programme, implemented by the new Academic Support Unit, constitutes a complete system for personalised monitoring; action plans together with personalised action alerts are created to help students improve their academic performance. The programme enables the relevant services and staff to know what they need to do at each point.

Students at risk of breaching the Requirements for the Continuation of Studies are notified of their grades. The student is invited to make use of the various resources available for help to improve performance. If the student has not been able to obtain the required number of ECTS credits by the end of the academic year, he/she will be notified. At that point the student can request re-admission to the Degree by providing justification and supporting documents for consideration. The decision is made by the Vice-Dean and if the continuation of studies is denied, the student can appeal to the Vice-Rector for Students and University Life, who will give the student a hearing and make a proposal for a final decision that is communicated to the student and the Dean.

The University Guidance and Disability Service (SOUAD) is responsible for student support with regard to personal and emotional issues. It is formed by a team of psychologists and learning specialists. The service can provide students with personalised study plans and offers

courses to support learning, as well as covering a wide range of topics from healthy eating to team working.

Students have six channels through which to communicate their needs or suggestions to the Faculty management: the student Group Representatives, the suggestion box on the website, communication sheet and gratitude sheet at the Academic Secretary's office, the lecturer acting as the Year-Coordinator, and the University Ombudsman. The Ombudsman ensures that the rights and freedom of the students and staff are respected.

### **1.7.1. Comments**

Comments from students indicated that the support systems in place are of a high standard and are well received and appreciated by students. At the end of year one, there is a considerable number of students who do not progress which may reflect the admissions process.

### **1.7.2. Suggestions for improvement**

Review and monitor the admissions process with regard to the rate of progression from year one to year two.

## **1.8. Student assessment**

At the beginning of the academic year, students know how they will be assessed for each course. This information is in the Continuous Assessment Regulations and in the course guide available via the intranet. The weeks for final assessments for each course are published in the Academic Calendar. Student feedback is considered as part of the process when scheduling the final course assessments.

The results of each assessment activity are taken into account in the calculation of the final assessment grade as described in the course guide. The final assessment test for each course takes place after the lecture period has concluded. The grades are published via the virtual campus with notifications sent to the student's mobile telephone. Students can only see their own grades. Once all students have been informed of their grades, the assessment review period begins and lasts for one week. Students have five days to express their disagreement and ask for a review after they have been informed of the results. Each lecturer publicises the dates and times at which he/she will be available for a personal review of the assessment. There is an appeal process (see also Standard 7 above) by which the student can request the assessment be reviewed by a panel of three lecturers. If the student still does not agree, he/she can apply for a further review in a process coordinated by the Vice-Rector for Students and University Life, and finally to the University Ombudsman if needed.

In case the student fails to pass the examination at the end of the course, he/she has the right to take the extraordinary examination in July. In case the latter is also failed, the student must enrol on the course during the following academic year.

The assessment system varies depending on the educational activities involved. The type of assessment activities in each course is established in the official degree documentation. Oral and/or written tests are used to assess the acquisition of knowledge and these represent at least 40% of the final grade (for those courses in which these types of assessments are used). To assess the acquisition of skills, "learning objectives" booklets are used and reviewed by the personal tutors. This type of assessment represents at least 30% of the final grade for the relevant courses. Assessment of attitudes and values in academic activities accounts for 5 % of

the final grade, where applicable. Student attendance and participation in different activities is also taken into account.

### **1.8.1. Comments**

The “objectives booklets” are a relatively new initiative and provide a transparent way to monitor progress towards achieving Day One Competences.

### **1.8.2. Suggestions for improvement**

Review the effectiveness of the new “objectives booklets” and the feasibility of managing the monitoring of all booklets i.e. for all students across the range of species and competences; monitor achievement of competences to identify potential problem areas or gaps in training in relation to competences.

## **1.9. Academic and support staff**

### Academic staff

Each course is coordinated by a lecturer. The theoretical content is mainly taught by full-time PhD holding academic staff, while the practical part also involves associate lecturers and external tutors. A range of professionals who also work in the private or public sectors participate in teaching as part-time lecturers. Additionally, there are approximately 700 collaborating tutors and lecturers responsible for the students’ External Practical Training (EPT).

New lecturers participate in a 2-day induction course. It includes training on teaching and the use of technologies for teaching.

The Heads of Departments organize the academic activities of the lecturers, under supervision of the Dean. Planning of teaching is coordinated at a general level by the Vice-Rector for Academic Affairs and Academic Staff, while employment issues are coordinated by the Human Resources Service.

The Human Resources Service is responsible for the management of payroll, the protection of employee rights and training of the transferrable skills. During 2016/17, over 100 lecturers participated in some of these training courses, especially those related to language skills and innovation in teaching.

The lecturer’s activity is assessed by means of “Docentia”, approved by ANECA. It includes a self-assessment phase undertaken online, a validation phase by the lecturer’s direct superiors (the Heads of Department). Finally, the Dean and the Vice-Rector for Academic Affairs and Academic Staff review this assessment and notify the lecturer of the final outcome. There is an appeal mechanism for this procedure.

The lecturers are assessed by means of student surveys concerning each lecturer and each course. The lecturer is notified of these surveys via the intranet and the Dean and the Vice-Rector for Academic Affairs and Academic Staff are notified of the overall results.

A lecturer’s management responsibilities are taken into account in reviews. These lecturers have a reduction in the allocation of teaching hours, a salary supplement and a transition year on leaving the post that had management responsibility.



The promotion to a higher category of lecturer is governed by regulations and includes different performance requirements for teaching, research and management. The possession of accreditation from any of the public external assessment agencies is acknowledged.

#### Support staff

The general support staff from the University attend to staff or student needs. The recruitment process is explained in the QA SER. Based on the new hiring plan, the number of staff specialized in animal care as well as that of support staff of clinical and laboratory training has recently increased.

There is a regulated system in which the managers set targets and performance metrics for each person in their team. This may lead to different levels of economic rewards, or promotion.

#### **1.9.1. Comments**

There is a low response rate for the student satisfaction surveys undermining the reliability of such data and the contribution to staff review and the promotion process. Initiatives are proposed to improve student participation in surveys. It was noted that over the last year the Faculty has been supported by the university in recruiting additional academic and support staff to meet its teaching needs.

#### **1.9.2. Suggestions for improvement**

The response rate to surveys following the new initiatives should be monitored and further review undertaken if higher rates are not achieved in order for data to contribute in a meaningful way in the staff review and promotion processes.

### **1.10. Research programmes, continuing and postgraduate education**

Students are involved in research activities through compulsory activities such as the first year course Veterinary biostatistics and scientific method, Introduction to Veterinary Medicine and the End-Degree Project that may be a literature review, retrospective analysis of data, or laboratory-based. In addition, there are non-compulsory activities such as Research projects, an International Student Congress and attendance at research dissemination activities offered by the University.

There are 12 research groups at the Faculty. Since 2007, a group of human and animal healthcare professionals have been working together to undertake research activities. Veterinary students can join these groups.

PhD studies and training at the Establishment is provided through the CEU International Doctoral School that groups together the universities of Valencia, Madrid and Barcelona. The Faculty has a lead role in Pathology and human and animal health as well as in Structural and functional bases of biological systems. It is also a major collaborator in Food safety, Nutrition and Food technology.

There are currently five specialization programs: Master's Degree in Food Safety and four Certificates related small animals.

#### **1.10.1. Comments**

The Establishment notes in their QA SER that there is an opportunity for growth in the

postgraduate area in future years, and the planning of new programs has already begun. There has been annual variation in the number of Doctoral dissertations defended annually, much of which was explained to be due to a recent change in national regulations.

#### **1.10.2. Suggestions for improvement**

None

### **1.11. Brief description of the process and the implication of staff, students and stakeholders in the development, implementation, assessment and revision of the QA strategy of the Establishment**

In 2012 CEU Cardenal Herrera University embarked on a Strategic Plan for the period of 2012-2019. The Establishment's strategy is in line with that of the University. The Establishment develops its strategy with an operational plan that has a view on quality. The quality systems support the processes and guarantee an operational rationale based on the measurement of the results of actions, the taking of decisions based on data, and the participation of all the target groups. The strategic plan maps out the route to achieving the objectives for the short and medium term.

The Internal Quality Guarantee System (SGIC) of the CEU Cardenal Herrera University is applied at the Establishment. The design of this quality system is accredited by the National Agency for the Assessment of Quality, a member of ENQA. The basic objective of SGIC is to guarantee the quality of the degrees. It introduces strategies for continuous improvement, and works to pass the successive accreditation processes of the degrees. The SGIC is complemented at the Establishment level by the quality systems for the Secretariat of the Faculty and for the Veterinary Clinic Hospital. These hold a certificate of accreditation based on Standard ISO 9001.

Students and staff have representatives in the Faculty Council and in the Veterinary Science Quality Guarantee Commission (CGC), which is the body managing and controlling the quality of the qualifications. Professional veterinarians and professionals from institutional and academic veterinary science fields are included in the Qualification Consultative Commission, which is the body responsible for gathering and analysing the proposals for improving the curriculum design.

The Establishment collects, analyses and uses relevant information from internal and external sources for the effective management of their programmes and activities. Satisfaction surveys are a key element of quality assurance and are meant to be used for several purposes, including strategic plan roadmaps.

#### **1.11.1 Comments**

The Establishment has a culture of QA and continued enhancement of quality. Staff, students and stakeholders are involved in the QA processes. However, the satisfaction surveys are a key element of quality assurance but the response rate of satisfaction surveys has been very low in recent academic years and the Establishment has been unable to significantly increase it.

#### **1.11.2. Suggestions for improvement**

Closely monitor and review the impact of the new approaches planned to increase the survey response rate.

**2. ESEVT Rubrics** (summary of the decision of the Visitation Team of the Establishment for the ESEVT Standard 11, i.e. (total or substantial) compliance (C), partial compliance (PC) (Minor Deficiency) or non-compliance (NC) (Major Deficiency))

<b>Standard 11: Outcome Assessment and Quality Assurance</b>	<b>C</b>	<b>PC</b>	<b>NC</b>
11.1. The Establishment must have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders must develop and implement this policy through appropriate structures and processes, while involving external stakeholders.	x		
11.2. The Establishment must have processes for the design and approval of their programmes. The programmes must be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme must be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.	x		
11.3. The Establishment must ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.	x		
11.4. The Establishment must consistently apply pre-defined and published regulations covering all phases of the student "life cycle", e.g. student admission, progression, recognition and certification.	x		
11.5. The Establishment must assure themselves of the competence of their teachers. They must apply fair and transparent processes for the recruitment and development of staff.	x		
11.6. The Establishment must have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.	x		
11.7. The Establishment must ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.		x	
11.8. The Establishment must publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible.	x		
11.9. The Establishment must monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews must lead to continuous improvement of the programme. Any action planned or taken as a result must be communicated to all those concerned.	x		
11.10. The Establishment must undergo external quality assurance in line with the ESG on a cyclical basis.	x		

### **3. Executive Summary**

We refer to accompanying report from the Re-visit Team following an initial visit in November 2016 when 4 major deficiencies were identified. The current QA visitation was the first for the Establishment.

#### **Brief comment on the QA SER**

The QA SER, based on the Uppsala SOP standards, consisted of 63 pages and was complemented by 8 Appendices. It was prepared in a timely manner, was well written and provided a comprehensive coverage of the Standards. However, information in relation to how activities etc. reported under each Standard had been '*assessed and revised*' was limited. The information was provided following the submission of questions from the QA Team prior to the visit.

#### **Brief comment on the QA-Visitation**

The QA-Visitation was professionally organised by the local team. During the visit the local team were quick and efficient in providing any extra documentation requested. It was particularly helpful to spend time as required with key individuals who were able to provide further clarification effectively and efficiently on any points raised by the QA Team.

#### **Commendations (areas worth of praise):**

- Student support
- Support from the central University to the Faculty, e.g.
  - Financial investment
  - Management
- A shared understanding of Quality Assurance

### **Recommendations**

One **Minor Deficiency** was identified:

11.7. The Establishment must ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

- Quality Assurance processes for gathering outcomes data are apparent but not always consistent and the 'loop' is not always complete
  - Find a solution to increase the response rate of the surveys from students, alumni and their employers and implement a plan to ensure more frequent collection of data from alumni and employers such that analysis can be undertaken to inform effective management of the program.

### **List of the Major Deficiencies**

No Major Deficiencies were identified.

**Decision of ECOVE**

The Committee concluded that no Major Deficiencies were identified during the QA-Visitation.

The 'Universidad Cardenal Herrera - C.E.U., Facultad de Veterinaria' is therefore classified as holding the status of: **ACCREDITATION**.