

ACCREDITATION POLICIES AND PROCEDURES  
OF THE  
AVMA COUNCIL ON EDUCATION

June 2023, revised December 2023

Accreditation of veterinary medical education programs is conducted within the Education and Research Division of the American Veterinary Medical Association (AVMA). Accreditation activities take place in the Center for Veterinary Education Accreditation. The Council on Education (COE) accredits Doctor of Veterinary Medicine (DVM) or equivalent educational programs and the Committee on Veterinary Technician Education and Activities accredits veterinary technology programs.

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The most recently updated version of the *Accreditation Policies and Procedures of the AVMA Council on Education* (P&P) and a listing of programs the COE accredits or pre-accredits with the year of the next scheduled review are available to the public on the AVMA website ([www.avma.org](http://www.avma.org)). A hard copy of the P&P manual can be obtained by making a request to the AVMA Education and Research Division. Among many other subjects, the P&P manual contains information on the Council and its operational procedures; Standards used to grant, reaffirm, reinstate, restrict, deny, revoke, terminate or take any other accreditation or pre-accreditation action; procedures for applying for pre-accreditation or accreditation; the types of accreditation and pre-accreditation the Council grants; and the procedures programs must follow in applying for accreditation or pre-accreditation. The public may receive the names, professional qualifications and relevant employment and organizational affiliations of COE members and/or the COE administrative staff upon request to the Education and Research Division.

*The AVMA Council on Education is recognized by the Council for Higher Education Accreditation (CHEA) as the accrediting body for colleges and programs that offer the professional Doctor of Veterinary Medicine (DVM) degree, or its equivalent, in the United States and Canada. The Council may also accredit foreign veterinary colleges.*

*The Council on Education, American Veterinary Medical Association is also recognized by the United States Secretary of Education as an accrediting agency that the Secretary has determined to be a reliable authority as to the quality of education or training provided by its accredited institutions of higher education. The scope of this recognition may differ from the CHEA Recognition Statement. Please consult the U.S. Department of Education website at [www.ed.gov/admins/finaid/accred/index.html](http://www.ed.gov/admins/finaid/accred/index.html) for additional information.*

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## **GLOSSARY**

AAALAC	Association for Assessment and Accreditation of Laboratory Animal Care
AAVMC	Association of American Veterinary Medical Colleges
ADA	Americans with Disabilities Act
AVMA	American Veterinary Medical Association
CCAC	Canadian Council on Animal Care
CEU	Continuing Education Units
CHEA	Council for Higher Education Accreditation
COE	Council on Education
CVMA	Canadian Veterinary Medical Association
DVM	Doctor of Veterinary Medicine
ECFVG	Educational Commission for Foreign Veterinary Graduates
FTE	Full-time Equivalent
HAB	Human-Animal Bond
ICVA	International Council for Veterinary Assessment ( <i>formerly NBVME</i> )
JAVMA	<i>Journal of the American Veterinary Medical Association</i>
P&P	<i>Accreditation Policies and Procedures of the AVMA Council on Education</i> manual
NAVLE	North American Veterinary Licensing Examination
RCVS	Royal College of Veterinary Surgeons
SRG	Statistical Research Group
US	United States
USDE	United States Department of Education
VMD	Veterinary Medical Doctor
VTH	Veterinary Teaching Hospital

Note: the words “College” and “School” are used interchangeably to include a “College of Veterinary Medicine” or a “School of Veterinary Medicine” or a “Faculty of Veterinary Medicine”. The term “COE” or “Council” may be used interchangeably, and refer to the entire COE, the Executive Committee, or one of the committees or subcommittees of the COE.

## **1. AVMA COE ACCREDITATION**

### **1.1 Purpose of Accreditation**

Accreditation is a process of external review of educational institutions that offer the veterinary medical degree. Accreditation assures the public and licensing bodies that graduates of accredited programs meet a defined level of competency. Accreditation assures students the accredited institution offers an educational program that will allow them to develop entry-level competency. An additional goal of accreditation is to promote continuous quality improvement.

Accreditation is a voluntary process; nevertheless, the accreditation classification impacts institutions and students. Accreditation is required for students from the United States to be eligible for US federally subsidized loans (Health Profession Student Loans). It also allows graduates from accredited institutions to meet the education requirements for eligibility for licensure in the US and Canada without going through an educational assessment program [i.e. ECFVG or the Program for the Assessment of Veterinary Education Equivalence (PAVE)]. Achieving accredited status is required for institutional eligibility to participate in a wide array of private, state and federal programming, though accreditation is considered a voluntary exercise.

### **1.2 Council on Education**

#### **1.2.1 History**

The AVMA was founded in 1863. In 1890 the AVMA established a Committee on Intelligence and Education, and in 1906 the Committee took steps to initiate a college evaluation program. In 1921 the first detailed list of “Essentials of an Acceptable Veterinary School” was adopted by the AVMA. Since then, the “essentials” statement has been revised many times, and a system of accreditation has been used. In 1946 the entire structure of the AVMA was reorganized, and the Council on Education (COE) was formed to replace the Committee on Intelligence and Education. Since that time, the COE has conducted the accreditation program. In the year 2000, the term “essentials” was changed to “standards.” In 2016 the AVMA and the AAVMC established a Memorandum of Understanding for the COE, which outlines the roles of each organization in providing financial and personnel support for the AVMA COE.

#### **1.2.2 Mission**

Mission Statement: The mission of the AVMA COE is to use clearly defined Standards of Accreditation and to fairly and accurately evaluate DVM (or equivalent) veterinary medical education programs. The Standards are interpreted and applied by the Council to each school/college in relation to its mission. Through the accreditation process the Council is fully dedicated to protecting the rights of the students, assisting the schools/colleges to improve veterinary medical education, and assuring the public that accredited programs provide a quality education. In all its activities, the COE is committed to operate with collegiality, integrity, and confidentiality, and will strive to continuously improve the accreditation process.

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The accreditation procedure used by the AVMA COE is specific to the DVM or equivalent degree program and is not used to accredit other programs, which may be a part of the educational program in a college. Accreditation is non-transferable. Therefore, all institutions or branches of a college offering educational programs leading to DVM or equivalent degree must be individually accredited. The COE's realm of accreditation consists of all veterinary colleges in the US and Canada. US and Canadian colleges voluntarily seek accreditation through the AVMA COE. The AVMA COE is the only recognized accrediting agency for colleges of veterinary medicine in the two countries. Additionally, the AVMA COE provides accreditation for colleges of veterinary medicine outside the US and Canada that voluntarily seek such classification and meet or exceed all standards. As the recognized accrediting body for veterinary medicine, the Council considers the interests of the veterinary profession and society at large in the review of programs.

A regional campus of a DVM-granting veterinary medical college is not eligible for AVMA-COE accreditation separate from the accreditation awarded to the parent institution. A regional campus is defined by the COE as a site apart from the central administrative campus where veterinary medical students spend at least six consecutive months. The regional campus may provide any part of the pre-clinical or clinical curriculum. The COE does not separately accredit segments of educational programs (for example, two-year basic science programs) or distinct parallel curricula ("tracks") within an educational program. If a U.S. or Canadian institution that provides an AVMA-COE accredited DVM-granting program also offers other veterinary medical education programs leading to the DVM degree that are not accredited by the AVMA-COE, regardless of the location of the unaccredited program(s), the unaccredited program(s) must clearly distinguish the degree program to be not COE-accredited to ensure that it will not be confused with the program accredited by the AVMA-COE.

The AVMA COE advances quality professional veterinary education by conducting periodic accreditation reviews to determine the degree to which a college or school of veterinary medicine meets the Standards of Accreditation and its own stated goals and objectives. Through the accreditation process, the COE protects the interests of the general public as related to veterinary medicine. The Council accredits only those colleges that meet the accreditation standards developed and agreed upon by various communities of interest, including the public. In the accreditation process, it is the burden of the college or school of veterinary medicine to demonstrate that it meets the Standards of Accreditation and its own stated goals and objectives. The Council's accreditation program promotes quality education for veterinarians and ultimately leads to quality veterinary care for animals.

Through the accreditation process the Council is fully dedicated to protecting the rights of the students, assisting the colleges to improve veterinary medical education, and assuring the public that accredited programs provide a quality education. In all its activities, the COE is committed to operate with collegiality, integrity, and confidentiality and will strive to continuously improve the accreditation process."

It is the objective of the AVMA COE to ensure that each graduate of an accredited college of veterinary medicine will be firmly based in the fundamental principles, scientific knowledge, and physical and mental skills of veterinary medicine. Graduates should be able to apply these fundamentals to solving veterinary medical problems for different species and types of animals.

The fundamentals with which each graduate leaves the college are expected to provide a basis for a variety of career activities including clinical patient care, research, and other non-clinical options



relevant to animal and human health. These fundamentals should be the basis for a lifetime of learning and professional development.

The Council attempts to conduct all activities in ways that best serve the interests of the veterinary profession, veterinary students, and society, without discrimination on the basis of age, race, gender, or creed. While recognizing the existence and appropriateness of diverse institutional missions and educational objectives, the Council subscribes to the proposition that local circumstances do not justify accreditation of a substandard program in veterinary education leading to a professional degree. Accreditation by the COE alone does not enable colleges to participate in Title IV student loan programs.

The AVMA COE is the only recognized accrediting agency for colleges of veterinary medicine in the US and Canada. The AVMA COE is charged with the following responsibilities:

- a. Have autonomous authority to evaluate schools and colleges offering a professional degree in veterinary medicine, according to established standards; make accreditation decisions; and assign a classification of accreditation to each such school or college;
- b. Meet the needs of society by promoting active programs in veterinary medical education by, among other things, encouraging and assisting schools and colleges of veterinary medicine to meet the requirements for accreditation;
- c. Study and recommend methods of instruction, and promote the continual improvement of veterinary medical education in all its facets;
- d. Recommend standards for accredited colleges offering a professional degree in veterinary medicine; such standards shall pertain to organization, finances, physical facilities and equipment, clinical resources, information resources, students, admissions, faculty, curriculum, research programs, and outcomes assessment;
- e. Publish an annual list of veterinary medical colleges showing the current accreditation status of each;
- f. Provide consultation to proposed, developing, and existing veterinary medical colleges;
- g. Review and make recommendations to the AVMA Board of Directors concerning the activities of committees concerned with veterinary specialties, veterinary technicians, graduates of colleges of veterinary medicine outside the US and Canada, and licensing examinations; and
- h. Recommend curriculum changes to enhance the veterinarian's ability to meet changing professional demands and societal needs.

Colleges of veterinary medicine outside the US and Canada may seek AVMA COE accreditation status, but neither the USDE or CHEA recognition is required for the activity. This is strictly voluntary.

### 1.2.3 Administration and Funding

The COE is supported by staff who are dedicated to facilitating accreditation procedures. The staff members currently assigned to these functions are listed in *4.1.1 Appendix A – Staff Roster*. The work of COE members and site visitors is voluntary.

Funding for accreditation activities are provided by the AVMA, AAVMC, and the CVMA. The AAVMC and CVMA cover the cost of attendance at COE meetings for COE members appointed by their organizations. The AAVMC provides staff support through the Senior Accreditation Advisor of the AAVMC. The remainder of the operating budget is paid by the AVMA COE. Accredited colleges and those seeking accreditation are assessed an annual fee to cover a portion of the operating budget. Colleges outside the US and Canada and colleges with Provisional Accreditation pay their full share of direct and indirect

costs. Accredited colleges in the US and pay a half share. In summary, funding for accreditation activities unrelated to site visits is provided by the AVMA, the AAVMC, the CVMA, and provisionally and accredited institutions. The cost of conducting a site visit is paid by the institution being evaluated. See Section 1.3.4 Member Travel and Other Expenses for how non-site visit travel expenses are paid. Colleges must be current on annual payments 60 days prior to the regularly scheduled site visit. Failure to pay fees in a timely manner may result in withholding accreditation.

#### 1.2.4 Confidentiality and Integrity

It is vital that the accreditation process is conducted in a manner of utmost integrity and confidentiality. This requires that both the institution being evaluated and the COE follow strict procedures to maintain the integrity of the process, including, without limitation, the procedures outlined below.

The college must present accurate information to the Council for accreditation evaluation, allow access to all parts of the operation during the site visit, comply materially with Council procedures, and comply with Council directives in the accreditation process. The college must refrain from misleading advertisement of the program, and must correct any inaccuracies. The college must make every effort to protect students. The protection must include, but is not limited to, unbiased grading procedures, and access to educational opportunities, scholarships, and student services. The USDE requires that students be made aware of the appropriate tuition refund procedure upon withdrawal. When a college releases information regarding its accreditation status, the information must be correct. Should misinformation be released, the college must correct the information in a timely manner (refer to Section 3.5 Other Reporting Requirements).

Those who participate in COE activities must maintain the confidentiality of all non-public information relating to accreditation and veterinary education and follow the COE Code of Conduct Policy and the Conflict of Interest Policy and sign statements to that effect (*Appendices 4.1.3 – Code of Conduct and 4.1.4 – Confidentiality and Conflict of Interest*).

During the evaluation process, the Council must evaluate the college only on the basis of (1) compliance with the standards as each relates to the mission of the college, and (2) material compliance with Council directives and procedures. Application of the Standards to all college programs must be consistent and unbiased. The site visit and deliberation toward the assignment of accreditation status must be conducted with the highest ethical standards. All materials, discussions, and decisions of the Council regarding accreditation must be confidential.

Communications that are not consistent with the COE's policies and procedures and that have not been approved and issued by the COE are strictly prohibited. All discussions, observations, and documents associated with site visits and accreditation decisions are confidential to the COE and should not be discussed with anyone other than elected COE members, appropriate AVMA and Association of American Veterinary Medical Colleges (AAVMC) staff, and COE-trained site visitors when necessary. Information regarding accreditation decisions cannot be shared with any individual or group other than: 1) the university and college through the official report of evaluation, 2) reports to accrediting and state agencies, and 3) the public through official announcements. Any inquiries made to COE members regarding the accreditation process or specific programs should be referred to the COE Chair and appropriate staff.

It is the policy of the COE that its accreditation decisions are independent and not subject to interference from any organization or individual. Appropriate AVMA and AAVMC staff may attend COE meetings and provide assistance to the COE as necessary, and shall maintain the confidentiality of all non-public information regarding accreditation decisions. The COE Chair and appropriate AVMA staff may share non-public information regarding accreditation decisions with appropriate AVMA officials relating to potential claimed liability of the AVMA as a parent organization of the AVMA COE. Should the need arise for AVMA officials to consult with other AVMA-affiliated individuals, outside experts, or other consultants relating to the same subject matter, the COE Chair and appropriate AVMA staff shall be consulted beforehand.

The Council must recognize college and program diversity when making accreditation decisions. The Council must inform all appropriate federal, state, university, and college officials of matters related to accreditation in a timely manner.

### 1.3 COE Membership

#### 1.3.1 Membership Representation

The COE is composed of 20 members, 17 of whom are veterinarians. The veterinarians are selected by the AVMA COE Selection Committee (8), the AAVMC COE Selection Committee (8), and the Canadian Veterinary Medical Association (1), specifically representing the diversity of disciplines in the profession. The veterinary membership selected by the AVMA COE Selection Committee consists of at least six private practitioners; one at-large member; and one non-private practice, non-academic veterinarian. The veterinarians who are members selected by the AAVMC Selection Committee consist of at least five veterinary medical college faculty members; one veterinary researcher; one public health veterinarian; and a representative of the AAVMC. The Canadian veterinarian is appointed by the Canadian Veterinary Medical Association. Additionally, the COE appoints three public members.

Many of the Council members, including public representatives, have advanced degrees. All members are appointed for a term of six years, except the official AAVMC and CVMA representatives who serve three-year terms, renewable once. The terms of all new members begin at the beginning of the AVMA association year, with the exception of the member appointed by the Canadian Veterinary Medical Association, whose term is on a calendar year cycle.

The Council on Education prohibits discrimination on the basis of sex, color, race, religion, gender identity or gender expression, sexual orientation, age, disability, marital status, family/parental status, military status, or national origin, consistent with applicable law. The AVMA prohibits discrimination in the election of members and public representatives to the COE.

The current membership of the COE is listed in Section 4.1.2 Appendix B – Council on Education Roster.

#### 1.3.2 Application and Appointment Procedures

A call for applications and nominations is made public annually for any positions with terms expiring the following fall. The AVMA and the AAVMC engage separate committees to evaluate applications and make selections. Nominations are sought for public members to replace those whose terms are

expiring. The COE members vote to select the public members (see *Section 4.1.4 Appendix D – Confidentiality and Conflict of Interest* for eligibility for public members).

### 1.3.3 Member Roles and Responsibilities

Members of the Council on Education are expected to:

- a. Fairly and accurately evaluate veterinary medical educational programs based on the Standards of Accreditation and make accreditation decisions;
- b. Uphold the fiduciary responsibility of a member of the COE, through the duty of care<sup>\*</sup>, duty of loyalty<sup>†</sup>, and duty of obedience<sup>‡</sup> and adhere to the COE Confidentiality policy, the AVMA COE Conflict of Interest policy (*Section 4.1.4 Appendix D – Confidentiality and Conflict of Interest*) and the AVMA Code of Conduct (*Section 4.1.3 Appendix C – Code of Conduct*) at all times;
- c. Establish and/or amend the Requirements of an Accredited College of Veterinary Medicine (Standards of Accreditation) and the *Accreditation Policies and Procedures of the AVMA Council on Education* as needed;
- d. Uphold the *Accreditation Policies and Procedures of the AVMA Council on Education* and any other policies, standards, procedures, and guidelines as adopted;
- e. Devote the time and energy necessary to COE activities;
- f. Agree not to represent oneself as a spokesperson of the COE without the express written authorization of the Chair of the COE.

The full Council meets biannually to conduct business. These meetings are conducted in-person at the AVMA headquarters, or via electronic means. Prior to the COE meeting, various subcommittees may meet to conduct business and prepare recommendations and reports for the Council. The Council also meets via electronic means throughout the year to conduct business. The frequency of such meetings is as warranted by the business at hand.

Issues brought to committees are discussed and, in most cases, appear as agenda items for consideration by the full COE. Items not on the agenda are considered under the item “New Business.” Where appropriate, business is conducted according to the conventions of *Robert’s Rules of Order, Newly Revised*, through presentation of a motion followed by a vote.

### 1.3.4 Member Travel and Other Expenses

The non-site visit expenses for the official AAVMC representative and other COE members selected by the AAVMC COE Selection Committee are paid by the AAVMC. The non-site visit expenses for members appointed by the AVMA and the public members are paid from the COE operating budget. The non-site visit expenses for the Canadian representative are paid by the CVMA. Site visit expenses for all site visitors and staff are paid by the institution being evaluated.

Travel and other expenses for COE members to attend functions other than COE meetings are included in the COE operating budget and paid from the COE operating budget.

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<sup>\*</sup> Duty of care requires that a COE member be informed and discharge his/her duties in good faith and act in a reasonable and informed manner when participating in COE’s decisions and oversight of the management of COE.

<sup>†</sup> Duty of loyalty requires that an individual acting in the name of the COE will act with the COE’s best interests in mind. An individual must have undivided allegiance when making decisions affecting the COE.

<sup>‡</sup> Duty of obedience requires that an individual acting in the name of COE will adhere to the standards, policies and procedures, and procedures of that organization. A member must be faithful to the COE’s mission.

### 1.3.5 Procedures Followed upon Resignation or Dismissal of Members

A member of the COE may resign from his/her position on the COE by submitting a letter of resignation to the Chair of the COE. Upon the Chair's receipt of such letter of resignation, the position will be vacant on the effective date of resignation contained in the letter of resignation. A replacement member will be selected to complete the remainder of the resigned member's term by the agency that was responsible for the original appointment of the member who has resigned.

A member of the Council on Education may be removed by a two-thirds vote of the COE conducted by confidential written ballot when, in the judgment of the COE, the best interests of the COE would be served. This may include, but is not limited to, the failure of the member to perform his or her responsibilities appropriately and/or the violation of rules of confidentiality. In removing a COE member, the following procedures shall apply:

- a. With concurrence of the COE Executive Committee, the Chair of the COE shall provide the member in question with written notice of the proposed removal, which shall include an explanation of the reason(s) for the proposed removal. The member shall be given an opportunity to provide a written response to the notice and to appear before the COE Executive Committee.
- b. After reviewing the response from the member, if the COE Executive Committee deems removal of the member to be in the best interests of the COE, the Chair of the COE shall submit to the COE the written notice of the proposed removal, the member's written response, and the final recommendation of the COE Executive Committee. The recommendation will also be submitted to the member in question.
- c. The COE shall act upon the recommendation of the COE Executive Committee at its next meeting. The member in question shall be given an opportunity to appear before the COE at that meeting. The action of the COE is final and not appealable. At the option of the COE Executive Committee, during the process from notice of the proposed removal through action of the COE, the member in question may not attend COE meetings.
- d. The action of the COE shall be communicated by the Chair of the COE to the member, and the fact of the member's seat being vacant shall be communicated as appropriate to enable the seat to be filled. A replacement member will be selected to complete the remainder of the removed member's term by the agency that was responsible for the original appointment of the removed member. Apart from the fact of the member's seat being vacant, the details and rationale of the removal action shall be considered confidential.

## 1.4 Organization

### 1.4.1 Leadership

The officers of the Council on Education are as follows:

- Chair of the Council
- Vice Chair of the Council
- Chair of the Committee on Evaluation
- Chair of the Committee on Academic Affairs

The officers are elected by the COE members (see procedures below under Nominating Committee description).

The Chair of the COE is the Chief Administrator of the Council and presiding officer responsible for the conduct of all official meetings. As presiding officer, the Chair must be familiar with the bylaws and standing rules of the COE as well as the job descriptions for officers and committees, ensures that action taken by the Council is based on a majority vote, and conducts meetings according to the most recent version of *Robert's Rules of Order, Newly Revised*. In consultation with COE staff, the Chair establishes the agenda for the Council, and with the Executive Committee and staff, plans the order and conduct of the meetings. With staff assistance, the Chair originates or edits all official Council correspondence and communication reflecting policies and procedures of the Council to the colleges of veterinary medicine and other individuals and organizations interacting with the COE. Such correspondence communicating official Council action or policy will be on AVMA letterhead, over the signature of the Chair.

The Vice Chair of the Council on Education shall be a member of the Executive Committee and shall assume all duties and responsibilities of the Chair in the latter's absence.

The Executive Committee is composed of the COE Chair, the Vice Chair, the Chair of the Committee on Evaluation, and the Chair of the Committee on Academic Affairs. The Committee is responsible for providing counsel and assistance to the Chair in making executive decisions and acting for the Council between meetings; however, it does not make accreditation decisions.

Various *ad hoc* committees are appointed by the Chair of the COE as needed. All committee action is conducted according to established Council policy and procedure. Each committee reports on its activities at regular meetings of the Council. Terms of service for officers and committees begin and end at the beginning of the AVMA association year.

#### 1.4.2 Committee Structure and Function

The COE has four standing committees: Evaluation Committee, Academic Affairs Committee, Nominating Committee, and Executive Committee. The following procedure is used in forming committees.

The Chair of the COE, in consultation with the Executive Committee, appoints all committees and liaisons. To ensure balance, the Chair considers the professional activity of each COE member in making appointments. The public members also serve on committees as assigned by the Chair. The Chairs of committees and the committee members serve one-year terms with the opportunity for reappointment.

The Chair of the Evaluation Committee is elected by COE membership. The Committee is responsible for recommending site visitors for assignment to site visit teams. The Evaluation Committee also reviews post-site visit survey results and makes any recommendations to the Council accordingly. The Evaluation Committee makes recommendations on revisions to the self-study guidelines, the site visit suggested itinerary, the evaluation rubrics, and other matters related to conducting site visits.

The Chair of the Committee on Academic Affairs is elected by COE membership. The Committee is responsible for ongoing review of and recommendations for improvement to the standard requirements and Council policy and procedure. The Committee also makes recommendations to the COE for revision of the self-study guidelines in accordance with recommended Standard changes.

The Nominating Committee consists of three members appointed from COE membership by the COE Chair. The Chair of the Nominating Committee also will be appointed by the COE Chair. The Committee is responsible for presenting a slate of nominees at each spring Council meeting for the offices of Chair, Vice Chair, Academic Affairs Committee Chair, and Evaluation Committee Chair, and forwards these to the COE members two weeks prior to the spring meeting.

At an appropriate time during the first day of the spring meeting, the Chair will call for nominations from the floor. The Nominating Committee will receive all nominations, ask those nominated if they are willing to serve, and provide a revised list of nominees to the COE members. Voting will be by written ballot. The candidates elected at the spring meeting will begin their terms at the beginning of the AVMA association year.

#### 1.4.3 Associated Committees, Commissions, and Boards

*Committee on Veterinary Technician Education and Activities* – One member appointed by the Chair of the Council will serve as a voting member for a one-year, renewable term.

*Educational Commission for Foreign Veterinary Graduates (ECFVG)* – One member of the Council will serve as a voting member for a six-year term, or until the end of the member's term on the Council. The Council submits a nomination for this position to the AVMA Board of Directors for Board approval.

*International Council for Veterinary Assessment* – One member is nominated by the Chair of the Council for a three-year term, or for up to one year following the end of the member's term on the Council.

*Committee on International Veterinary Affairs* – One member of the Council will serve as a voting member for a three-year term, with the option of a second three-year term at the discretion of the COE, or until the end of the member's term on the Council. The Council submits a nomination for this position to the AVMA Board of Directors for Board approval.

Liaison representatives report on the activities of the groups to which they are assigned at each regular Council meeting. Terms of appointment begin and end at the beginning of the AVMA association year.

### 1.5 Operating Procedures

#### 1.5.1 Conducting Meetings

Council in-person meetings are held biannually at the AVMA headquarters, unless otherwise determined and announced by the Chair. Additional meetings are held throughout the year through electronic means. The Chair presides over all meetings, and the meetings are conducted in accordance with *Robert's Rules of Order, Newly Revised*. The Chair's responsibilities are described in section 1.4 Organization.

No member of the COE who has an identified conflict of interest shall participate in any way in accrediting decisions. The individual shall leave the room when the report in question is being discussed. In cases where the existence of a conflict of interest is less obvious, it is the responsibility of any Council member who feels a potential conflict of interest exists, to absent himself/herself from the room. The

conflict of interest policy shall be limited to decisions regarding accreditation and shall not infer conflict with other decision-making responsibilities.

#### 1.5.2 Conference Calls, Video-conference, and Electronic Communication

The Chair will determine the agenda for all meetings held by conference call, video-conference, and other electronic communication, in consultation with the Executive Committee and staff. Meetings held electronically also will be conducted by *Roberts Rules of Order, Newly Revised* and will be presided over by the Chair. Minutes will be taken and approved, as for in-person meetings.

#### 1.5.3 Training of Members

All newly-appointed COE members receive orientation materials, including the current COE policies and procedures. Before their first meeting, new members receive training on member responsibilities and COE practices, and also participate in the annual COE site visitor training. The COE Chair assigns a senior COE member as a mentor to each incoming COE member, and mentors participate in the induction of incoming COE members.

During the first COE meeting attended by new members (fall), a minimum of two hours is devoted to continuing education of all COE members. The topic is selected by the incoming Council Chair. The Chair may invite outside experts to address the Council during these sessions. All COE members will review the online training module provided for ongoing training of site visitors.

All COE members have access to current practice literature through their AVMA membership, or, in the case of public members, a complimentary subscription to the *JAVMA*. The *Journal* provides full text manuscripts, and interpretative summaries of other relevant publications such as the *American Journal of Veterinary Research*, for the most recent scientific findings in veterinary medicine. The COE members also receive a complimentary subscription to the *Journal of Veterinary Medical Education*. The COE members are encouraged to read the information as a benchmark of current clinical practice and education, and to apply the knowledge to program evaluation. Further, a strong awareness of current clinical practice is important in the critical review of the standards for adequacy and relevancy.

#### 1.5.4 Information Storage and Retrieval

Staff of the AVMA Division of Education and Research, along with the Chair of the COE, maintain and refer to a database on interpretation of site visit results and outcomes. The database uses information from the past ten years of accreditation history, and this will evolve as new colleges are visited and data entered. Use of the database provides that similar situations and concerns are evaluated in a consistent manner, and that the Council consistently applies policy in making accreditation decisions.

The Council maintains complete records of all reports and correspondence regarding its accreditation and pre-accreditation decisions in compliance with USDE requirements. This includes all decisions made throughout an institution's or program's affiliation with the agency regarding the accreditation and pre-accreditation of any institution or program and substantive changes, including all correspondence that is significantly related to those decisions. Also included are records related to the last full accreditation or pre-accreditation review of each institution or program, including on-site evaluation team reports, the institution's or program's responses to on-site reports, periodic review reports, any reports of special



reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study. The records are confidential and are available for inspection by representatives of the Department of Education. Furthermore, the Council shares information related to the accreditation or pre-accreditation status of a veterinary medical program, and/or any adverse action taken, with appropriate accrediting agencies and state agencies.

## 1.6 Recognition of the Council on Education

### 1.6.1 US Department of Education (USDE)

The AVMA COE voluntarily seeks recognition from the USDE to substantiate credibility. The USDE recognizes accrediting bodies such as the COE that follow USDE guidelines of operation. Through this process, the COE adopts policies and procedures that are consistent with the published guidelines of the USDE. The COE demonstrates that accreditation decisions are independent of, and not influenced by the AVMA or its recognized affiliate organizations, or any other entity. In general, USDE guidelines seek assurance that the COE has clearly documented Standards of Accreditation that address all areas of the program leading to the DVM or equivalent degree, that the Standards are applied consistently and fairly to all colleges seeking accreditation, and that students are provided with accurate information regarding the program and given reasonable assurance of successful completion. Proper documentation of accreditation outcomes is sent to the USDE in a timely manner. The COE submits documentation for USDE recognition through the National Advisory Committee on Institutional Quality and Integrity (NACIQI), a committee within the USDE. The AVMA COE has been recognized as an accrediting body for veterinary medicine by the USDE since 1952.

### 1.6.2 Council for Higher Education Accreditation (CHEA)

Non-governmental recognition of accreditation is voluntarily sought by the COE through the Council for Higher Education Accreditation (CHEA). CHEA is a highly respected, non-profit organization that assists accrediting bodies like the COE in providing quality in the accrediting process. The Council identifies CHEA as the “gold standard” to assure that: 1) Standards are reviewed; 2) college evaluation is conducted in a manner that measures the educational quality of the program; 3) fair and informed means are used in the application of the Standards and in the conduct of the site visit; 4) the public is provided with high quality professional veterinary practitioners; and 5) the quality of teaching, research, and service is continually improving in veterinary medical colleges. Through the guidance of CHEA, the Council judges the appropriateness of institutional and program purposes, and the educational outcomes indicating that the purposes are being met on an ongoing basis. The COE also shares best practices for accreditation procedures with other health profession accreditors through its participation in CHEA. The AVMA COE has been recognized by CHEA and its predecessors as an accrediting body for veterinary medicine since 1949.

While colleges of veterinary medicine outside the US and Canada may seek AVMA COE accreditation status, neither USDE nor CHEA recognition is required for the activity.

## 1.7 Quality Assurance

### 1.7.1 Post Site Visit Surveys of Site Visitors and Colleges

Following a site visit, the dean is asked to provide each faculty member, student, and administrator information with access to an online evaluation form. The AVMA Statistical Research Group (SRG) conducts an analysis of the survey responses according to frequency and distribution of response, and prepares a report for the COE. The COE Committee on Evaluation studies the reports and makes recommendations to the Council regarding changes to be made in the site visit process. Site team members also complete a post-site visit evaluation form. Results of these surveys are forwarded to the COE. During its fall meeting, the COE reviews the recommendations and initiates necessary changes to improve the site visit.

### 1.7.2 Procedures for Complaints Regarding the Council on Education and its Accreditation Activities

Interested parties may submit a written, signed complaint to the COE regarding failure of the Council to follow policies and procedures, failure of the Council to use sound professional judgment in applying the Standards of Accreditation, failure of the Council to consider all evidence in accreditation decisions, or other Council action or inaction. The COE will determine whether the information submitted constitutes an appropriate complaint and will proceed according to policy.

The COE will acknowledge receipt of the information within seven (7) days, and provide the complainant with the policy and procedures manual. Within 60 days, the COE will collect additional information internally, if necessary, and conduct an initial screening to determine whether the complaint has merit. Within 90 days of receipt of the complaint, the COE will inform the complainant of the results of the internal screening. If the complaint is determined to have merit, the appropriate COE committee will consider the complaint in closed session if the discussion will involve specific individuals or colleges; otherwise, the complaint will be discussed in open session. These actions will occur at the next scheduled COE meeting. The COE will consider changes in policy and procedure if indicated, and initiate the change process in a timely manner. The COE will inform the complainant of any actions taken within 30 days of the COE meeting.

### 1.7.3 Procedures for Complaints Regarding Colleges

The COE provides opportunity for interested parties to submit written comments concerning college qualifications for accreditation. The Council publishes a notice of its plans to conduct a comprehensive site visit seeking reasonable assurance or accreditation status in the *Journal of the American Veterinary Medical Association (JAVMA)*. This notice indicates the deadline for receipt of third-party comment. Comments must address the Standards of Accreditation.

The COE is committed to sustained quality and continued improvement in veterinary medical education programs, but does not intervene on behalf of individuals or act as a court of appeal for individual matters of admission, appointment, promotion or dismissal of faculty, staff, or students. The COE will review complaints related to college compliance with the Accreditation Standards. Complaints and/or comments must be written, addressed to the COE, and signed with a personal signature for consideration/investigation. Contents of complaints/comments will be shared with the college, and the

COE. The college will be given the opportunity to respond to the complaints/comments, and that response will be used by the COE in resolving the complaint.

Students, faculty, constituent veterinary medical associations, veterinary state boards, and other interested parties may submit a signed complaint to the COE regarding an accredited veterinary or developing college that has made application for accreditation. The COE will take responsible precaution to protect the identity of the complainant from being revealed to the college; however, the Council cannot guarantee confidentiality of the complainant.

An appropriate complaint is defined as one alleging: 1) an accredited college or a college requesting evaluation for accreditation is not in compliance with the Standards of Accreditation and 2) the practice, condition, or situation is of a continuing or pervasive nature, as opposed to an unfair or arbitrary act of an individual or an act isolated in nature. In accord with the role of COE, matters will be addressed in an investigative manner rather than as a mediator. Only written, signed complaints will be considered by the COE. The COE strongly encourages all parties to attempt resolution of complaints before they are brought to the Council.

Any written complaint by a third party (individual such as faculty, staff, public, or organization) relating to an accredited college of veterinary medicine will be received by staff, who will acknowledge receipt of the complaint within seven (7) working days. AVMA staff will make a preliminary investigation of the initial complaint and report to the COE Executive Committee within 30 days. As part of this review, the staff will determine whether the complaint is appropriate for review by the Council, and whether the complaint is related to items that have specific impact on the educational process and/or the Standards. Allegations of malpractice upon an individual animal are unlikely to satisfy this principle.

After review of the complaint and the report of the staff investigation, the Executive Committee will report its findings to the Council within 30 days from receipt of the staff report. If, in the judgment of the Executive Committee, the complaint appears to be of sufficient substance to affect the accreditation status of the college, it will be investigated further by the Council. The complainant will be informed of the status of the complaint. Upon completion of the investigation, the Council will take appropriate action to bring the accreditation status of the college into conformity with the established classifications. If an investigation of the complaint by the Council is deemed necessary, it should be completed within a period of not more than six (6) months after receiving the report from the Executive Committee.

If an adverse decision is made concerning the accreditation classification of a college, the college shall have the right of appeal (see Section 2.5.4, Appeal Procedures for Adverse Outcomes). In any case, the college complained against will be informed of the nature and source (student, faculty, staff, or the public - but not identity of the entity) of the complaint and the potential action, if any, contemplated by the Council before such action is taken. The complainant will be notified in writing of the results of the investigation and any action taken.

#### **1.7.4 Programmatic Advertising and Student Recruitment**

Accredited veterinary medical colleges, or individuals acting on their behalf, are expected to exhibit integrity and responsibility in programmatic advertising and student recruitment. Responsible self-regulation requires rigorous attention to the ethical principles (listed below) in all matters of conduct.

Any advertising pertaining to a college that is accredited by the COE must be clear and comprehensive, indicating the accrediting body by name and specifying the accreditation status of the college. Any reference to a specific aspect of the college and the length of the program shall indicate that educational standards for the degree are being met.

The COE accredits colleges of veterinary medicine in the US and Canada, in addition to some colleges of veterinary medicine in other countries that seek COE accreditation. If a college or university makes public disclosure of accreditation or pre-accreditation status granted by the COE, all information related to the outcome of accreditation must be accurate in all respects, must disclose that the accreditation status affects only the college of veterinary medicine and no other entities of the university, and must provide the name, address, and telephone number of the COE at the AVMA.

Colleges shall adhere to the following principles of ethics:

- a. The primary emphasis on advertising veterinary professional education should be on the educational program.
- b. All statements and representations must be clear, factually accurate, and current.
- c. Catalogs and other official publications (printed or electronic) should be readily available and accurately depict:
  - Purpose and goals of the program
  - Admission requirements and procedures
  - Degree requirements
  - Faculty, with degrees held and the conferring institution
  - Tuition, fees and other program costs, along with the procedure for refund and withdrawal
  - Financial aid programs.
- d. College catalogs and other official publications (printed or electronic) describing career opportunities should provide clear and accurate information about:
  - National and state requirements for eligibility for licensure
  - Any unique requirements for career paths, or for employment and advancement opportunity in the profession.
- e. When a college discloses its accreditation or pre-accreditation status to the public, the COE must verify the accuracy of the information. The public disclosure of the accreditation status by the college must be sent to the COE and it must include:
  - A statement that the college grants the DVM or equivalent degree,
  - A statement that the college is accredited by the COE, and the address, e-mail, and telephone number of the COE. If incorrect or misleading information is included in the public disclosure of the accreditation status of the college, the COE will provide the accurate accreditation status to the public, make corrections in reports of site visit reviews or reports of evaluation, or the COE's accreditation or pre-accreditation actions with respect to the college, as necessary. The college will be notified that the COE intends to correct the incorrect or misleading information disclosed by the college. Public disclosure of COE corrections will be made in the *JAVMA*, the AVMA website, or other avenues. Should a college release additional information, the COE must be notified. The Council may maintain or alter the accreditation status assigned until it is satisfied that the public is not being misled.

## **2. PRINCIPLES OF ACCREDITATION**

### 2.1 Standards of Accreditation

#### 2.1.1 Standards of Accreditation

The COE is charged with developing, adopting, and implementing standard requirements for the accreditation of veterinary colleges leading to the DVM or equivalent degree. These Standards are the criteria by which all colleges are evaluated. The Standards currently in place are listed below. The full description of the criteria by which colleges are evaluated, and the evidence required to determine if each Standard is met, is included in *Section 4.2.1 Appendix E – Self-study Guidelines*. The Council accredits only those programs that demonstrate that they meet the Standards of an Accredited College of Veterinary Medicine, their own stated educational goals and objectives, and that materially comply with Council procedures and directives.

The following definitions will be used in applying the Standards:

Must: Indicates a mandatory requirement

Should: Indicates the recommended and highly desirable manner in which to attain the Standard

#### **Standard 1 – Organization**

Accreditation is a voluntary process. To achieve accreditation or remain accredited, the institution must comply with Council policies, processes, procedures, and directives.

The college must develop and follow its mission statement.

An accredited college of veterinary medicine must be a part of an institution of higher learning accredited by an organization recognized for that purpose by its country's government. A college may be accredited only when it is a major academic administrative division of the parent institution and is afforded the same recognition, status, and autonomy as other professional colleges in that institution.

The chief executive officer/dean must be a veterinarian. This individual must be employed full-time with a faculty appointment within the college throughout the calendar year, without conflicting outside employment or activities. Any secondary employment or activities must be approved and monitored by the parent institution and must not conflict with the CEO/dean's commitment to, or the interests of, the college. The CEO/dean is responsible for the ongoing development and administration of the college and must have sufficient qualifications, experience, and time to provide effective leadership. There must be a clear definition of the CEO's/dean's authority and responsibility for the veterinary medical education program. This individual must have overall budgetary and supervisory authority necessary to assure compliance with accreditation standards. The officer(s) responsible for the professional, ethical, and academic affairs of the veterinary medical teaching hospital(s) or equivalent must also be veterinarians.

There must be sufficient administrative staff to adequately manage the affairs of the college as appropriate to the enrollment and operation.

The college must have and follow a statement on diversity, equity, and inclusion, consistent with applicable law. The college must create and promote an institutional structure and climate that does not

discriminate and seeks to enhance diversity, equity, and inclusion, consistent with applicable law. Diversity may include, but is not limited to, race, color, religion, ethnicity, age, gender, gender identity, sexual orientation, first language, cultural and socioeconomic background, national origin, tribal membership, citizen status, and disability. The college or institution must establish a reliable, effective reporting and response system, and, if warranted, a process to remedy instances of discrimination and other forms of harassment involving faculty, staff and students.

### **Standard 2 - Finances**

Finances must be adequate to sustain the educational programs and mission of the college.

Colleges with non DVM undergraduate degree programs must clearly report finances (expenditures and revenues) specific to those programs separately from finances (expenditures and revenues) dedicated to all other educational programs.

### **Standard 3 - Physical Facilities and Equipment**

All aspects of the physical facilities to which students are exposed must provide an appropriate learning environment. Safety of personnel and animals must be a high priority. Classrooms, teaching laboratories, teaching hospitals, and other clinical teaching sites 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 and personnel utilizing these facilities.

Offices, workspaces, laboratories, toilets, and locker rooms must be sufficient for the needs of the students, faculty, and staff.

An accredited college must maintain an on-campus veterinary teaching hospital(s), or have formal affiliation with one or more off-campus veterinary hospitals or other training sites used for teaching. Off-campus required training sites must be directly (in-person) and regularly (no less than annually) inspected and overseen by qualified college personnel to provide a safe and effective learning environment. Appropriate diagnostic and therapeutic service components must be present to meet the expectations of the practice type. These include, but are not limited to, pharmacy, diagnostic imaging, diagnostic support services, isolation facilities, intensive/critical care, ambulatory/field service vehicles, and necropsy facilities in the teaching hospital(s) and/or facilities that provide required clinical training. Operational policies and procedures must be posted in appropriate places. Standards related to providing an adequate teaching environment and safety of personnel and animals shall apply to all teaching hospitals and locations where required training takes place.

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.

### **Standard 4 - Clinical Resources**

Normal and diseased animals of various domestic and exotic species must be available for instructional purposes. Normal animals can be provided by the institution in on or off-campus settings, or be client-owned animals presented for preventive veterinary medical care, on or off-campus. Diseased animals must include client-owned clinical patients with spontaneous diseases presented for veterinary medical

care or testing in on or off-campus environments. While precise numbers are not specified, in-hospital patients and outpatients including animals presented for preventative medical management, animals with problems commonly seen in general practice, animals with complex problems receiving specialized care, and animals seen in field service/ambulatory and herd health/production settings are required to provide direct hands-on experiences for all students. 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 and comply with the Standards of Accreditation.

It is essential that a diverse and sufficient number of surgical and medical patients be available during on-campus and off-campus clinical activities for students' clinical educational experience. Experience can include exposure to clinical education at off-campus sites, provided the college regularly, via in-person or virtual interpersonal communication with students and off-campus instructors reviews and monitors these clinical experiences and educational outcomes.

All required clinical training sites must demonstrate a commitment to instructional quality. Further, such clinical experiences must take place across settings that provide direct interactions with and supervision by veterinarians who have been trained to educate students. All students must actively participate in managing normal and diseased, client-owned, clinical patients at required clinical training sites. Required clinical training sites must include both general practices in which students are supervised by experienced veterinary practitioners, as well as specialty practices supervised by experienced board-certified specialists. All required clinical training sites must provide access to reference resources, modern and complete clinical laboratories, advanced diagnostic instrumentation and ready confirmation of diagnosis (including necropsy). Clinical experiences could include contractual arrangements with veterinarians who serve as educators at off-campus clinical sites as well as veterinarians who work at off-campus field practice centers.

The required on-campus and off-campus clinical training sites must provide nursing care and instruction in nursing procedures, as well as instruction in managing health care teams. Veterinary personnel who provide technical education should be credentialed as appropriate to the jurisdiction. A supervised field service and/or ambulatory program must be operated by the college or by a privately operated field service/ambulatory practice(s) that is (are) contracted to provide clinical experiences for students 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.

Medical records must be comprehensive and maintained in an effective retrieval system to efficiently support the teaching, research, and service programs of the college. Students must actively participate in the use of an electronic medical records system within a clinical setting during the care of patients.

#### **Standard 5 - Information Resources**

Timely access to information resources and information professionals must be available to students and faculty at required training sites. The college must have access to up-to-date human, digital, and physical resources for retrieval of relevant veterinary and supporting literature and for development of instructional materials, and provide appropriate training and technical support for students and faculty. The program must be able to demonstrate, using its outcomes assessment data, that students are competent in retrieving, evaluating, and applying information through the use of electronic and other appropriate information technologies.

### **Standard 6 - Students**

The number of professional degree students in all phases of the program, DVM or equivalent, must be consistent with the resources and the mission of the college. The program must be able to demonstrate, using its outcomes assessment data, that the resources are sufficient to achieve the stated educational goals for all veterinary students engaged in its programs.

All students must have direct experiences with veterinarians who are in post-DVM programs, including internships and residencies, to provide understanding of these career paths. Experiences with interns and residents must include experiences in a clinical setting. All students must have direct experiences with individuals (ideally veterinarians) who are pursuing advanced degrees (e.g., MS, PhD). Colleges should establish such post-DVM programs that complement and strengthen the professional program. Such programs must not adversely affect the veterinary student experience.

Student support services must be available, accessible, and publicized within the college or university. Colleges must provide or facilitate access to support services to students when engaged in off-campus learning experiences. These must include, but are not limited to, appropriate services to support student wellness and to assist with meeting the academic and personal challenges of the DVM program; support for students with learning or other disabilities; support diversity, equity, and inclusion awareness programs for students; and support of extra-curricular activities relevant to veterinary medicine and professional growth.

The college or parent institution must provide information and access to counselling services regarding financial aid, debt management, and career advising. Career advising must include selection of clinical experiences.

The college must promote an institutional climate and culture that fosters diversity, equity, and inclusion, within the student body, consistent with applicable law.

In relationship to enrollment, the colleges must provide accurate information for all advertisements regarding the educational program by providing clear and current information for prospective students. Further, printed catalog or electronic information must state the purpose and goals of the program, provide admission requirements and procedures, state degree requirements, present faculty descriptions, provide an accurate academic calendar, clearly state information on educational cost and debt risk, for the college. The college must provide information on procedures for withdrawal including the refund of student's tuition and fees allowable. Information available to prospective students must include relevant requirements for professional licensure. This must include an indication of which US states the college's curriculum meets, does not meet, or it is undetermined whether it meets the requirements for professional licensure, as applicable.

Each accredited college must notify students and provide a mechanism for students, anonymously if they wish, to offer suggestions, comments, and complaints regarding compliance of the college with the Standards of Accreditation. These materials shall be made available to the Council annually.

### **Standard 7 - Admission**

The college must have a well-defined and officially stated admissions policy and a process that ensures a fair and consistent assessment of applicants. The policy must provide for an admissions committee, a majority of whom must be full-time faculty members. The membership- of the admissions committee should rotate on a regular basis with the exception of ex-officio members (e.g. three to five year terms with defined term limits). The committee must make recommendations regarding the students to be admitted to the professional curriculum upon consideration of applications of candidates who meet the academic and other requirements as defined in the college's formal admission policy.



Participants contributing to the evaluation of applicants must have received training in how to recognize and address bias in the admission process.

The college must demonstrate its commitment to diversity, equity, and inclusion through its recruitment and admission processes, as consistent with applicable law. Such initiatives should include programs that promote achieving diversity among qualified applicants for veterinary college admission. The college must review its admissions processes at least every seven years, including identifying and reducing barriers in the application process. The college's admissions policies must be non-discriminatory, as consistent with applicable law.

Subjects for admission must include those courses prerequisite to the professional program in veterinary medicine, as well as courses that contribute to a broad general education. The goal of pre-veterinary education shall be to provide a broad base upon which professional education may be built, leading to lifelong learning with continued professional and personal development.

Factors other than academic achievement must be considered for admission criteria.

#### **Standard 8 - Faculty**

Faculty numbers and qualifications must be sufficient to deliver the educational program and fulfill the mission of the college. Instruction in the pre-clinical and clinical setting must be delivered by faculty who have education, training, expertise, professional development, or a combination thereof, appropriate for the subject matter. Participation in scholarly activities is an important criterion in evaluating the faculty and the college. The college must provide evidence that it utilizes a well-defined and comprehensive program for the evaluation of professional growth, development, and scholarly activities of the faculty.

Academic positions must offer the security and benefits necessary to maintain stability, continuity, and competence of the faculty. The college must cultivate a diverse faculty through its hiring policies and retention practices, consistent with applicable law. Search committees must be trained on best practices resulting in inclusive searches, including recognizing and addressing bias in the search process. The college must strive to create an inclusive and supportive environment for all faculty. The college must demonstrate its ongoing efforts to achieve parity in advancement opportunities and compensation for all faculty members, as consistent with applicable law. Part-time faculty, locum tenens, residents, and graduate students may supplement the teaching efforts of the full-time permanent faculty if appropriately integrated into the instructional program.

#### **Standard 9 - Curriculum**

The curriculum shall extend over a period equivalent to a minimum of four academic years, including a minimum of one academic year of hands-on clinical education. The curriculum and educational process should initiate and promote lifelong learning in each professional degree candidate.

The curriculum in veterinary medicine is the purview of the faculty of each college, but must be managed centrally based upon the mission and resources of the college. There must be sufficient flexibility in curriculum planning and management to facilitate timely revisions in response to emerging issues, and advancements in knowledge and technology. The curriculum must be guided by a college curriculum committee. The curriculum as a whole must be reviewed at least every seven (7) years. The majority of

the members of the curriculum committee must be full-time faculty. Curriculum evaluations should include the gathering of sufficient qualitative and quantitative information to ensure the curriculum content provides current concepts and principles as well as instructional quality and effectiveness.

The curriculum must provide:

- a. an understanding of the central biological principles and mechanisms that underlie animal health and disease from the molecular and cellular level to organismal and population manifestations.
- b. scientific, discipline-based instruction in an orderly and concise manner so that students gain an understanding of normal function, homeostasis, pathophysiology, mechanisms of health/disease, and the natural history and manifestations of important animal diseases, both domestic and foreign.
- c. instruction in both the theory and practice of medicine and surgery applicable to a broad range of species. The instruction must include principles and hands-on experiences in physical and laboratory diagnostic methods and interpretation (including diagnostic imaging, diagnostic pathology, and necropsy), disease prevention, biosecurity, therapeutic intervention (including surgery and dentistry), and patient management and care (including intensive care, emergency medicine and isolation procedures) involving clinical diseases of individual animals and populations. Instruction should emphasize problem solving that results in making and applying medical judgments. Instruction in these areas must provide exposure to the wide range of veterinary care options.
- d. instruction in the principles of epidemiology, zoonoses, food safety, antimicrobial stewardship, the interrelationship of animals and the environment, and the contribution of the veterinarian to the overall public and professional healthcare teams.
- e. opportunities for students to learn how to acquire information from clients (e.g. history) and about patients (e.g. medical records), to obtain, store and retrieve such information, and to communicate effectively with clients and colleagues.
- f. opportunities throughout the curriculum for students to gain an understanding of professional ethical, legal, economic, and regulatory principles related to the delivery of veterinary medical services, personal and business finance and management skills; and gain an understanding of the breadth of veterinary medicine, career opportunities and other information about the profession.
- g. Opportunities throughout the curriculum for students to gain and integrate an understanding of the important influences of diversity, equity, and inclusion in veterinary medicine, including the impact of implicit bias related to an individual's personal circumstance on the delivery of veterinary medical services.
- h. knowledge, skills, values, attitudes, aptitudes and behaviors necessary to address responsibly the health and well-being of animals in the context of ever-changing societal expectations.
- i. fair and equitable assessment of student progress. The grading system for the college must be relevant and applied to all students in a fair and uniform manner.

### **Standard 10 - Research Programs**

The college must foster and support an environment and culture of scientific inquiry. The college must maintain substantial research activities of high quality that integrate with and strengthen the

professional program, such as basic science, clinical science, or scholarship in teaching and learning. Continuing scholarly productivity within the college must be demonstrated and the college must provide access to opportunities for any interested students in the professional veterinary program to be exposed to or participate in on-going high-quality research. All students must receive training in the principles, application, and ethics of research methods and in the appraisal and integration of research into veterinary medicine and animal health.

### **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. Data must be collected from both graduates and employers of graduate and evaluated.

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 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, including the knowledge, skills, and core professional attributes needed to provide culturally competent veterinary care in a multidimensional and diverse society; communication skills; including those that demonstrate an understanding and sensitivity to how diversity and individual circumstance impact veterinary 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.\*

*\*Colleges that do not meet this criterion will be subjected to the following analysis. 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 in which scores are available 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 in which scores are available will, for cause, be placed on Terminal Accreditation. If no program graduates take the NAVLE, the Council will use other student*

*educational outcomes in assessing compliance with the standard, including those listed in the self-study guidelines.*

### 2.1.2 Standard Development

In developing standards, all committees within the COE are substantially involved in the process, with final adoption of revisions established by majority vote of current COE members. Outside input is solicited from the entire veterinary medical profession, as well as from stakeholders of the profession. Input from other interested parties also is sought and reviewed. Suggested additions or changes in the Standards are placed on the AVMA website (in the public section), requesting comments from the profession and the public. Notification of the open comment period to the profession and the public is done via AVMA communication modalities, e.g., blogposts, electronic newsletters, and by posting on the AVMA website (in the public section). All college deans, regional accreditors, and selected specialized accreditors are provided the opportunity to comment on the proposed changes by direct notification. Comments are received by the staff to the Council for a period of two weeks. The staff collates the input received, and provides it for the Council's review prior to the subsequent meeting, when the input received is discussed. The full Council votes before the new or revised Standard is finalized. When a new or revised Standard is approved by the COE, it is published in the *Accreditation Policies and Procedures of the AVMA Council on Education* manual. The manual is updated semi-annually, as needed.

### 2.1.3 Review of Existing Standards

The Council's ongoing review of the Standards results in their evolution, based upon changes in the educational and professional community. Requests for modifying the Standards are received from a variety of sources, and action on these suggestions is the result of broad input by the profession. Two forms of revision are used: the revision of an existing Standard to meet evolving educational and professional needs; and developing a new Standard in response to changes in contemporary education, or professional needs or processes. As a result of these processes, Standards may be revised, added, or deleted.

In order to provide that the Standards of Accreditation meet the needs of students in veterinary medical educational programs and the resultant practitioners in the profession, the adequacy and relevancy of the standards must be assessed on an ongoing basis. For the purpose of definition, adequacy is a measure of quality in outcome (preparation for practice), as measured by such indicators as those reported for Standard 11, e.g., alumni and employer satisfaction and NAVLE scores. Relevancy measures the consistent application and interpretation of the standards. In order for standards to be adequate, they must be relevant. The standards go through a rigorous process of review whereby veterinary professionals and stakeholders are asked for their input on standards and any proposed changes to the standards.

The COE Committee on Academic Affairs considers the Standards and any revision suggested in relation to changing educational processes, demographics, impact on the profession, impact on the students and faculty, impact on the colleges, and expected outcome for students. The review also consists of carefully reviewing the Standards for content, clarity, and contemporary need. The committee considers comments from any source, paying particular attention to third party and student comments (if any); the survey of education consumers; input from the site visit surveys; and any other available resources. Revisions proposed by the Academic Affairs Committee are voted on by the Council. Approved revisions

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are circulated to deans of veterinary colleges and others (as described above) for input. Adopted changes are reported to the colleges and the profession and the public.

Each year four Standards of Accreditation, as well as the associated guidelines for those Standards (*Section 4.2.1 Appendix E – Self-study Guidelines*), are comprehensively reviewed by the COE Committee on Academic Affairs. This is done whether or not input has been received from the professional community or the public. As a result of this review, Standards may be revised or refined for clarification, undergo no change, be dropped, or be subjected to comprehensive revision resulting in a more effective means of assessing the veterinary medical programs. None of these changes occur without soliciting input as described above. Using the above-noted system, review of the 11 Standards of Accreditation occurs approximately every four years to coincide with the Survey of Stakeholder Groups in the validity and reliability assessment.

When modification occurs, the revision is reported to the deans of colleges of veterinary medicine who are given instruction on implementation. Finally, the veterinary medical community is notified of the change through publication in the *JAVMA* and on the AVMA web site (in the public section), and through AVMA communication modalities (e.g. blogs, electronic newsletters).

The COE believes a minimum time span should elapse between the adoption of new or revised Standards and their implementation. The COE acknowledges that some time is necessary to allow colleges to understand and adjust to the new or revised Standard(s); nevertheless, colleges are expected to implement new Standards as soon as is reasonably possible, typically within no more than one year. The COE will enforce new or revised Standards one year after the Standards are adopted.

In addition to the measures described above, the Council conducts a holistic review of all Standards every four years. This process is initiated by conducting a short survey to evaluate the adequacy of the Standards as a whole in conjunction with a larger survey that was developed by reducing each Standard to its simplest components. Assessed in this format are the ease and consistency of interpretation of the components of each Standard, and a measure of the level of contribution of each component to the preparation of graduates.

The larger survey sample includes 5,200 veterinary practitioners, the executive director of each state veterinary medical association, 2,400 faculty members in US veterinary colleges, 1,700 currently enrolled, fourth-year veterinary students in US veterinary colleges, and deans from all the US veterinary colleges. Sample sizes for veterinary practitioners, veterinary faculty and senior students are selected to provide a minimum confidence level of 95% +/-5. At the same time the statistical survey is being completed, a survey instrument assessing the ease and consistency of interpretation of each of the Standards and a measure of the level of contribution of each Standard to the preparation of graduates will be posted on the AVMA website (in the public section). This survey will be open to the profession and the public for the same time frame as the statistical survey is open.

Data collected are analyzed and summarized by the AVMA Survey Research Group (SRG), and the analysis is presented to the COE. The Committee on Academic Affairs evaluates the survey analysis for impact on the Standards, and presents appropriate recommendations to the COE, based on its evaluation. The Council may request further analysis if the responses related to 1) ease of interpretation, or 2) the level of importance as a contributor to the education of veterinary professionals for any standard component is below 80%. Proposed revision to the Standards is initiated when the review of the analysis is complete.

## 2.2 Self-Study

### 2.2.1 Purpose and General Description

The Council evaluates each college of veterinary medicine by whether it meets its own stated mission and by its compliance with the COE Standards of Accreditation. To maintain accreditation, veterinary colleges must provide an extensive self-evaluation and arrange for a site visit at intervals of not more than seven years.

More frequent site visits may be scheduled for colleges with Probationary Accreditation. The Council reserves the right to schedule site visits on a more frequent basis if information of concern is received in an annual report, in response to complaints received by the COE, or if other information concerning the college's compliance with the Standards is made known to the COE. A developing college still under a reasonable assurance designation or Provisional Accreditation is visited as described in Section 3.2. The Council expects every college of veterinary medicine to engage in ongoing evaluation of all elements of the educational programs as they relate to the Standards. The self-evaluation report is a summary of the current state of regular self-evaluation.

Administrators, faculty, students and alumni of the college are best qualified to identify the strengths and weaknesses of the college, and should be consulted in preparation of the self-study. Committees composed of the above groups should be established by the administration for the purpose of composing the self-study. Department input should be included in the self-study, but not as a separate section of the document. As an outside group, the Council gains its best perception of a college through the eyes of those most closely involved.

The self-study report is the single most important document of the accreditation process, and serves as the principal element of evidence that the program and resources of the college comply with the Standards of Accreditation. Each site team member is provided a copy of the self-study, and it is made available to all Council members. The accreditation site visit serves to clarify and verify that the self-study is a true reflection of the conditions of the college.

The Council is seeking evidence-based documentation indicating that the college complies with each Standard. The Council broadly evaluates student outcomes that address technical knowledge and skills, and life skills (e.g., problem solving, communication, business and personal finance, etc.). Thus, the system of self-evaluation used by each college must include these outcomes. Specific compliance with each standard is judged by the Council based upon the adequacy/quality of the professional education program, as presented in the self-study, verified during the site visit, and documented in the site visit report of evaluation.

### 2.2.2 Guidelines for the Self-Study

No later than eight weeks before the site visit, the college must provide the self-study as a hard copy (one only) and in electronic format to the AVMA office. The electronic copy should be sent either by e-mail or made available using an online method for downloading. Sufficient electronic and hard copies must also be prepared and shipped by the college to each site team member. Failure to file a suitable report by the deadline, and in the formats specified, may result in postponement of the site visit.

Guidance and the elements necessary for the self-study are provided in *Section 4.2.1 Appendix E – Self-Study Guidelines*. The required information must be written in a concise manner. Where appropriate, the information/data presented must be analyzed and/or summarized for brevity and clarity. The information provided under each Standard is evaluated by the Council in relation to that Standard and to the mission of the college in order to determine compliance. Should the college deem that background information would be helpful for the Council to understand a given issue or condition, the information should be included in a summary format in appropriate appendices.

The self-study should not be more than **105 pages** in total, inclusive of appendices, with minimum of size 11 font. Addendums should be those required and those the college believes will assist in understanding how the college complies with a Standard. Links to websites should be limited to those required, e.g., published admissions requirements and NAVLE scores. In preparing the self-study, appropriate data should be presented in an easily understandable form (e.g., graphs, charts, etc.) that clearly describes trends. Colleges should not include educational philosophies or long explanations, but include brief explanations that may assist the site team and Council in understanding how the program is complying with a Standard. When printing the self-study, **font size that is easily readable** should be used (no smaller than font size 11). Hard copies of the self-study should be bound using a plastic or wire spiral binding product (not a loose-leaf, notebook format). Additional materials may be placed in the meeting room for the site team, but the Council does not require these materials and they should be kept to a minimum.

The college report should be primarily in narrative form with appropriate tables and diagrams attached as appendices. Minority opinions at any level should be included under appropriate heading. The appropriate administrative officer should provide an executive summary of the self-study addressing strengths and weaknesses of program elements as covered by the Standards.

Access to all materials related to student recruitment into the professional veterinary medical program shall be made available to the site visit team prior to or during the visit. These materials shall include digital content, as well as brochures, pamphlets, posters, displays, videos, publications, and other materials used to advertise the program to prospective students.

## **2.3 Site Visit**

### **2.3.1 General Description and Objectives**

The objective of a site visit is to verify and supplement information presented in the self-study report. Site visits are made only with the concurrence of the administration of the college and its parent institution. When it appears in the best interest of the college, the university concerned, the AVMA COE, or another accrediting agency, every effort is made to coordinate and cooperate with other accrediting agencies in requests for information and in conducting visits.

At least nine months before the end of the period for which a college is accredited, the dean is alerted to the requirements for preliminary reports, and arrangements for a site visit are made. A copy of the current *Accreditation Policies and Procedures of the AVMA Council on Education* is sent to the dean. The timing of the site visit is made in consultation with the dean. If unusual conditions exist, such as a natural disaster or a public health threat, the COE will follow guidelines for scheduling and conducting

site visits according to its Emergency Conditions Policy (*Section 4.2.2 Appendix F– Emergency Conditions Policy*).

Using the college self-study as the basis for evaluation, a site visit is conducted. Input is sought from all components and stakeholders of the college including faculty, students, staff, and alumni. Facilities, programs, and other pertinent areas are also studied. A factual report of the current status of the college is produced using a standardized site visit rubric to ensure thorough and consistent application of the standards by each site team. The report is reviewed by all team members for factual correctness. The rubric for a comprehensive site visit is included in *Section 4.2.5 Appendix I – Comprehensive Site Visit Rubric*. Rubrics used for Consultative Visits and visits for Provisionally Accredited Colleges are available on request.

The site visit is a point-in-time observation (“still photograph”) of a dynamic process representing current conditions in the college. The team should not evaluate plans, unfinished renovations or structures, projected equipment purchases, desired program changes, and other non-existing “dreams.” These items can be noted, but should not be used to make assessments of compliance. This understanding should not discourage the college from explaining future efforts that might improve the quality of education, research, or service to the profession, but such plans must be considered based upon the mission of the college, the resources available, and the projected student learning outcomes.

Special emphasis is placed upon gathering information and data related to student learning outcomes. A college must have an ongoing process to collect, summarize, and analyze student learning outcome data and must use the findings to improve student education. Examples of how student outcomes were used to improve educational quality of the program should be discussed with the college administration.

During the site visit the team audits the college educational program by consulting with the dean and appropriate staff, department heads, representative faculty members, the librarian, information technology staff, representative students at both professional and graduate levels including interns and residents, and appropriate faculty committees. In addition, the team tours the buildings, facilities, equipment, and views case records. The site visit team holds a series of executive sessions to compare notes on its findings, begin formulation of its report, and instruct the chair as to the points to be addressed and directives and recommendations to be made in the draft report of evaluation. Each member drafts directives concerning deficiencies in meeting the standard requirements for which he/she has been assigned responsibility. All directives are based on discussion noted in the commentary provided by the site team under each Standard. Directives are stated as specifically as possible to identify the deficiency involved and suggest possible solutions, without dictating the specific method for achieving the necessary outcome. The entire team (excluding observers) discusses and approves all directives, which become part of the report. The site team may also add suggestions when a college is in compliance with a Standard, but an opportunity to make a suggestion for improvement has been identified. If there is disagreement within a team concerning a directive or suggestion, the item remains in the report, and the disagreement is called to the attention of the Council when the report is presented.

### 2.3.2 Type of Site Visits – Consultative, Comprehensive, Focused

Three types of site visits may be conducted by the COE: consultative, comprehensive, and focused. The procedures vary slightly for colleges outside the US and Canada, but the criteria for evaluation are the same for all colleges worldwide. The composition of the team varies by the type of site visit. There are



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two COE members assigned as reviewers for all site visits. The cumulative number of all types of site visits in a 12-month period will be no more than 12.

***Consultative Visit – US and Canadian colleges***

Upon request, the Council will consider evaluation of an existing, proposed, or newly established college. The Council and/or staff offers reasonable consultation to any college concerning accreditation including Reasonable Assurance and Provisional Accreditation (see Section 3.1). A request should focus on a specific item(s) wherein the college wishes advice. The advice provided is not an official recommendation from the COE. The cost of the consultation is paid by the college.

If a proposed US or Canadian veterinary college is seeking a Letter of Reasonable Assurance, the college must first request a consultative site visit. A fee will be charged for this consultative site visit (see Section 3). All expenses for the consultative site visit are paid by the proposed college. The consultative report is an unofficial report of the college's readiness for a Letter of Reasonable Assurance. Should the college subsequently request a comprehensive visit for seeking a Letter of Reasonable Assurance, the consultative report will be shared with the comprehensive site visit team.

Upon request, Reasonable Assurance evaluations and consultative site visits for proposed programs are conducted essentially the same as evaluations for established accredited programs. The self-study report, the site visit, and the report of evaluation address the Standard requirements based on plans and existing resources such as budget, facilities, faculty, and administration. A Reasonable Assurance evaluation is based on planned action and preliminary arrangements so long as the Council deems the implementation of such planned actions to be reasonable, pragmatic, and feasible within an appropriate time frame.

***Comprehensive site visits – US and Canada***

Comprehensive site visits are conducted at least every 7 years for accredited colleges in the US and Canada, and more frequently for provisionally accredited colleges (see section 3.1). A comprehensive site visit also is conducted prior to granting Reasonable Assurance. The Report of Evaluation resulting from a comprehensive site visit is reviewed by the entire COE prior to making accreditation decisions.

***Consultative visits – outside the US and Canada***

If an established veterinary medical college outside the US and Canada seeks accreditation, the college must request a consultative site visit for advice on its readiness for attaining accreditation status (see Section 3.3). The consultative report is an unofficial report of the college's readiness for accreditation. Should the college subsequently request a comprehensive visit for initial accreditation consideration, the consultative report will be shared with the comprehensive site visit team.

When a college is seeking initial accreditation and a consultative site visit has been scheduled, two COE reviewers will be assigned to conduct a pre-review of the self-study. The COE reviewers and consultative site team, in consultation with COE staff, will review the self-study and determine if the college appears to meet all or most of the Standards. In the event it is believed that the college falls short of meeting one or more Standards, a consultative site visit will not be conducted, and the college will be notified of the perceived deficiencies.

***Comprehensive – outside the US and Canada***

For colleges seeking initial accreditation, after receipt of the COE's consultative report and the submission of a detailed response to all points raised by the consultative site team, an established

veterinary medical college outside the US and Canada seeking accreditation may request a comprehensive site visit. The application for a comprehensive site visit by the COE must occur within three years of the consultative site visit. If the COE does not receive such application within the three-year period, the college must wait an additional two years before reapplying (see Section 3.3).

Visits to veterinary colleges outside the US and Canada may require slight alterations in several areas of standard operating procedure, but not in interpreting the Standards. The site team selection process for US colleges is used with the following exception: the geographically closest, appropriate veterinary licensing body or association (state, district, regional, national, or other) is asked to appoint two members in good standing to the COE site visit team. The representatives appointed must have no conflict of interest with the college, and must verify this fact by signing the AVMA Conflict of Interest Statement for Site Team Members. The individuals selected must speak fluent English.

A College may request that a COE comprehensive visit be held in conjunction with another accrediting body (joint site visit). This may be done at the discretion of the Council. The COE will cooperate with the international accreditors in scheduling the time and itinerary for the visit. Each accrediting agency will independently make a decision on the accreditation status of the college. The COE will use its scoring rubric and Standards of Accreditation to assess the school's compliance with the Standards. Any addendums to the Report of Evaluation to account for the variance of standards between accreditors that do not specifically address the COE's Standards of Accreditation will be removed from the final COE report.

Students enrolled in and completing the professional program in an AVMA COE accredited veterinary college outside the US and Canada will be considered graduates of an accredited college if they graduate after the date of the site visit resulting in accreditation status. Persons receiving a diploma, certification, qualification, or other designated degree prior to the date of the site visit resulting in AVMA COE accreditation will not be considered graduates of an AVMA COE accredited college.

Students enrolled in accredited colleges of veterinary medicine may or may not be permitted to transfer to another AVMA COE accredited program, at the discretion of each institution. Each AVMA COE accredited veterinary college outside the US and Canada is required to provide an annual interim report to the AVMA COE. This report is used to assess its progress and to identify major changes in the college or its support units regarding the Standards.

All correspondence and conversation with the AVMA, including the self-study document, must be in English. If any portion of the veterinary educational program is conducted in a language other than English, the AVMA COE may employ a translator of its choosing. The cost of the translation will be charged to the college.

***Focused visit – all accredited and provisionally accredited colleges***

A focused site visit can be requested by an AVMA COE accredited veterinary medical college, or be initiated by the COE based upon the contents of the college's annual interim report or third party (faculty, student, or public) comment, or other applicable information (as determined by the COE). The focused site visit is usually conducted by one or two COE site visitors, one of whom served on the original comprehensive site visit team. The college is requested to provide information regarding the concerns prompting the site visit. The COE will assign an accreditation status based upon evaluation of compliance with the Standards.

### 2.3.3 Cost Recovery for Site Visits

The costs for site visits of all types for all colleges of veterinary medicine world-wide are paid by those colleges. Site visit team members are reimbursed for their expenses, but no honoraria are paid.

### 2.3.4 Site Visitors

Site visit teams are selected to represent educators, practitioners, and others (including public members) in the proportion necessary to evaluate a college and its programs.

- US – Accreditation site teams are composed of at least five trained site visitors, at least four of whom shall be trained site visitors selected by the COE (one of whom will serve as chair) and one trained site visitor selected by the CVMA. In addition, the team will be accompanied by one or two current COE member(s) (non-voting observers), and one staff member (non-voting).
- Canada – Accreditation site teams are composed of at least five trained site visitors, at least two of whom shall be trained site visitors (one of whom will serve as chair) selected by the COE and three trained site visitors selected by the CVMA. In addition, the team will be accompanied by one or two current COE member(s) (non-voting observers), and one staff member (non-voting).
- Colleges outside the US and Canada – Accreditation site teams are composed of six trained site visitors; three trained site visitors (one of whom shall serve as chair) selected by the COE, one trained site visitor selected by the CVMA, and two members from the country wherein the college is located, with the exception of joint site visits where the make-up of the team shall be decided collaboratively by the accrediting bodies. The COE site visitors serving on a joint site visit team will be chosen by the COE, and must be experienced in accrediting schools and are required to have participated in at least one site visit prior to the joint site visit. Teams visiting Colleges outside the US and Canada will be accompanied by one or two current COE member(s) (non-voting observers), and one staff member (non-voting).
- Advisory/Consultative site team – These site teams are composed of at least three trained site visitors and one staff member (non-voting). In addition, the team will be accompanied by one or two current COE member(s) (non-voting observers).

A staff member will accompany each site team and assist in coordinating activities. Staff will consider how each of the Standard requirements is being met by the college and note any points not covered in the Self-Study report. If major deficiencies are found in the material presented, staff will notify the Chair of the site team, who will request that the college provide supplemental material.

### 2.3.5 Application and Appointment Procedures

Site visitors serve six-year, staggered terms. An annual call for applications and nominations will be distributed broadly. Veterinarians and former COE public members are eligible to be considered to be site visitors. The COE will review the credentials of the applicants and nominees and select site visitors. A committee will be appointed by the COE Chair for this purpose. A pool of trained site visitors will be maintained. Site visitors whose terms are expiring may be reappointed for an additional six-year term.

Site visitors are identified and assigned to each team by the chair of the Evaluation Committee. These individuals participate as volunteers and are not eligible for honorariums, but may be reimbursed, when necessary, for transportation, food, lodging, and incidental expenses.

An effort will be made to balance the areas of expertise on the site visit teams. Most site visit teams include a representative of the CVMA appointed by that organization. No member is assigned to a site visit team until they have completed training and orientation.

### 2.3.6 Code of Conduct & Confidentiality

Each site team member is required to sign a Conflict of Interest/Confidentiality Statement (see *Section 4.1.4 Appendix D – Confidentiality and Conflict of Interest*). The Chair of the Evaluation Committee will ensure that site visitors with a conflict of interest for a specific college will not be assigned for the team visiting that college. The dean of the college to be visited will have the opportunity to review the proposed team and identify any conflicts of interest before the team roster is finalized.

Site team members are required to conduct themselves professionally, courteously, and with the utmost respect for faculty, students, and other representatives of the college educational program visited as well as fellow site visit team members. The site team members are guests of the college and are there to assist the college in meeting its mission and goals.

There is no place in accreditation for adversarial interactions. The college and the COE site teams should proceed with the premise that both parties are dedicated to the common goal of quality in veterinary education. Only through full and open communication and cooperative efforts to correct deficiencies can educational excellence be attained.

Interactions between the COE site teams and the colleges should have a collegial tone, and be based on mutual trust and a desire to arrive at a full understanding of the current status of the educational program of the college. The dean and other administrative officers should be knowledgeable in the definitions of the various levels of accreditation status and the impact of the failure to meet one or more of the Standards.

Site team members must:

- Remember that the objectives of accreditation include verifying that an institution or program meets established Standards, assisting prospective students in identifying acceptable institutions, creating goals for self-improvement for programs and stimulating a general raising of standards among educational institutions, and involving the faculty and appropriate staff comprehensively in institutional evaluation and planning;
- Keep a positive attitude and not offer negative feedback or other criticism during the site visit;
- Remember that all materials, discussions, deliberations, and reports of the site visit are confidential;
- Refrain from discussing the “state of a college” with anyone other than site team members and appropriate staff;
- Remain open-minded throughout the evaluation process;
- Carefully study the materials contained in the college self-study to acquire a detailed understanding of the college and its operation;
- Be prepared for at least four and a half days of intensive work with long evenings;
- Participate in the discussions, both with college administration and personnel, and in the team deliberations;
- Focus on and uphold the Standards of Accreditation;
- Be alert at all times using all senses;
- Be on time for all functions;

- Be involved in all functions of the site visit;
- Dress in corporate/professional attire for all site visit activities (men are asked to wear suits or coats and ties, and women are asked to wear suits or dresses); and
- Wear AVMA-COE identification badges at all times.

Site team members must not:

- Bring any preconceived ideas about the college to the site visit;
- Have a personal agenda regarding the college, its programs, or people;
- Become separated from the team for any reason unless so assigned by the site team chair;
- Become involved in a confrontation involving any issue of the visit;
- Compare colleges or programs, since each college and its program will be unique, and the Council is not attempting to diminish diversity among programs or to hinder or impede innovation;
- Offer judgments on solutions to problems during the course of the visit; these activities are to be reserved for the exit interviews with the college dean and university president; and
- Tell “war stories” about experiences on other visits.

It is important that the college recognize that comments made during the site visit about the status of the program with respect to a specific standard are in no way a final determination. During the exit interview, the chair of the site visit team should emphasize that the comments made represent the majority view of the site visit team, and will be forwarded to the Council on Education as a recommendation. The final decision on the status of each Standard and the accreditation status rests solely with the full COE.

It is AVMA-COE policy that official gifts will not be presented to the host institution. It is preferred that no gifts be presented, and this should be discouraged; however, it is not the intent to be discourteous. If a host institution wishes to provide a small gift to each team member that is of nominal monetary value, acceptance is allowed. Gifts offered to individuals (and not to all members of the site team) must be refused. It is permissible for site team members (as individuals or as a group) to provide a gratuity for some special services (chauffeur, hotel employees, etc.), but this voluntary gesture should not be charged to the host institution.

### 2.3.7 Site Visitor Training

COE site visitors will be veterinarians or former COE public members who have undergone training to conduct site visits. Current COE members may not serve as COE site visitors.

Annually, the COE inducts and trains new site visitors. This training is delivered through a variety of modalities, and may include both digital, and face to face elements. Approximately two- and one-half-days are required to complete the required elements. Site visitors undertake annual refresher training on-line. Training must be updated annually to continue to serve as a site visitor.

Site team members are required to arrive at the college one-half day prior to the meetings with college officials. The site team chair and COE staff provide refresher training based on initial site team training. Further, prior to each site visit, the chair of the site visit team meets with all team members in executive session, to outline the plan for the visit, describe situations arising in the self-study which may require special attention, and reemphasize the specific assignments of each team member. This orientation session must be attended by all site team members.

### 2.3.8 Definition and Role of COE Observers

Council members who serve as COE observers participate in the site visit for quality assurance purposes. The observers ensure the site visit is conducted appropriately, and answer the site team's questions regarding procedures and protocol. The COE observers do not participate in interviews with the college faculty, staff, and students, and do not contribute to the site team's deliberations or report. Council observers may not vote at the site visit. Current COE members serving as COE observers may answer questions about the site visit, but do not participate in the COE deliberation or vote about the accreditation status of the institution visited.

Veterinarians or professional educators serving in a leadership role in a veterinary accrediting body with which the AVMA has established a working relationship may observe a COE site visit. The COE will determine when such a working relationship exists. The participation of the observers selected by the COE must be approved by the dean. These observers must be competent in spoken and written English, must abide by policies for site visit observers and participants, including confidentiality agreements, assume full liability for their personal safety, and must pay all their expenses for participation in the visit. No more than 4 observers, including COE and guest observers, may attend a site visit.

### 2.3.9 Site Visit Agenda

For a typical site visit schedule, please refer to *Section 4.2.3 Appendix G - Model Site Visit Itinerary*. Each college visited is different, so this schedule is to be used as a guide. During the site visit, each site team member must be satisfied that compliance with all Standards is thoroughly investigated and discussed and that results (deficiencies) are recorded. The chair of the site visit team will provide assignments to team members regarding one or more of the Standards. Each member should pay special attention to these Standards since he/she will be asked to write the team's comments for that section of the evaluation report. However, each team member is responsible for all Standards. The evaluation should take into account that program diversity exists in colleges. The Council encourages diversity and educational innovation. The site team will not compare programs with other veterinary colleges. Each team member must judge only the college being visited in the context of its mission and educational objectives as presented in the self-study.

From the typical schedule, one will see that the site team tours facilities and meets with: administrators (both college and university); faculty (teaching, research, service); professional and graduate students; interns and residents; departmental service (hospital, special program, etc.) representatives; specialized committees (research, curriculum, etc.); library and learning resources personnel; and faculty and students interested in confidential discussion. From these observations and discussions, and comparing these findings with the Standards, the college mission, and self-study, the team forms evaluation judgments to be reported to the COE.

During the tour of facilities each site team member should ask questions of college personnel regarding program and function; observe and make notes regarding specific areas, functions, and the adequacy of the facilities to meet the educational needs of the program. Remember that the facilities and equipment must meet the stated purposes of the program. It is not appropriate for individual team members to wander about by themselves or to separate themselves from the team because of interests in other

areas or engage in social visits with faculty or staff. All members must be present during the entire tour unless instructed otherwise by the chair.

The tour of the facilities must include all areas where all of the students are required to gather for learning (required sites) and all areas where all students in a specific track are required to gather for learning (required track sites). The full site team should visit all required sites if practical, and either all of the site team or subcommittees of the site team may visit sites where not all students take classes, laboratories, and rotations. The list of off-campus sites to be visited by the site team is created according to guidelines given in Section 2.3.11 (Site Visits for Colleges Employing Off-campus Sites for Clinical Education).

The site team uses the meeting with various groups to validate information in the self-study report and to gather additional information relative to the Standards of Accreditation. While specific Standards are the area of focus at a given meeting, any Standard may be addressed at any meeting.

<b>MEETING</b>	<b>STANDARDS ADDRESSED</b>	<b>GOAL OF MEETING</b> (for presentation to attendees before the site visit)
<b>REQUIRED MEETINGS</b>		
Dean and selected administrators	Organization, Finance	To confirm governance structure in the college including effectiveness and flexibility; to clarify data in finance tables and discuss factors impacting financial viability of the college
Admissions Committee, Admission Officer, Outcome Officer(s)	Admissions, Outcomes Assessment	To clarify admissions processes as described in the Standard
Curriculum Committee, Outcome Officer(s)	Curriculum, Outcomes Assessment	To clarify curriculum, verify processes for ongoing curricular review
DVM Students	Students, Curriculum, Admissions, Organization, Physical Facilities and Equipment, Clinical Resources	To gather from the students their impressions/concerns regarding all aspects of their experience in veterinary college
Research Committee	Research	To document the adequacy of the research program and how DVM student learning is impacted by the research program
Post-graduate students, Interns and Residents	Research, Students, Curriculum, Clinical Resources, Physical Facilities and Equipment	To determine how post-graduate students and house officers interact with DVM students
Faculty	Faculty, Physical Facilities and Equipment, Clinical Resources	To clarify faculty employment as described in the Standard, and to gather impressions/concerns

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		regarding the educational program
Confidential meetings with DVM students	All Standards	
Confidential meetings with faculty	All Standards	
Alumni	All Standards	To verify that career goals could be reached with the education provided by the college
Department Heads	Faculty, Organization	To determine coordination between faculty and administration and impact on the DVM students, faculty development process, adequacy of resources
Section leaders in VTH, “center” leaders	Faculty, Organization	To determine coordination between faculty and administration and impact on the DVM students, faculty development process, and coverage of the veterinary curriculum
Exit interview with dean		
Exit interview with university administration		
Section Chiefs	Curriculum, Students, Faculty, Clinical Resources	To gather information from mid-level administrators about functionality of the DVM program as a whole
Outcomes Officer(s)	Outcomes Assessment	How is information from outcomes transferred to the appropriate stakeholders – completing the loop
<b>OPTIONAL MEETINGS</b>		
Technical staff in teaching hospital	Physical Facilities and Equipment, Faculty	To verify working conditions in the hospital, staff and faculty support of the DVM program, role of paraprofessionals in training and assessment of students
Library	Information Resources	To question the librarian and library staff about factors beyond those captured during the tour, and to see demonstrations of specific technologies

Meetings with students are scheduled for each site visit; therefore, site visits are always scheduled during the academic year. The scheduled meeting with professional students should involve two or three representatives of each class, selected by their peers. The meeting with post-graduate students



should include those students who interact with the DVM program either through teaching (usually laboratories or clinical rotations) or through formal research opportunities for DVM students. The meeting with house officers should include both interns and residents, with representation from all clinical departments.

The meeting with faculty representatives should involve >1 (two or three) faculty members from each department or administrative unit. These should be individuals, other than department heads (administration), chosen as spokespersons by the faculty of that department and should be representative of the department. Early, mid-career, and senior faculty should be included. The representatives meet as a group with the visiting team.

Alumni should reflect the career paths taken by the students. If a preponderance of students enter mixed animal practice upon graduation, for example, the alumni group should consist of a preponderance of mixed animal practitioners. The president of the alumni association and some alumni acting as adjunct faculty should be included if possible. Alumni who have hired recent graduates of the institution should be included.

The agenda for the visit is established by the chair of the site visit team in consultation with the college administration. The names and positions (titles) of all participants must be provided no less than 3 weeks prior to the site visit. The dean should not expect to attend meetings unless indicated on the agenda, or invited by the Chair. Meetings are organized to facilitate open discussion between the site team and the participants. Only faculty, staff, and students who have specific responsibilities and input for the topics being discussed are expected to attend tours and meetings. Individuals such as consultants or others who do not have responsibilities germane to the topics being discussed may not attend tours or meetings unless approved in advance by the site team chair and the COE chair.

The suggested site visit schedule is designed to address each Standard by meeting with groups that can provide the needed evidence of compliance. It is not necessary to visit with all faculty members. The dean should use the suggested site visit itinerary as a guide to develop a proposed site visit schedule with the site team chair. The chair should work with the dean and offer suggestions (additions/deletions) to better serve the site team.

### 2.3.10 Site Visits Outside the US and Canada

Site team members and staff are the guests of the host veterinary college. Cultures and customs may differ from those in the US and Canada.

Regarding travel, the host institution is responsible for all expenses. However, the COE has established limitations to enable each site team member to understand the process and avoid misunderstandings. The following guidelines should be followed.

#### Travel

Air transportation in business class is allowed. Should a site team member choose to use first-class, the additional charges will be the responsibility of the site team member and will not be paid by the host institution. Tickets need to be purchased at least three weeks prior to departure and no later. The host institution is responsible for ground transportation to move the site team during the visit.

#### Lodging

The host institution is responsible for arranging lodging for the site visit. There may be those who want to combine the site visit with personal vacation or business, which is permissible. However, lodging charged to the host institution will be limited to the following:

- For those traveling only for the site visit, two nights of lodging before the site visit are permitted to allow for adjustment to time zone changes. At the end of the site visit (general mid-week at mid-day) air flights may not be available for immediate or convenient departure. In that case, one additional night is permitted. Please use good judgment in choosing the proper options.
- Extenuating circumstances may arise (weather, aircraft maintenance, etc.) which might delay departure on any leg of the flight. The host college is responsible for the cost of lodging during these rare occurrences. Charges resulting from injury or illness of the site team member causing delay in departure are the responsibility of the team member.
- The host institution is not responsible for charges associated with spouses, significant others, or dependents of a site team member.

#### Meals and Miscellany

The host institution is responsible for all meals and other related incidentals for the team during the site visit, with the same time limitations as lodging.

#### Telephone Calls

Telephone calls made by site team members for family or business reasons are not paid by the host institution. Calls, if made, are billed directly to the site team member. Use careful judgment related to any other charges. Use of free text and phone services when traveling internationally is encouraged. Reimbursement for personal phone use is allowed up to \$10/day.

### 2.3.11 Site Visits for Colleges Employing Off-Campus Sites for Clinical Education

The AVMA-COE recognizes that accredited colleges may wish to broaden learning opportunities for their students, which could include education in sites not a part of the college's central administrative campus. While educational experiences at such sites may be of high quality, and hence of substantial value to students, it is the college's responsibility to ensure that these experiences benefit the students' education, and to monitor the outcomes of such experiences. To assure ongoing compliance with the Accreditation Standards, programs must monitor all learning opportunities, including those in off-campus sites, in order to maintain overall quality and safety, and perform outcome assessment to inform curricular and programmatic changes. Colleges that use off-campus sites that are not college-owned for the majority of the clinical phase of students' training are considered to be offering a distributed model of education. Many colleges now offer educational experiences at off-campus sites. All colleges that use off-campus sites for required educational experiences for any portion of the clinical phase of education must follow the guidelines in Section 2.3.12. Colleges that use other accredited colleges for the entire clinical year must follow the guidelines listed in 2.3.13.

Required sites are those identified by the school where specific discipline requirements can be met. Elective sites are chosen by the students themselves to fulfill non-specific credit hour requirements. These are described below.

#### *Required sites*

If students participate at an off-campus site for a required part of their education this is considered a “required” site, regardless of whether the school employs a traditional or distributive teaching model. Off-campus sites are considered required by the COE if they serve an educational requirement that all students must fulfill, or that all students in a specific track must fulfill. For example, the college identifies, approves, and oversees 7 practices where students can take Large Animal Medicine. All 7 sites are considered required sites and must be inspected during a site visit. Required sites must be visited by all or part of the site team, irrespective of the number of students per year who receive instruction at that site. The site should be visited whether the facility is administratively affiliated with the college or not. The following also should be described for these sites:

- a. The identification of professional staff providing education who might not be employees of the degree granting institution, but who are receiving remuneration as an independent contractor for time/effort devoted to the educational program.
- b. The off-campus site must be reviewed to ensure that the educational program is being delivered according to contemporary standards of practice and safety.
- c. There must be a written description of the educational objectives expected to be achieved at the site, and a mechanism for assessing the outcomes of the educational process, i.e., proof that educational objectives are being met.

#### *Elective sites*

Elective sites are defined as those that provide off-campus educational experiences that are chosen by individual students and attended sporadically to augment their education, and do not fulfill a requirement as defined above. Elective sites are not subject to the required site guidelines listed above. These sites must be visited if 20 percent or more of the students over any 2-year period since the last site visit received instruction at that site, and these sites would then be subject to the required site guidelines listed above. Exceptions may be granted if, for example, the off-campus site is a clinical rotation at another accredited college, or the site has been visited by another COE site team within the previous 7 years.

#### **2.3.12 Requirements for Colleges utilizing off-campus sites for required rotations (Section 4.2.4 *Appendix H – Off-Campus COE Information Prior to Site Visit & Off-Campus Facility Inspection Guide*)**

An off-campus required rotation is defined in 2.3.11. The requirements below pertain to off-campus sites for required rotations that are apart from the central administrative campus of an accredited college of veterinary medicine.

- a. Off-campus required rotation sites must be selected on the basis of specific criteria and identified for instruction in precise disciplines (defined by the college) such as, but not limited to: Food Animal/Equine/Small Animal Medicine; Food Animal/Equine/Small Animal Surgery or Food Animal or Equine or Small Animal Medicine and Surgery; Dermatology; Imaging (radiology, etc.); Neurology; Cardiology; Critical Care Emergency Medicine; or other clinical specialties.
- b. Off-campus sites that are used for required rotations are expected to host one or more students from COE accredited colleges at a time for no less than half the calendar year annually. If that

expectation cannot be met for an off-campus site, yet the college wishes to continue to send students to that site for required rotations, the college must explain its reasons for doing so, to include how the college documents a high-quality learning experience for students hosted at that site.

- c. The college must designate to the COE a list of all off-campus sites that provide required rotations as defined in 2.3.11. The list must be in a format specified by the COE. All sites must be in compliance with the relevant AVMA COE Standards.
- d. All off-campus required rotation sites must be visited by COE trained site visitors. Inspections may take place at any time. Inspections associated with a comprehensive or focused site visit must occur within 3 months prior to or at the time of a comprehensive or focused site visit (see below). Exceptions to this time limit can be made by the site team chair. Site visits will include, but are not limited to, verification of compliance of the site with relevant AVMA COE standards and adherence to the requirements outlined in this section (2.3.12). These inspections, including travel and per diem costs, will be at the expense of the college.
- e. The college must prepare and execute formal written contracts with the clinical sites selected to serve as off-campus required rotations that detail the educational goals of the college and expectations for delivery of supervised student clinical instruction. The clinical sites that provide required rotations must invest sufficient resources to meet the educational goals of the college, and to meet all the relevant COE Accreditation Standards.
- f. The college must prepare materials that explain educational objectives and anticipated outcomes of each required rotation. These materials must be distributed to, and clearly understood by the clinical site coordinators, the veterinarians, and the staff who teach students, as well as the students attending the rotations.
- g. The college must put in place a system to regularly monitor and supervise the instructional activities at each off-campus required rotation site and report this system with any subsequent changes and outcomes to the COE.
- h. The college must prepare and distribute appropriate materials for off-campus required rotations that detail expectations of the clinical site coordinators. These must include plans for clinical site educator training, and instructions concerning the format the college wants site educators to use when evaluating student performance and providing feedback to students on progress/deficiencies associated with the site experience.
- i. All veterinarian(s) supervising and teaching students at off-campus sites where required rotations are offered must have training from the college in teaching and evaluating the college's students, and must be actively engaged in the college's educational program. The veterinarians teaching required rotations at off-campus sites must participate annually in at least one educational program provided by the college. The program should align with the educational objectives relevant to the clinical year(s) of participant students and must include training that addresses student safety and culturally responsive education.
- j. The college must put in place a system to measure and document clinical competencies outcomes at off-campus required rotation sites. The college must document the achievement

of clinical competencies for all students, facilitate remediation for individual students in a timely manner as appropriate, and at least annually analyze data by cohort. Conclusions from such analysis must be shared with appropriate college committees and personnel to inform curricular and programmatic change.

- k. The college must document/assess that students and educators clearly understand how evaluation and grading practices will be conducted at each off-campus required site, including measuring and documenting clinical competencies.
- l. Each off-campus required rotation site educator must abide by a process devised by the college to provide a written evaluation of the performance of each student. This includes documenting the demonstration of the clinical competencies, as appropriate for that rotation.
- m. Students must provide the college with an evaluation of each site after the respective rotation is completed, including an evaluation of teaching at the site and the student's opportunity to perform hands-on procedures at the site. The college must summarize this information for the COE.
- n. The college must provide to the students and off-campus required rotation educators the expectations the college has for the sites to take steps to guard the safety and security of students participating in the required rotations.
- o. The college must document that students participating in off-campus required rotations are fully informed and able to report to the college all concerns that relate to their physical and/or emotional safety and security.
- p. All veterinarians who act as educators at off-campus required rotation sites must be licensed and technicians at these sites should be certified, licensed, or registered as appropriate to the jurisdiction.

The main site visit pertains to tours and meetings conducted at the college's central administrative campus. The entire main site visit must be planned to take no more than 7 consecutive days.

Site visits for off-campus facilities apart from the central administrative campus that provide required clinical rotations for any number of students must adhere to the following inspection guidelines. In addition, elective rotations that have been attended by 20% or more students over a 2-year period since the last site visit, must also adhere to these inspection guidelines.

- a. All off-campus facilities used by a college for required rotations must be inspected by COE-trained site visitors no more than 3 months prior to the main site visit, unless (1) the facility has been inspected within the last 7 years as part of another COE site visit, and (2) there have been no major changes to the site in the interim. The final decision as to whether an off-campus facility will be visited will be made by the site visit chair. The site visitors conducting these visits may or may not be the same visitors conducting the main site visit. A facility inspection report of each of the off-campus sites visited before the main site visit will be submitted to the site visit team prior to the main site visit.

- b. The off-campus site visits should take no more than 9 hours total per day, including travel and meals. The college will decide, based on the number and locations of sites to be seen, how the time is divided between actual site visit time and travel time.
- c. Individual, off-campus visits to practices/facilities with 3 or less supervising veterinarians must allow no less than 1.5 hrs. Larger practices/facilities must allow no less than 2 hrs.
- d. The main site visit team (or a portion thereof) may conduct interviews of supervisory veterinarians at off-campus sites that were visited, and of students who attended those sites, during or prior to the main site visit. These interviews can be conducted in-person or virtually.

#### 2.3.13. Colleges that send final-year students to other accredited schools for the entire clinical year

Colleges that send final-year students to other accredited colleges (affiliate schools) for the entire clinical year must arrange for the site visit team to interview administrators from affiliate schools during the site visit. The number of affiliate schools to be interviewed will be determined by the site visit chair. The college must provide thorough information on the number of students attending each affiliate school since the last site visit. The degree-granting college is expected to stay in communication with affiliate schools throughout the clinical year, and the degree-granting college must assume the responsibility for timely, thorough data collection and analysis for outcomes assessment and clinical competency achievement. The college must work with the affiliate schools to ensure remediation in a timely fashion when it is detected that a student is struggling with one or more clinical competency. The college must collate the outcomes assessment and clinical competency data from all affiliate schools at least annually, and share this data with appropriate college committees and personnel to inform curricular and programmatic change.

#### 2.3.14 Guidelines for Review of Isolation Facilities

There are many ways for colleges to teach students appropriate biosecurity procedures and protocols. The following guidelines are offered to assist site teams in evaluating different methods, and in judging compliance with contemporary theory and practice of biosecurity.

##### Principles:

- It is possible for colleges of veterinary medicine to meet Standard 3, Physical Facilities and Equipment, with a wide range of isolation facilities.
- Other Standards are also involved: Standard 9, Curriculum (patient management and care including intensive care, emergency medicine and isolation procedures) and Standard 11, Outcomes Assessment (clinical competencies – health promotion, disease prevention/biosecurity, zoonosis, and food safety).
- The top priority is to educate students on infection control in a safe environment; students must understand the principles and characteristics of an ideal isolation facility.
- It may be possible to mitigate physical facility limitations through the use of effective procedures; emphasis will be placed on implementation of an effective program:
  - Infection control plan must be appropriate for caseload and effectively mitigate facility deficits.
  - Faculty, students, and staff must have an in-depth knowledge and understanding of the infection control plan.
  - Evidence of program effectiveness must be available, for example, nosocomial infection rate, results and analysis of microbial surveillance.

Isolation Facilities – “Ideal” General Characteristics:

- Separation from high traffic areas and other animals which might be infected
- Single purpose use
- Equipment and materials dedicated to this area
- Negative pressure air flow
- Ante room
- Easily cleaned and disinfected surfaces

Procedures Must:

- Ensure personnel follow infection control policies related to personal hygiene, patient care, and disinfection of equipment facilities
- Include method(s) to identify potentially infectious diseases upon entry to the hospital
- Address various types of infectious diseases
  - Respiratory – viral
  - G.I. – viral, bacterial, parasitic
  - Zoonotic diseases
- Include workflow and traffic patterns to reduce risk of cross contamination
- Include disposal procedures for potentially infective material, bedding, and animals to limit the potential for cross contamination
- Include appropriate surveillance methods to ensure procedures are effective

Questions for the Site Team to Explore:

- How often are patients placed in isolation in comparison to the total case load?
- Do clinicians and students apply risk assessment to all patients admitted to the facility– such as risk of spreading disease, zoonotic potential, increased risk of some types of patients in the facility (immunocompromised, young, non-vaccinated animals, etc.)
- Does the facility have a method/system to track disease transmission?
- Does the facility monitor or track potential antimicrobial resistance in their patients?
- Is there a method/procedure to segregate or not admit animals suspected of a specific infectious disease such as:
  - Canine parvovirus, or other types of viral diseases
  - Feline upper respiratory disease
  - Neonatal ruminants with cryptosporidiosis
  - Any animal with Salmonella
- Does the facility have a biosecurity report that is shared with faculty, students, and staff?
- Is there an active educational process to inform all members of the facility on issues of biosecurity?
- Are there easily accessible and understood procedures for infectious disease control and is there evidence that the procedures are effective?
- Are surveillance results used to evaluate program effectiveness?

### 2.3.15 Guidelines for Review of Necropsy Facilities and Procedures

Principles:

- It is possible for colleges of veterinary medicine to meet Standard 3, Physical Facilities and Equipment, with a wide range of necropsy facilities. The top priority is to educate students on the following principles:

- Because the etiology of the animals' disease process may not be clear until the necropsy is performed, necropsy procedures should be considered high risk, with potential for infection of animals and humans by a variety of routes, including via aerosol.
- Students must understand the principles and characteristics of an ideal necropsy facility.
- Other Standards are also involved: Standard 9, Curriculum - The instruction must include principles and hands-on experiences in physical and laboratory diagnostic methods and interpretation (including diagnostic imaging, diagnostic pathology, and necropsy), and Standard 11, Outcomes - understanding of health promotion, and biosecurity, prevention and control of disease including zoonoses and principles of food safety.

Necropsy Facilities – “Ideal” General Characteristics:

- Separation from high traffic areas and other patients
- Single-purpose use
- Equipment and materials dedicated to this area
- Negative pressure air flow
- Easily cleaned and disinfected surfaces

Posted procedures regarding personal protective equipment and hygiene requirements, workflow and traffic patterns that reduce risk of cross contamination, and disposal procedures for potentially infective animal tissue. It may be possible to mitigate physical facility limitations through the use of effective procedures that ensure animal and human safety. Such procedures must be fully described and enforced as standard, written protocol.

Questions for the Site Team to Explore:

- How many cases per year, by species, are students directly involved with performing necropsies?
- Do clinicians and students apply risk assessment to all necropsy cases – such as risk of spreading disease, zoonotic potential, increased risk of some types of patients (e.g., species known to be common carriers of zoonotic diseases, etc.)
- Does the facility have a method/system to track the frequency of zoonotic disease transmission to staff and students?
- Are zoonotic disease transmission data used to evaluate the effectiveness of biosecurity protocols?
- Does the facility have written protocols for handling necropsy cases suspected of carrying zoonotic diseases?

## 2.4 Report of Evaluation

### 2.4.1 Developing the Report of Evaluation and Using the Site-Visit Rubric

Each evening during the site visit the team meets and reviews the day's activities. All members of the site team attend the evening meetings. Each site team member is assigned one or more Standards as lead writer. Each element of the Standard and material required in the self-study should be addressed in the draft. The college must comply with the elements of the Standard and provide the information/evidence requested in the outline for the self-study report.

There are five major elements to each draft of the report of evaluation. 1) the compliance scoring rubric that lists each component/requirement of every Standard. 2) Commentary: This section describes the



factual findings of the site team, positive or negative, and provides context for any subsequent directives made to correct specific deficiencies. Specific facts and/or figures can be presented in the commentary to describe the factual finding of the site team or included as addenda. Each part of the Standard must be addressed at the end of the section for each Standard. 3) Commendations: This section is reserved for commending the college for quality endeavors. 4) Deficiencies and Directives: This section is used to report the compliance of a college with each Standard and to provide directives to correct each deficiency. 5) Suggestions: This section contains suggestions intended to assist the college in improving its educational program and carry no adverse consequences.

The final draft of the report of evaluation prepared by the site team should be concise, accurate, and defensible through written (self-study or addendums) or observed (site visit verification) evidence. Information in the report of evaluation draft must be understandable to the COE members and to the administration of the college and the university. Clarity is an absolute requirement. The site team should strive to reach consensus on the strengths, directives, and recommendations for each college.

The final draft report of the site visit team is the responsibility of the team chair. Drafts of report sections previously assigned to individual members of the team are submitted to the chair. The entire team votes on each Standard and the entire report. The report will follow the rubric for the type of site visit conducted. The report indicates in what ways the college complies or does not comply with the Standard requirements. Strengths (Commendations), as well as weaknesses are noted. Directives are written with enough detail to be helpful to team members on subsequent site visits, as well as to the current college administration, but are not intended to be prescriptive. Directives are a part of the report of evaluation. Suggestions for program improvement may be included. Deficiencies in the compliance with any Standard results in an accreditation status other than Accredited, and are clearly noted in the report of evaluation. On the last evening of the visit, development of the draft report is completed and recommendations agreed upon. Each directive must be based on a deficiency described in commentary under the appropriate section of the affected Standard.

At the conclusion of the site visit, the team holds exit interviews with the dean of the college and with the chief executive officer of the institution to review its findings. The exit interview with the dean and college administrators of the dean's choosing completes the site visitation of the college and precedes the exit interview with university administration. The exit interview is a critical part of the site visit; therefore, all site team members will attend. The exit interview with university administration normally involves the president of the institution and such other administrative officers as the president may choose. In the absence of the president, the team meets with his or her duly authorized representative. The dean is usually not present at the interview with the chief executive officer. The chair of the team is responsible for developing remarks for the exit interview. The team assists in preparing the outline for these remarks, and each member comments on items concerning the sections of the report drafted by the respective member. Other team members should not speak until the exit remarks have been made by the chair, or unless the chair, dean, or president asks for additional information wherein a team member might make a substantial contribution. No written report will be given to the college or university at this time.

Copies of the final draft are sent by AVMA staff to the dean of the college within 45 days of the visit for correction of factual errors. The chair will review the comments made by the dean, and may modify the report in consultation with the team. The final draft, together with any comments by the dean or the university president, is presented to the Council by a COE reviewer assigned to the college at the next semi-annual Council meeting.

Within 90 days of delivering the final Report of Evaluation, the COE will request that the dean of the college provide written comments on outcome(s) of the accreditation process. Specifically, he/she will provide comments regarding the impact of the recommendations on 1) the education and educational process of the DVM students, 2) student outcomes, 3) program finances, 4) the university, 5) the state legislative process (where appropriate), and 6) other (to be defined by the dean). This report will be used by the Council to determine if the recommendations are clearly understood; and to determine the impact of the recommendations on the college/university/state.

## 2.5 Council Review and Decision

### 2.5.1 Presentation and Deliberation

The full Council utilizes the self-study, site visit findings, the Report of Evaluation, and other relevant information to determine the appropriateness of granting Reasonable Assurance, Provisional Accreditation, Accredited, Accredited with Minor Deficiencies, Probationary Accreditation, or Terminal Accreditation status. Decisions on accreditation or reasonable assurance evaluations for site visits that occurred less than 90 days prior to the next scheduled COE meeting will usually be deferred to the following meeting. The COE meets in person twice annually. Accreditation decisions will, except in rare and unusual circumstances, be limited to these two meetings. Accreditation decisions are made by the full Council only, not by the Executive Committee.

The self-study and supporting documentation furnished by the college, the draft report of evaluation and supplementary documents, the dean's response to the report, and any other relevant and appropriate information from other sources that can help determine whether the college complies with the Standards are made available to the Council prior to the COE meeting. Council members review the information for each college being considered for accreditation, and discuss the findings of the site team and/or seek additional information necessary to evaluate that college.

A Council member who has a conflict of interest with the college under consideration recuses themselves during discussion and voting that leads to accreditation actions. Two COE members are assigned as primary and secondary reviewers to conduct a pre-site visit review of the self-study and a post site visit review of the draft report of evaluation. The COE reviewers present the report of evaluation to the Council for deliberation and decision on compliance with each Standard and on the college's accreditation status.

At the conclusion of review of all the standards and upon recommendation of the COE reviewer, the accreditation status and the assigned length of time for that status is determined by a vote of the Council, unless the Council notes deficiencies which may result in an adverse action. If major or minor deficiencies with a Standard(s) are noted, the Council proposes a directive for each deficiency under the Directives section for the affected Standard(s). Notation is made in the Suggestions section of the final report of evaluation when specific deficiencies are not identified, but the Council wishes to provide suggestions for improvement of the educational program.

An adverse accreditation action is defined as withholding initial or renewed accreditation, administrative withdrawal of accreditation, denial of a reasonable assurance status, or assignment of terminal accreditation. When the Council notes deficiencies that may result in an adverse accreditation action, it

will defer the accreditation decision, give written notice to the college of each deficiency and recommendation, and provide the college with an opportunity to respond in writing. The college's response must only include documentation, data, or other information relevant to the deficiencies identified by the Council that may result in an adverse accreditation action. The college must notify the Council of its intent to respond within fifteen (15) days after receipt of the draft report of evaluation, and submit its response to the Council within thirty (30) days after receipt of the draft report of evaluation.

If the Council notes deficiencies regarding Standard 2, Finances, that may result in an adverse accreditation action, the college may submit new financial information only if the following conditions are met:

1. The financial information was unavailable to the college until after the Council made the adverse findings regarding the college's finances; and
2. The financial information is significant and bears materially on the financial deficiencies identified by the Council, *i.e.*, the information is of such a nature that, if found to be credible, could result in the finding that Standard 2, Finances, is now met; and
3. The only remaining deficiency cited by the Council is the college's failure to meet Standard 2, Finances.

An affected college may seek the review of new financial information as described in this section only once per accreditation cycle, and any determination by the Council made with respect to that review does not provide a basis for an appeal.

The Council will consider the written response and documentation submitted by the college within 30 days of receipt. The Council reserves the right to conduct a focused site visit, as needed, to validate information submitted for reconsideration. Should a Letter of Reasonable Assurance be denied, or another adverse accreditation action taken for a specific college, the college is notified in writing of the reasons for the action and reminded of the appeal process. Within 30 days after action of the Council, staff prepares a letter for the dean of the college and the president of the parent institution that accompanies the report of evaluation conveying the accreditation status, length of time a given status is assigned (if appropriate), and any special instructions. A formal statement of classification or reasonable assurance decision, signed by the Chair of the Council, accompanies the letter and the report.

After the opportunities to respond in writing or appeal have passed or the processes completed, the action of the Council is considered final and a final report of evaluation is prepared, including directives and recommendations and a classification of accreditation or reasonable assurance. Copies of the final report are sent to the dean of the college, the chief executive officer of the institution, the Royal College of Veterinary Surgeons (RCVS), and the Canadian Veterinary Medical Association (CVMA). The officials of the college and the institution are authorized to disseminate all or part of the content of the report at their discretion. An institution must publicly disclose its accreditation accurately; including the specific academic program covered by that status, and specify that the AVMA COE, the accrediting agency, is located at 1931 North Meacham Road, Suite 100, Schaumburg, IL 60173 (phone 847-925-8070). Any incorrect or misleading information regarding pre-accreditation or accreditation released by the institution will be corrected by the COE. These corrections include, but are not limited to, 1) the accreditation or pre-accreditation status, 2) content of reports of on-site visits, and 3) the accreditation or pre-accreditation action by the COE with respect to the program. The content of the report is not available from AVMA, CVMA, RCVS, Council members, or the site visit team. Except under the conditions cited above, the self-study, all correspondence, directives, recommendations, and related information

and documentation of the site visit and the evaluation are confidential to the Council and will not be publicly disclosed.

The COE publishes the final accreditation or reasonable assurance classification of the college and the dates of the last and next evaluation of the college. All requests for details of the report are referred to the dean or the university president.

The Council thoroughly reviews annual interim reports from colleges. Based on the annual interim report and other information relevant to the colleges' compliance with the Standards, the Council determines any subsequent action it shall take. The Council may request a report of additional progress and/or communication with an institutional representative. Focused site visits are conducted at an institution when it is necessary for the Council to review information about the program than can be obtained or documented only on site, or when items have not been adequately addressed in the annual interim report, and the COE deems a site visit necessary to determine compliance with the Standards. A special site visit may be focused (limited to specific standards), or comprehensive.

A focused site visit may be conducted during the interim between self-studies and comprehensive site visits in response to:

- a. Questions or inconsistencies noted in the annual interim report.
- b. Noted deficiencies in one or more Standards identified at the time of the most recent complete site visit wherein the college informs the Council that such deficiencies have been addressed, and verification is necessary for continued accreditation.
- c. Confirmed information (evidence) received from third party (public, student, faculty, or others) concerning noncompliance with a Standard requirement.

The focused site visit team shall:

- a. Consist of three COE site visitors, with at least one who served on the site visit team that made the accreditation recommendation, and one Canadian representative. The team will be appointed by the COE Chair with the concurrence of the Chair of the Committee on Evaluation. COE staff may accompany the team.
- b. Establish a date for the visit which is agreeable to all parties.
- c. Address those Standards found deficient or noncompliant during the original visit, from interim reports, or from other information.
- d. Prepare a report describing whether and how the deficiencies in the Standard(s) have been corrected, any other findings made during the visit, and make a recommendation to the COE regarding the accreditation status of the college.

Based upon the outcomes of the focused site visit, the COE could take any of the following actions:

- a. No change in status.
- b. Extension of accreditation for the full time allowed.
- c. A change in the accreditation status.
- d. A comprehensive site visit.

#### 2.5.2 Administrative Withdrawal of Accreditation

Accreditation may be withdrawn from a college under the following circumstances:

- a. A college that is delinquent in payment of fees, according to Council policies and procedures, is not eligible for review, and shall be notified by express mail (signature required) of the effective date of

Administrative Withdrawal of accreditation. On that date, the college shall be removed from the Council's list of accredited colleges. Administrative withdrawal for delinquency in payment of fees may not be appealed.

- b. A college may be deemed to have withdrawn from the voluntary process of accreditation if it does not comply with the following actions and procedures:
  1. undergo a site visit;
  2. follow one or more Council directives;
  3. supply the Council with requested information;
  4. maintain current data in the Council's online data system;Or if the college
  5. makes misrepresentations or engages in misleading conduct in connection with consideration of the College's status by the Council, or in public statements concerning the College's approval status;
  6. initiates a substantive change or implements a new program without having obtained the prior approval or acquiescence required by the Standards; or
  7. provides incomplete, inaccurate or misleading information to the Council.

Under the above circumstances, the Council may administratively withdraw accreditation. A status of Administrative Withdrawal for reasons other than non-payment of fees may be appealed in accordance with section 2.5.4 Appeals Procedures for Adverse Outcomes. If accreditation is withdrawn, the college must follow the same procedures required of colleges with Terminal Accreditation in order to protect the interests of enrolled students, as described in Section 3.2.7 Terminal Accreditation.

If a college reapplies for Accreditation within two years after the effective date of Administrative Withdrawal, the accreditation history of the college will be considered. The college shall include with the new application a statement addressing each existing citation and issue(s) leading to the Administrative Withdrawal. A site visit may be required for re-applications after Administrative Withdrawal of accreditation.

### 2.5.3 Adverse Decisions

An adverse decision on accreditation or reasonable assurance is defined by the COE as withholding initial or renewed accreditation, administrative withdrawal of accreditation, denial of reasonable assurance, or assignment of terminal accreditation. The Council is aware of the consequences of loss of accreditation or denial of reasonable assurance status, and considers these matters seriously.

The COE will not renew accreditation or award provisional or initial accreditation for any college where the institution offering the program is subject to:

1. A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the State;
2. A decision by a recognized agency to deny accreditation or pre-accreditation;
3. A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or pre-accreditation.

The COE will consider granting accreditation (renewal or initial) or pre-accreditation (provisional) where the institution offering the program is subject to probation or an equivalent status imposed by a recognized agency. Within 30 days, the Council will provide the USDE with a thorough and reasonable explanation, consistent with COE Standards, why the action of the other body does not preclude the

awarding accreditation or pre-accreditation, if accreditation or pre-accreditation is awarded. The decision to award accreditation or pre-accreditation will be based on a thorough review of the evidence. The Standards will be applied consistently as described for all accreditation decisions to determine compliance. However, special attention will be paid to the reasons for institutional probation and the potential impact on compliance with each Standard, including sustainability.

A college may request a reevaluation at any time for reasons of reclassification. The request should justify the reasons for requesting a different classification. A current self-evaluation, or an updated report of a self-evaluation less than two years old, must be submitted approximately eight (8) weeks before the date of a site visit. The report should indicate the changes that have occurred since the previous evaluation with particular reference to the recommendations previously made. When there appears to be reasonable probability that the classification can be changed, the Council will make every effort to implement a new evaluation, but in no case less than one year after a previous evaluation (the meeting at which the Council made the relevant decision).

#### 2.5.4 Appeals Procedures for Adverse Outcomes

An adverse accreditation decision is defined as withholding initial or withdrawing accreditation, administrative withdrawal of accreditation, denial of a reasonable assurance, or assignment of terminal accreditation. When an adverse accreditation decision is made by the Council, the college is informed in writing of the decision and the reasons for such decision, and reminded of the right to appeal. The effective date of an adverse decision shall be no earlier than the expiration of the time provided to notify of an intent to appeal, or when an adverse decision is affirmed on appeal.

In the event of an adverse decision by the COE, the affected college may appeal the decision on the grounds that the Council: 1) ruled erroneously by disregarding established AVMA COE criteria for accreditation, 2) materially failed to follow its stated procedures, or 3) failed to consider all the evidence and documentation presented. No other grounds for appeal will be allowed. When a college appeals an adverse decision, the following procedures will apply:

Not later than 30 calendar days after receipt of notification (registered mail, return receipt requested) of an adverse decision, the college shall notify the AVMA Board of Directors in writing, through the Executive Vice President, that it intends to appeal the decision. No later than 60 calendar days after the date of notification of the adverse decision, the college shall submit documentation supporting its appeal and a \$10,000 nonrefundable fee.

The AVMA Board of Directors shall appoint a hearing panel comprised of seven persons, none of whom shall be current members of the Council on Education or AVMA staff. The hearing panel will include veterinary educators and practitioners, and one public member who have completed service on the Council within the last seven years (one accreditation cycle). Panel members will receive specific training to review all changes made in the COE policies and procedures since their service on the Council, so that panel members have the requisite knowledge and understanding to make decisions consistent with the policies and requirements of the Council on Education. The Board of Directors shall designate the chair of the panel. Hearing panel members are required to sign a Conflict of Interest Statement.

A hearing shall be held at or near the AVMA office in Schaumburg, Illinois not more than 120 calendar days following receipt by AVMA of the documentation supporting the college's appeal. A

hearing via video conference will be considered, if requested by the college, or if the hearing panel determines that an in-person hearing is not advisable. The Executive Vice President will schedule and organize the hearing and notify the hearing panel, the college, and the members of the Council on Education by mail not less than 10 or more than 40 calendar days prior to the date of the hearing. The notification will include the date, time and place for the hearing, as well as a list of the members of the hearing panel.

At any hearing, an officer or other representative of the appellant college and a member of the Council on Education shall have the right to present witnesses and to submit documents and other written materials pertinent to the case. The appellant college and the Council may be represented by legal counsel who may make the presentation on behalf of the appellant college and the Council, respectively. The appellant college shall be responsible for all fees and expenses related to its legal counsel. The hearing panel may also have legal counsel present to advise it with respect to procedural matters. Following presentations by the appellant college and the Council, the hearing panel will allow opportunity for response and rebuttal by the appellant college. Before permitting testimony relating to the character or general reputation of anyone, the panel shall satisfy itself that the testimony has a direct bearing on the case at issue.

The hearing shall be restricted to (1) the adverse accreditation or reasonable assurance decision, (2) a review of information before the Council at the time of the decision, (3) a review of the process and procedure used to arrive at the decision, and (4) testimony relevant to (1), (2) and/or (3), depending on the basis of the appeal. Documentation may include extracts from the college's self-study, with appendices or attachments, and from the report of evaluation of the site visit team. All documentation and testimony shall be relevant to conditions existing at the college during the dates on which the site visit was made or on which the adverse decision was based.

The hearing panel may either affirm or amend an adverse decision, or remand the adverse decision to the Council for further consideration. If the hearing panel amends the Council's decision, the hearing panel will remand the matter to the Council with specific instructions to implement the hearing panel's decision. If the hearing panel remands an adverse action for further consideration by the Council, the hearing panel shall identify specific issues that the Council must address. In all cases where a decision is implemented by or remanded to the Council, the Council shall act in a manner consistent with the hearing panel's decision and instructions. The conclusion of the panel shall be produced in the form of a written report and become a permanent record of the Council on Education. The chief executive officers of the college and the university will be provided with copies of the hearing panel report. The panel report will be confidential to the Council. All questions will be referred to the college which may respond as deemed appropriate.

An appeal is not a *de novo* hearing, but a challenge of the Council's decision based on the evidence before the Council at the time of its decision. The Council's decision should not be reversed by the appeal panel without sufficient evidence that the Council's decision was plainly wrong or without evidence to support it. Accordingly, the appeal panel should not substitute its judgment for that of the Council merely because it would have reached a different decision had it heard the matter originally.

The accreditation status of the petitioning college shall remain unchanged during the review; there shall be no public notice of the adverse decision until the review is complete and a final decision rendered. The fact the college has filed an appeal will, however, be a matter of public record.

At the discretion of the hearing panel or upon advance request in writing by either the petitioning college or the Council, a transcript of the proceedings may be made. The transcript will be shared by all parties.

The report of the hearing panel will be considered at the next regular meeting of the Council on Education. The Council must act in a manner consistent with the hearing panel's decision and instructions. All deliberations of the Council and the factors considered prior to the final decision shall be confidential to the Council. The appealing college will be notified in writing of the final accreditation status assigned by the COE.

If the decision by the COE is upheld, the appellant will be responsible for all expenses associated with the appeal. If the decision by the COE is reversed in its entirety, the appellant will be responsible for all expenses associated with transportation, food, and lodging for the college representatives; legal fees associated with college representation; and any other expenses incurred by the college in making the appeal. All other costs associated with the hearing including, but not limited to, panel and COE transportation, lodging, and food; legal counsel for the panel and/or the COE; conference telephone calls; mailings; meeting facilities; and a transcript of the proceedings will be shared equally by the college and the AVMA.

After the opportunities to respond in writing or appeal have passed, or the appeal processes have been completed and the decision confirmed, the action of the Council is considered final. Should the college apply for a letter of reasonable assurance or accreditation consideration in the future, the accreditation process will begin anew. Documents associated with an adverse action (the self-study report, the report of evaluation, and all appeal documents) will not be shared with future site visit teams.

#### 2.5.5 Reconsideration of Accreditation Classification

The Council may reconsider and alter the classification of a college when in the Council's judgment:

1. Conditions affecting compliance with one or more Standards have deteriorated sufficiently so that the college fails to meet one or more of the Standard requirements.
2. A previously identified deficiency has worsened and causes the college to fail to meet one or more of the Standard requirements.
3. A college or its parent university fails to respond in a timely and satisfactory way to the reasonable requests of the Council for information, or fails to cooperate in the evaluation process.

#### 2.5.6 Loss of Legal Authority to Provide Postsecondary Education

If the COE learns that a college it accredits or pre-accredits, or an institution that offers a program it accredits or pre-accredits, is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the COE will promptly review the accreditation or pre-accreditation of the college to determine if it should also take adverse action or place the program on probation or show cause.

The COE will share information about the accreditation or pre-accreditation status of a program and any adverse actions it has taken against an accredited or pre-accredited program upon request from other appropriate recognized accrediting agencies and recognized State approval agencies.



#### 2.5.7 Loss of Institutional Accreditation

The Council will withdraw the accreditation of a college that has lost its institutional accreditation. The Council will notify the Secretary of Education within 30 days of the action to revoke accreditation. Further, the Council will notify the appropriate postsecondary institutional accrediting body and the public no later than 24 hours following the withdrawal of accreditation or after any appeal has been resolved. The Council will not consider evaluating a college that has lost its institutional accreditation.

#### 2.5.8 Decisions of Other Accrediting Agencies

The COE monitors programs throughout the accreditation cycle via annual reports, third party comment, and site visits. The Council will respond to any program not meeting the Standards. Conditions could exist within an institution where compliance with a Standard of Accreditation or reasonable assurance may change to noncompliance due to action of another agency. If any of the following conditions are confirmed, the Council will notify the institution in writing, within 30 days of confirmation, that accreditation will not be renewed based upon an unfavorable outcome wherein:

1. An institution is subject to an interim action by a recognized institutional accrediting agency that could lead to suspension, revocation, or termination of accreditation or reasonable assurance.
2. An institution is subject to an interim action by a recognized agency that could lead to suspension, revocation, or termination of accreditation or reasonable assurance.
3. An institution has been notified of a threatened loss of accreditation and due process procedure is not complete.
4. An institution has been notified of a threatened suspension, revocation, or termination of the institution's legal authority to provide postsecondary education and the due process procedure is not complete.

As noted in section 2.5.3, the COE will consider granting accreditation (renewal or initial) or pre-accreditation where the institution offering the program is subject to probation or an equivalent status imposed by a recognized agency. Within 30 days, the Council will provide the USDE with a thorough and reasonable explanation, consistent with COE Standards, why the action of the other body does not preclude the awarding accreditation or pre-accreditation, if accreditation or pre-accreditation is awarded. The decision to award accreditation or pre-accreditation will be based on a thorough review of the evidence. The Standards will be applied consistently as described for all accreditation decisions to determine compliance. However, special attention will be paid to the reasons for institutional probation and the potential impact on compliance with each Standard, including sustainability.

#### 2.5.9 Policies on Reporting Accreditation Decisions to the USDE

An updated listing of accredited colleges of veterinary medicine, noting those institutions wherein an adverse action has been taken or those that have voluntarily withdrawn from the accreditation process, will be submitted to the Secretary of the Department of Education within 30 days of the decision. Additionally, a listing of colleges and the accreditation status of each is submitted annually. The COE will notify the Department of Education within 30 days regarding the following:

- A list of the accreditation and reasonable assurance decisions made.

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- A decision by the COE to award provisional accreditation or reasonable assurance to a newly formed college.
- A final decision by the COE to deny, withdraw, suspend, or terminate the accreditation or provisional accreditation of a college; or to take other adverse action against a college.\*
- A decision by the COE to place a college on probationary accreditation. Within 24 hours of notification of the program, the COE will notify the public of its decision via the AVMA web site.
- A decision by an accredited college to withdraw voluntarily from accreditation or provisional accreditation.
- A decision by an accredited college to let its accreditation or provisional accreditation lapse.

If the Secretary requests additional information on a pre-accredited or accredited program, the COE will respond in a timely manner. The COE will forward a copy of its annual data noting major accrediting activities during the previous year, if so requested by the USDE. The COE does not currently prepare an annual report of its accreditation activities. However, if such a report is developed at a future date, the document will be forwarded to the USDE on an annual basis. If the COE believes a college is failing to meet its Title IV, Higher Education Authority responsibilities or is engaged in fraud or abuse related to such responsibilities, a report will be submitted to the USDE.

The Secretary will be provided with information regarding any proposed change that will alter the COE's scope of recognition or compliance. Within 60 days of a final decision regarding accreditation or reasonable assurance status, the COE will make available to the Department of Education, appropriate state postsecondary education review entities; and to the public upon request, a brief statement summarizing the reasons for the final decision to deny, withdraw, suspend, or terminate accreditation or provisional accreditation of a college, and the comments the college may wish to make with regard to the decision.

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\* When an adverse action is taken by the Council, the USDE, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies will be notified at the same time as the program but no later than 30 days following the action.

### **3. ACCREDITATION CLASSIFICATIONS AND REPORTING REQUIREMENTS**

#### 3.1 Procedures and Requirements

##### 3.1.1 General Procedures and Reporting Requirements

The AVMA COE will evaluate and assign a classification of accreditation to any college of veterinary medicine at the request of the dean of the college and the chief executive officer of the parent institution. The final evaluation of each college by the Council is determined by review of its total educational program, considering each college's stated objectives, the "Standards of an Accredited College of Veterinary Medicine", and the Council's procedures. Each of the classifications defined below (Provisional Accreditation, Accredited, Accredited with Minor Deficiencies, Probationary Accreditation, and Terminal Accreditation) provides an accredited status to the college. Accreditation decisions of the Council are not reviewed by any other AVMA entity.

The accreditation classifications are as follows:

*Letter of Reasonable Assurance* – This is a status awarded to developing colleges in the US and Canada. This recognition allows the College to pursue its plan for the veterinary program, and to admit students. Reasonable Assurance is not a pre-accreditation action, by the Council, and does not confer accreditation of any kind on a developing college.

*Provisional Accreditation* – This is a status awarded a developing college in the US and Canada that has been granted Reasonable Assurance after the College has admitted in its first class.

*Accredited* – This is an accreditation status that is granted to a college that has no deficiencies in any of the Standards. This is awarded for a maximum of 7 years, with interim reporting required.

*Accredited with Minor Deficiency(ies)* – This is an accredited status for a College that has one or more minor deficiencies in one or more of the Standards of Accreditation, and/or that has not materially complied with the Council procedures and/or directives. Minor deficiencies have minimal or no effect on student learning and safety and are readily corrected in one year. The deficiency or deficiencies must be resolved within one year to avoid a change in accreditation status.

*Probationary Accreditation* - This is an accredited status for a College that has one or more major deficiencies in one or more Standards, and/or that has not materially complied with the Council procedures and/or directives. Major deficiencies have more than minimal impact on student learning and safety. The deficiency or deficiencies must be resolved within two years.

*Terminal Accreditation* - This is an accredited status for a College that has not resolved deficiencies within the time allotted, and/or that has not materially complied with the Council procedures and/or directives. Terminal accreditation also can be assigned if the COE feels it is warranted based on information received.

The accreditation procedure consists of the following:

- a. Receipt of written request for accreditation.
- b. COE review of request and agreement to further consider the college for accreditation.
- c. Receipt and review of appropriate reports submitted by the college.
- d. A consultative site visit to determine readiness for full consideration.

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- e. A report to the college identifying any deficiencies in meeting the Standards of Accreditation.
- f. Correction of identified deficiencies and request for full consideration.
- g. A comprehensive site visit to the college.
- h. Preparation of a report of evaluation by the site visit team.
- i. Review of the evaluation report by the full Council on Education.
- j. Assignment by the full Council of a classification of accreditation.
- k. Interim reports including any changes to the application of Standards – annually for accredited schools, and every six months for those provisionally accredited, granted Reasonable Assurance, on probationary accreditation, or accredited with minor deficiencies.
- l. Reevaluation (self-study and comprehensive site visit) at intervals of no more than seven years or after any major change. Interim or focused site visits may be required at Council discretion.
- m. Upon written notification, a college may postpone or cancel a scheduled accreditation site visit or may withdraw from the accreditation process at any time.

The Council will publish a list of all accredited colleges after every Council meeting, including the classification of each and the date of last evaluation. A college may withdraw its request for initial accreditation at any time prior to the final action by the Council.

Procedures for reaffirming, changing, revoking, or reinstating accreditation status are similar to steps ‘b’ through ‘i’ above. The COE will determine whether a consultative visit is required. Accreditation will be withheld only for cause, after review, or when a college does not permit reevaluation after notice.

Decisions on granting Reasonable Assurance, Provisional Accreditation, or Accredited status for site visits that occurred less than 90 days prior to the next scheduled COE meeting will usually be deferred to the following meeting.

### 3.2 US and Canadian Colleges

#### 3.2.1 Requesting a Letter of Reasonable Assurance

Upon request, the Council will consider evaluation of an existing, proposed, or newly established college. The Council and/or staff offers reasonable consultation to any college concerning accreditation. A proposed US or Canadian veterinary college seeking a Letter of Reasonable Assurance must request consultation and advice on planning, including a request for a consultative site visit. A formal letter of application from the dean and/or chief administrative institutional officer must be submitted to the AVMA Council on Education to begin the process of obtaining a Letter of Reasonable Assurance. A veterinary college is considered eligible to apply for a Letter of Reasonable Assurance if the parent institution:

- a. Is accredited by a regional or national institutional accrediting body recognized by the USDE (in Canada the institution must be recognized by the appropriate federal or provincial body),
- b. Is legally recognized by the government (national, state, province or other government as appropriate for the location), and is authorized by that government to develop a program that will confer a professional degree, and
- c. Employs a veterinarian as dean or chief executive officer of the college of veterinary medicine on a full-time basis.

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If the initial eligibility criteria are met, the college will be asked to submit a self-study document as outlined in the *Accreditation Policies and Procedures of the AVMA Council on Education* manual (most recent edition) that addresses each Standard. Through its self-study, the college must describe business and educational plans for complying with the Standards. Programs must address each Standard by carefully describing how compliance with that standard will be ensured. The self-study describing the college's plans to comply with the Standards must be submitted no less than 8 weeks prior to the consultative site visit. The self-study document and information gained on site during the subsequent consultative visit are the basis for identifying any deficiencies in the college's plan that might preclude meeting the Standards for Accreditation. If the initial eligibility requirements are not met, as determined by the COE, the college will be denied further consideration. Denial of an application based on failure to meet AVMA-COE initial eligibility criteria is not appealable.

A fee will be charged for a consultative site visit. The consultative site team is composed of COE site visitors and staff who provide an unofficial appraisal of the program as related to planned compliance with the Standards. The Council reviews the report and makes no accreditation action. All expenses for the consultative site visit are paid by the proposed college.

The college can submit a request for a comprehensive visit with evidence that deficiencies identified in the consultative visit report have been addressed. A fee will be assessed for the comprehensive site visit. Once the request has been approved by the COE, a comprehensive visit will be conducted essentially the same as evaluations for established accredited programs. The self-study report, the site visit, and the report of evaluation provide evidence as to the likelihood that the College can comply with the Standards based on plans and existing resources such as budget, facilities, faculty, and administration. A Reasonable Assurance evaluation is based on planned action and preliminary arrangements so long as the Council deems the implementation of such planned actions to be reasonable, pragmatic, and feasible within an appropriate time frame. The COE will consider the report and vote to grant or deny Reasonable Assurance. The college must not recruit or advertise for students, solicit or collect application fees, collect applicant information, or otherwise initiate the admissions process until after Reasonable Assurance is granted.

Once a college is granted Reasonable Assurance, a liaison committee will be appointed by the COE chair. The committee will be composed of up to four COE members. This committee is charged with creating and maintaining a direct line of communication between the COE and the College. The liaison committee will present biannual reports at COE meetings. Members of the liaison committee will not make motions or vote in accreditation actions regarding the college.

A college that fails to be granted Reasonable Assurance following an evaluation by the COE may not apply for reconsideration for 12 months after the date of the Council's final decision.

A college granted Reasonable Assurance must offer admission to and matriculate its first class of students within three years. Reasonable Assurance does not confer accreditation of any kind on a developing college. Reasonable Assurance may be continued by the Council for a maximum of three years based on progress documented in writing twice a year (see *Section 4.3.1 Appendix J - Biannual Report Guidelines*). In particular, changes in business or educational plans must be addressed in detail in these biannual reports.

A college that delays offering admission to and matriculating its first class beyond three years must submit a new formal letter of application to the AVMA COE. The COE will determine whether a consultative visit is required.

Modifications from the original plan submitted, including, but not limited to, increasing enrollment, cannot be made without COE approval, or until the college has achieved accredited status and outcomes from the first graduating class one year after graduation have been analyzed and reported to the COE. If a developing institution granted Reasonable Assurance fails to continue to demonstrate that its plan to develop its program will comply with the Standards, or if the program significantly changes its plan including, but not limited to, substantive changes as outline in Section 3.3, the Council may take action, including, but not limited to, withdrawing the classification of Reasonable Assurance. An interim or focused site visit can be conducted at any point at the Council's discretion.

### 3.2.2 Provisional Accreditation – Progress Report Requirements

Provisional Accreditation will be granted to a college on the date the initial class matriculates. Following the granting of Provisional Accreditation status and during the first semester of the second year of the initial class matriculation, a comprehensive site visit will be conducted to determine whether the program is making progress in complying with the Standards. The Report of Evaluation from that site visit will describe and identify compliance and/or non-compliance with each Standard at the time of the site visit. If the Council determines that deficiencies are severe and compliance with the Standards is unlikely, the college may be placed on Terminal Accreditation. If the Council determines that the program is making reasonable progress in complying with the Standards, Provisional Accreditation may be continued.

An interim or focused site visit may be conducted at any time during the developmental period (i.e., period of granting Reasonable Assurance to granting Accredited status) at the Council's discretion. A comprehensive site visit is conducted during the second half of the final year of the first matriculated class. If the Council determines that the college is in compliance with each Standard, Accredited status will be granted. To achieve initial Accredited status, the school must have no minor or major deficiencies. A provisionally accredited college must achieve accredited status within five years. If the Council determines the college does not comply with the Standards, and the College has been provisionally accredited for less than 5 years, provisional accreditation status may be continued. If the Council determines the college does not comply with the Standards, the college may be placed on Terminal Accreditation if it has been provisionally accredited for five years. Colleges placed on Terminal Accreditation are required to follow the COE procedures for Terminal Accreditation status, thereby protecting the interests of enrolled students.

Provisionally accredited college must submit reports to the Council in writing twice a year (see *Section 4.3.1 Appendix J - Biannual Report Guidelines*).

Reasonable Assurance or Provisional Accreditation status may be withdrawn at any time during the developmental period if the Council determines the college is unlikely to comply with a Standard(s). In the latter case (withdrawal of Provisional Accreditation status), the college may be placed on Terminal Accreditation.

If the Council notes deficiencies that may result in an adverse accreditation action, the Council will defer the accreditation action and will provide the college an opportunity to respond in writing to the deficiency or deficiencies. If the Council takes an adverse accreditation action after the college has had

the opportunity to respond, then the college will be reminded of the appeal process as outlined in Section 2.5.4 Appeal Procedures for Adverse Outcomes.

### 3.2.3. Accreditation – Annual Interim Report and Progress Report Requirements\_(*Section 4.3.2 Appendix K - Annual Interim Report Guidelines*)

The Council requires an annual interim report from each college with Accredited status except when a site visit has been conducted less than six months previously, or when a site visit is planned to occur in the first six months of the following year. Colleges that are Accredited with Minor Deficiencies, Probationary Accreditation, or Terminal Accreditation status are required to submit Progress Reports every six months. The report should describe any recent or anticipated changes and the progress made in responding to identified deficiencies and previous Council recommendations. When an accredited college plans fundamental changes in administration, organization, association with the parent institution, curriculum, faculty, increased enrollment, instructional program, or stated objectives, the Council must be given an opportunity to review the proposed change prior to adoption (see Section 3.4 Substantive Change Reporting Requirements). Student suggestions, comments, and complaints received by the college regarding the college's compliance with the Standards of Accreditation must accompany the annual interim report or progress report.

Individual members of the Council are assigned a specific report(s) for an in-depth review and are required to prepare a draft written summary of the findings. The assigned individual leads Council discussion of the report and his/her summary (included in the COE meeting agenda), and makes a recommendation on the accreditation status of the college. When all issues arising from the annual interim report or progress report have been discussed, the Council votes (a majority is required) on extending the current accreditation status, changing the accreditation status because previously identified deficiencies have been resolved, or assigning Accredited with Minor Deficiencies or Probationary Accreditation. If the Council votes to change the accreditation status, with or without comment, staff will notify the college in writing within 30 days. Comments, however, are included in the transmission letter when appropriate. If the Council notes deficiencies that may result in an adverse accreditation action, the Council will defer the accreditation action and will provide the college with an opportunity to respond in writing pursuant to policies in this manual (Section 2.5.1). If the Council changes the accreditation status after the college has had the opportunity to respond, then the college will be reminded of the appeal process.

The COE understands that some data are not collected annually. Data should be reported when they become available. Data requested in the annual interim reports should be collected no less than two to three times during the seven-year accreditation cycle.

### 3.2.4. Re-accreditation Procedures

To maintain accreditation, veterinary colleges must provide an extensive self-evaluation and arrange for a site visit at intervals of not more than seven years. More frequent site visits are scheduled for colleges with Probationary and Provisional Accreditation. The Council reserves the right to schedule site visits on a more frequent basis if information of concern is provided in an interim report, or in response to

complaints received by the COE regarding the college. See Section 2 for a description of requirements for the self-study and site visit.

### 3.2.5 Accredited - with Minor Deficiencies

A college that has one or more minor deficiencies in one or more of the Standards of Accreditation will be assigned the status of Accredited with Minor Deficiencies. Minor deficiencies have minimal or no effect on student learning or safety; nevertheless, warrant being corrected for the program to be in full compliance with the Standards. Accreditation with Minor Deficiency(ies) is not considered an adverse outcome by the COE, and is therefore not appealable. Minor deficiencies must be corrected in one year to avoid a change in accreditation status. The college is required to submit a plan to the COE within 30 days of the status notification (30-Day Plan). The plan must outline steps to correct the deficiencies and provide a timetable for completion. Progress reports are required prior to every biannual meeting by the deadline stipulated by the COE, one being the annual interim report. If, at the end of one year, the college provides evidence that the deficiencies have been corrected, the college may be granted Accredited status for the remainder of the accreditation cycle. If minor deficiencies are not corrected within one year, the college will be placed on Probationary Accreditation for one additional year.

### 3.2.6 Probationary Accreditation

A college that has one or more major deficiencies in one or more Standards will be placed on Probationary Accreditation. Major deficiencies have more than minimal impact on student learning or safety. These deficiencies must be corrected in two years from the date of the letter notifying the college of Probationary Accreditation. Probationary Accreditation is not considered an adverse decision by the COE, so is not appealable. The college is required to submit a plan to the COE within 30 days of the status notification. The plan outlines steps to correct deficiencies and provides a timetable for completion. Progress reports to the COE are required prior to every biannual meeting by the deadline stipulated, one being the annual interim report.

If deficiencies have been corrected within the two-year period, and there is evidence to support full compliance, the college may be granted Accredited status for the remainder of the accreditation cycle. A college that fails to correct minor deficiencies during one additional year while on Probationary status, or fails to correct major deficiencies within two years, will be placed on Terminal Accreditation unless an Extension for Good Cause for up to one year is granted, or pending an appeal.

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

A good cause extension may be granted if the college has implemented a remediation plan and can demonstrate that enough progress has been made to complete the plan within one year. The college also must provide evidence that factors negatively impacting student safety or learning have been mitigated during remediation. Examples of justifications for good cause extension are ongoing construction projects that can be completed within one year, or curricular changes based on outcome assessment analysis that are in progress but will be completed within one year.



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

At the end of the 2-year assigned period of Probationary Accreditation, or earlier at the request of the college, the Council will conduct an evaluation to determine the compliance of the college with the Standard in question. This evaluation may include a site visit, at the Council's discretion. On the basis of this evaluation the Council must make one of the following determinations:

- Award Accredited status for the remainder of the accreditation period
- Continue Probationary Accreditation for good cause, or
- Assign Terminal Accreditation following written due process, or
- Withdraw accreditation (in the case of accredited colleges outside the US and Canada)

### 3.2.7 Terminal Accreditation

A college in the US or Canada that is unable to correct deficiencies within the specified time period will be placed on Terminal Accreditation status. The Council also may withdraw accreditation from a college when evidence indicates that the number or severity of deficiencies in the program cannot be corrected before the admission of the next first-year class. Terminal accreditation is an adverse accreditation decision. Due process will be initiated prior to a final decision.

Colleges that close voluntarily also will be placed on Terminal accreditation. The college must notify the Council and follow the procedures for colleges with the classification of Terminal Accreditation.

The following procedures for colleges with the classification of Terminal Accreditation must be followed to protect the interests of enrolled students. These procedures are intended to protect enrolled students from the disadvantage of graduating from a non-accredited college and may continue no longer than necessary to protect the educational interests of such students. The dean of the college and the president of the university are notified immediately in writing of the classification status and the rationale for the decision. Not later than 30 days after the date of receipt of the final report, the college may respond in writing to the specific deficiencies. If the Council confirms its decision of Terminal Accreditation after reviewing the college's response, the decision is finalized. The college will be informed in writing within 5 business days of the decision being made. The college may initiate appeal proceedings as described in Section 2.5.4. During the first six months after the assignment of terminal accreditation, the college will submit a detailed plan describing how it will ensure that the educational interests of currently enrolled students will be met. In January of each year that the college holds terminal accreditation status, the college will provide a detailed report to the Council on Education describing how the plan is being followed and how it has been altered with respect to students who entered when the program held accredited, accredited with minor deficiencies, or probationary accreditation status.

To maintain terminal accreditation status, the college must: immediately cease enrollment of additional students; commit adequate resources to complete the education of currently enrolled students; and ensure that deficiencies cited do not worsen. During a period of terminal accreditation, representatives

from the COE will visit the college annually and report on whether the college is meeting the conditions for terminal accreditation as stated above. The COE visit report and information furnished in writing by the college will be considered by the Council to determine if terminal accreditation should continue. Following a period of terminal accreditation, the classification of Accreditation Withheld will be assigned.

### 3.2.8 Reevaluation

The Council is receptive to a request by any accredited college to be evaluated for reaccreditation at less than the maximum established interval for any reason, such as the coordination of self-evaluation reports and site visits required by other agencies. Such requests are honored at the Council's discretion, taking into account other factors including the Council's prior commitments to other colleges.

A college with an accredited status other than Terminal Accreditation may request a reevaluation at any time for reasons of reclassification. The procedures described for reevaluation in section 2.5.3 must be followed.

A college with Terminal Accreditation status may request reevaluation. The request will be considered by the COE if the college can provide evidence that the deficiency(ies) resulting in the Terminal Accreditation status has(have) been resolved. The COE will determine what additional reports will be required and whether a site visit is necessary as part of the reevaluation. The request and process for reevaluation will not alter the original terms of terminal accreditation.

## 3.3 Colleges Outside the US and Canada

### 3.3.1 Procedures for Existing Colleges

The expressed desire of veterinary colleges outside the US and Canada for input and evaluation of their programs by the AVMA COE is in recognition of the high standards of veterinary medical education embodied in the Standards for Accreditation. It is further recognition that the AVMA COE plays a significant role in setting the standards for international veterinary education. Should a college outside of the US decide to challenge in a court of law an adverse accreditation decision made by the COE, the filing must be done in a US court of competent jurisdiction seated in Illinois.

The COE believes that accrediting veterinary colleges outside of the US and Canada supports and encourages the achievement of high standards of veterinary medical education worldwide, thus improving animal and human health. It is the objective of the AVMA COE that each graduate of an accredited college of veterinary medicine is firmly based in the fundamental principles, scientific knowledge, and physical and mental skills of veterinary medicine.

To initiate the process for a college outside the US and Canada to be accredited, a written request must be received by the AVMA COE from the dean of the college and the president/provost of the university. The Council and staff respond to all inquiries regarding accreditation, and provide the *Accreditation Policies and Procedures of the AVMA Council on Education* to colleges requesting such information.

Accreditation is voluntary; the AVMA COE does not solicit applications. AVMA COE accredited and provisionally accredited US and Canadian colleges, and AVMA COE accredited colleges outside the US

***Accreditation Policies and Procedures of the AVMA Council on Education Council on Education June 2023, revised December 2023***

and Canada will be given site visit scheduling priority over nonaccredited institutions outside the US and Canada seeking accreditation. Guidelines for site visits to colleges outside the US and Canada are contained in the *COE Policies and Procedures* manual, which is revised annually. The COE consults with existing accreditation and licensing agencies in countries holding/seeking international accreditation.

The Council reserves the right to deny a request for a site visit to a college in a country where conditions exist that might place the safety of site team members at risk. The judgment of the Council will prevail in such decisions.

The cumulative number of all site visits (US, Canadian, and outside the US and Canada) in a 12-month period shall not exceed 12, so all requests may not be met in a given year. If a college outside the US and Canada is denied initial accreditation, the institution will not be re-evaluated for a period of at least two years. Assurance with documentation must be provided to the Council that deficiencies have been corrected before re-evaluation will be considered.

Although cultural diversity is recognized, the Standards of Accreditation are applied in the same manner for all institutions in the accreditation process.

Language is not considered a barrier to accreditation; however, all matters and information related to the accreditation process must be in English. Accredited colleges that do not conduct all instruction in English are considered to produce graduates whose English language skills are unknown to the COE. State boards of veterinary medicine in the US and Canada (provinces) will be notified of this fact as appropriate.

Initial or continued accreditation of a veterinary school/college outside the US and Canada will be contingent upon that school/college's demonstrating it has made its best efforts to encourage the licensing authority of that country to:

- a. recognize graduates of U.S. and Canadian AVMA COE-accredited veterinary colleges as having met equivalent educational standards as graduates of the AVMA COE-accredited veterinary college in the country of that licensing body, and;
- b. to confer licenses to graduates of AVMA COE-accredited U.S. and Canadian veterinary colleges that are identical to those given to graduates of that country's AVMA COE-accredited veterinary college by a licensing process no more rigorous than that required of graduates of that AVMA COE-accredited veterinary college in that country.

A college outside of the United States seeking initial or continued accreditation must have procedures in place to protect the confidentiality of student records as permitted by law. Students must be permitted to review their records and challenge the accuracy, unless otherwise prohibited by law. These procedures may be enacted through the parent institution.

There are a number of methods through which the AVMA COE can assist in the improvement of education and/or accreditation of veterinary colleges outside the US and Canada including:

- a. The provision of copies of the Standards used for accrediting US and Canadian programs.
- b. A consultative site visit to evaluate a college's preparedness for accreditation. If a college seeks AVMA COE accreditation, a consultative site visit and appraisal of the program must be

conducted. The site visit is conducted at a time to avoid conflict with previously scheduled site visits.

- c. A comprehensive site visit for accreditation and recognition of the program. The site visit and evaluation are conducted using the same processes as employed for US and Canadian colleges. The evaluation is conducted only at the convenience of the Council and site visitors.
- d. COE accreditation of a veterinary college outside the US and Canada confirms that the program complies with the AVMA COE Standards of Accreditation. Accreditation is not an endorsement that replaces or overrides international rules and regulations or state, provincial, and national licensing and practice act guidelines.

Veterinary colleges outside the US and Canada may seek accreditation status from the AVMA COE through the procedures established by the COE. Accreditation may be of value to colleges for purposes of recognition of program quality and/or as a means to assist graduates who choose to practice veterinary medicine in the US. Throughout the process of seeking AVMA COE accreditation status, the *Accreditation Policies and Procedures of the AVMA Council on Education* manual will serve as the basis for all procedures and decisions. Standard requirements described in the manual will be applied to all programs seeking accreditation. The Council will acknowledge social, cultural, and educational diversity in a fair and equitable manner; but veterinary medical education program quality as measured by the Standards is non-negotiable.

Site visits are initiated by the college seeking or renewing accreditation. In cases where conditions at an accredited college have changed dramatically, jeopardizing the institution's ability to meet the Standards as noted in an annual report, or when third party comments or other applicable information (as determined by the Council) are received from faculty, students, staff, or the public, the Council may conduct a focused or comprehensive site visit to determine whether the conditions or reports have validity that might negatively impact the accreditation status of the college. The AVMA COE has no process to assist developing colleges outside the US and Canada. Accreditation may be sought only by established colleges outside the US and Canada. An established college is defined as a program that has 5 years of outcome data on its graduates.

Three types of site visits may be conducted by the COE: Consultative, Comprehensive, and Focused.

Consultative – If an established veterinary medical college outside the US and Canada desires consultation and advice on its readiness for attaining accreditation status, the college must request a consultative site visit. The consultative site visit team is composed of COE site team visitors and staff who provide an unofficial appraisal of the program as related to compliance with the standards. A college outside the US and Canada seeking accreditation status must provide the COE with five copies of a video (digital format) detailing the physical facilities and educational programs of the college. The video is limited to 30 minutes duration and shall be provided to the COE at the time the self-study is submitted. The college must submit a detailed self-study report 12 weeks in advance of the site visit (if the self-study does not arrive at least 12 weeks prior to the first day of the scheduled site visit, the site visit may be cancelled or rescheduled to a later date). After the visit, the COE will provide an unofficial written report of evaluation noting the readiness for a comprehensive site visit.

As a college is seeking initial accreditation and a consultative site visit has been scheduled, two COE reviewers will be assigned to conduct a pre-review of the self-study. The COE reviewers, consultative site team, and chair of the COE Evaluation Committee, in consultation with COE staff, will review the self-study and determine if the college appears to meet all or most of the Standards. In the event it is

believed that the college falls short of meeting one or more Standards, a consultative site visit may not be conducted, and the college will be notified of the perceived deficiencies.

A site team composed of three experienced COE site visitors appointed by the Chair of the Evaluation Committee (Canadian COE site visitors may be considered when selecting a site visit team) and one staff member will conduct the consultative site visit. In addition, the team will be accompanied by one or two current COE member(s) (non-voting observers). The consultation generally takes three to four days. Appropriate college personnel and the site team chair will prepare an agenda that includes evaluation of all areas of the program.

The report from the consultative site visit is the responsibility of the team chair and consists of the following sections:

- Section I – an introductory paragraph providing the name and location of the college, the identity of the chief academic officer of the college and of the parent institution, and a brief history of the college.
- Section II – the eleven Standards of Accreditation and a short description of perceived deficiencies.
- Section III – program strengths in numerical order, without priority.
- Section IV – an appraisal of the preparedness of the college for a comprehensive site visit.
- Section V – other comments that may assist the college in improving its self-study, designing the agenda for the site visit, or other matters.

The report is based upon the evaluations of the site team and is not approved by the COE. Questions from the COE related to the report should be directed to the COE reviewers assigned to conduct a pre-review of the self-study and the post-site visit report, who will report the findings from the consultative site visit team, as information only, to the Council during the next regularly scheduled meeting. The report will be sent to the college within 30 days of the meeting when the COE acknowledged receipt of the report.

No further action is taken by the COE following a consultative site visit. If the identified deficiencies are corrected the college can submit a formal request for a comprehensive visit. If the COE determines that the college has provided evidence that deficiencies identified in the consultative site visit report have been corrected, a comprehensive site visit will be conducted. The procedure followed is identical to that for evaluation of US and Canadian colleges. COE site visitors may not serve on both the consultative and comprehensive site visit teams for veterinary colleges outside the US and Canada.

Consultation with an Accredited College – An accredited college outside the US and Canada may request consultation from the COE by inviting a consultative site team to visit the college. A request should focus on a specific item(s) wherein the college wishes consultation. The consultative team's response is not an official recommendation from the COE.

Comprehensive – After receipt of the COE's consultative report and the submission of a detailed response to all points raised by the consultative site team, an established veterinary medical college outside the US and Canada seeking accreditation may request a comprehensive site visit. The process for the comprehensive visit is the same as for a US or Canadian college (see Section 2.3). The application for a comprehensive site visit by the COE must occur within three years of the consultative site visit. If the COE does not receive such application within the three-year period, the college must wait an additional two years (five years since the consultative visit) before reapplying. To achieve initial Accredited status, the school must have no minor or major deficiencies.

Focused – A focused site visit can be requested by an AVMA COE accredited veterinary college outside the US and Canada, or be initiated by the COE based upon the contents of the college annual interim report or third party (faculty, student, or public) comment. The focused site visit is usually conducted by one or two COE site visitors, one of whom served on the original comprehensive site visit team. The college is requested to provide information regarding the concerns prompting the site visit; the COE will assign an accreditation status based upon evaluation of compliance with the Standards.

Visits to veterinary colleges outside the US and Canada may require slight alterations in several areas of standard operating procedure, but not in interpreting or judging compliance with the Standards.

Each AVMA COE accredited veterinary college outside the US and Canada is required to provide an annual interim report to the AVMA COE. This report is used to assess its progress and to identify major changes in the college or its support units regarding the Standards.

All correspondence and conversation with the AVMA, including the self-study document, must be in English. If any portion of the veterinary educational program is conducted in a language other than English, the AVMA COE may employ a translator of its choosing. The cost of the translation will be charged to the college.

In summary, all matters pertaining to accreditation of veterinary colleges outside the US and Canada are presented in the *Accreditation Policies and Procedures of the AVMA Council on Education* manual. This document is adhered to as the COE assesses the progress of the college in meeting the standards.

All costs for site visitors are paid by the college seeking accreditation or continuation of such status. Additional fees are charged for consultative site visits and the initial comprehensive site visit. The cost associated with the time commitment of site team members is not assessed.

An annual administrative fee is charged to recover direct and indirect costs associated with the accreditation of all veterinary schools including charges for personnel, office space, communication, materials and supplies, and legal and business office support. Sixty days before arrangements are made for any visit or consideration of the annual report to evaluate the accreditation status of the college, the annual fee must be current, and the college requesting the visit must confirm in writing its commitment to pay all associated costs for the site visit team. No Honoraria site team members are reimbursed for their expenses, but no honorariums are paid.

Failure to pay any fee indicates a desire to discontinue the accreditation process. If payment is not received within 60 days of the time indicated, the process will be discontinued, and accreditation status withdrawn.

The administrative fees are reviewed annually and subject to change based upon the rate of US inflation and/or other factors.

The Council is receptive to a request by any accredited college to be evaluated for reaccreditation at less than the maximum established interval for any reason, such as the coordination of self-evaluation reports and site visits required by other agencies. Such requests are honored at the Council's discretion, taking into account other factors including the Council's prior commitments to other colleges.

### 3.3.2 Procedures for Developing Colleges Outside the US and Canada

The Council has no mechanism for providing assistance to developing colleges outside the US or Canada. The Reasonable Assurance process and Provisional Accreditation status are limited to US and Canadian veterinary colleges.

### 3.4 Substantive Change Reporting Requirements

#### 3.4.1 Reporting Substantive Change

The COE must be notified, and the COE must grant approval, prior to implementation of any substantive changes in the program at an accredited college. Approval of substantive changes is at the discretion of the COE based upon the information received and continued compliance with the Standards. A site visit may be required to verify that the reported substantive changes do not negatively impact the college's compliance with any or all of the Standards of Accreditation.

Examples of substantive changes that must be reported to and approved by the COE prior to implementation include, but are not limited to:

- Any change in the established mission or objective of the college.
- Any change in the organizational structure, legal status, form of control, or ownership of the college.
- The addition of courses or programs that represent a significant departure, in either content or method of delivery, from those that were offered when the COE last evaluated the institution.
- A change in the clock hours (student contact hours) to credit hours ratio.
- A substantial change in the number of clock hours (student contact hours) or credit hours awarded for successful completion of the program.
- The establishment of an additional location geographically apart from the main campus at which the institution offers at least 25 percent of the entire professional program.
- The establishment of an additional location(s) geographically apart from the main campus at which the institution will offer required pre-clinical or clinical educational experiences, and it is expected that the added site will be attended by 10% or more of the students per class within any given year.
- The establishment of an additional location geographically apart from the main campus at which the institution will offer an educational experience in which it is expected that 25 percent or more of any class (including students from all sources) will participate.
- The establishment of an additional location geographically apart from the main campus at which the institution offers an educational experience in which 25 percent or more of any class is enrolled.
- An anticipated entering class size change of 10 percent or more students from the last approved request or the most recent accreditation site visit.
- An anticipated increase in the number of students managed within any year of the veterinary medical program, including students from other institutions, that: 1) will result in an increase of 10% or more in the number of students within any year of the program over the previous year, or 2) will result in more than a 10% increase over the previous year in the number of students within any year of the program being from other institutions.
- A cumulative increase of 15% or more over 5 years in the total number of students in the veterinary program, including students from other institutions who participate in any phase of the veterinary education program.

If a college fails to notify the COE of a substantive change and receive approval prior to implementing such change, the COE will conduct a thorough review to ensure continued compliance with the Standards. This review may include a focused site visit. If the COE determines that the college is not in compliance with one or more Standards as a result of the substantive change, the college's accreditation status may be changed.

### 3.5 Other Reporting Requirements

#### 3.5.1 Council Reports to the Public

The COE provides written notice of its accrediting decisions to the USDE, appropriate state licensing or authorizing agency, appropriate accrediting agencies, and the public according to the following requirements of the USDE:

A. Within 30 days:

- (1) A decision to renew or to award initial accreditation or pre-accreditation to a veterinary college

B. At the same time the school is notified, but no later than 30 days after the decision:

- (1) A final decision to place a college on probationary accreditation
- (2) A final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or pre-accreditation of a veterinary college

The USDE and appropriate state licensing or authorizing agency will be notified by letters sent electronically or by mail. Accrediting agencies are notified by posting written notice on appropriate listserv for regional and programmatic accreditors. All public notification is provided in the public area of the AVMA website and will include the date of the COE meeting the decision was made. This is done within 24 hours of notifying the program for (B) (1) and (2).

Not later than 60 days after any final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or pre-accreditation of a veterinary college, the COE will notify the USDE, state and other authorizing agencies, and public with a brief statement summarizing the reasons for the agency's decision and the official comments that the affected college may wish to make with regard to that decision, or evidence that the affected college has been offered the opportunity to provide official comment.

The COE will provide written notice to the USDE, appropriate state licensing or authorizing agency, appropriate accrediting agencies, and upon request, the public if:

- (1) A college decides to withdraw voluntarily from accreditation or pre-accreditation, within 10 business days of receiving notification from the college that it is withdrawing voluntarily from accreditation or pre-accreditation; or
- (2) Lets its accreditation or pre-accreditation lapse, within 10 business days of the date on which accreditation or pre-accreditation lapses.

Information related to currently accredited veterinary medical colleges, the accreditation status, and the date of the next accreditation or pre-accreditation site visit is published on the area of the AVMA website (at [www.avma.org](http://www.avma.org)) that is accessible to the public. Any member of the public can submit input to the COE about a College's compliance with the Standards. The COE Policies and Procedures Manual also is accessible to the public on the AVMA website.



### 3.5.2 Reports to the Public from Colleges

When the accreditation decision is finalized, each college of veterinary medicine must notify the public of its performance in educating veterinarians by posting on its website 1) the accreditor (AVMA COE) accreditation status of the college, and the date of the next site visit; 2) if probationary accreditation has been assigned, the college must publish an explanation for non-compliance and an evaluation of the impact of non-compliance on the enrolled students within seven business days; 3) the NAVLE pass rate for the college compared to the pass rate required by the COE Standard for Outcomes Assessment (currently 80%); and 4) any other outcomes information that the college feels would educate the public regarding the quality of education at the specific institution. Information released to the public must be readily accessible. The information released to the public must be sent to the COE for verification in the annual interim report of each college.

### 3.5.3 Council Response to Reports from Outside Sources

From time to time, the Council is provided with liaison, progress, information, and other reports from colleges or other groups. Such reports may be: 1) received, 2) accepted, or 3) rejected.

Received – The Council studies the report but does not agree or disagree with the content. The Council may or may not choose to respond to the submitter of the report and may choose to forward the report to another entity.

Accepted – The Council studies the report, and accepts the report as written. The Council notifies the submitter of the report stating its action. Acceptance of a report by the Council does not mean that the report becomes the policy of the Council, unless specifically so determined and stated by the Council in its minutes.

Rejected – the Council studies the report, disagrees with the report, in part or in full, and rejects the report. The Council notifies the submitter of the report stating its findings and its action.

### 3.5.4 NAVLE Score Reporting and Review

The North American Veterinary Licensing Examination (NAVLE) assesses entry-level competency for licensure to practice veterinary medicine. The ICVA reports the scores to the COE for all accredited institutions without identifying the institutions individually, to promote confidentiality. Each institution reports 5 years of NAVLE results for its graduates in the annual interim report and in self-studies. The COE evaluates NAVLE results annually, by noting significant changes in scores and passing rates for individual institutions over time, and significant differences in scores or passing rates among graduates from different veterinary colleges. Decreasing scores may indicate a reduction in the adequacy of the Standards of Accreditation, while significant differences among graduates from different colleges may suggest the Standards are not relevant to all programs.

During the fall meeting the Academic Affairs Committee reviews the NAVLE results. Recommendations from this committee are used to assess the potential for needed changes in or application of the Standards. Processes are initiated by the COE to make necessary changes.

#### **4. Appendices**

##### 4.1 AVMA COE Accreditation Appendices

##### 4.1.1 Appendix A – STAFF ROSTER

##### **Council on Education Staff responsible for accreditation:**

Oversight responsibility –	Karen Martens Brandt, Director AVMA Education and Research Division 1931 North Meacham Road, Suite 100 Schaumburg, IL 60173-4360 847-285-6674
Assisting responsibility –	Dr. Sheila Allen, Senior Accreditation Advisor Association of American Veterinary Medical Colleges 655 K Street NW, Suite 725 Washington, DC 20001  Dr. Samantha Morello, Assistant Director AVMA Education and Research Division 1931 North Meacham Road, Suite 100 Schaumburg, IL 60173-4360
Staff responsibility	Anahita Gonda, Administrative Coordinator AVMA Education and Research Division 1931 North Meacham Road, Suite 100 Schaumburg, IL 60173-4360 847-285-6625  Anne Czeropski, Administrative Assistant AVMA Education and Research Division 1931 North Meacham Road, Suite 100 Schaumburg, IL 60173-4360 847-285-6677

**4.1.2 Appendix B – COUNCIL ON EDUCATION ROSTER**

<b>Member/Representing</b>	<b>City/State</b>	<b>Term*</b>	<b>Position Appointed by:</b>
<b>Canadian Veterinary Medical Association</b> – David Scammell (Private Clinical Practice -Dutch Hill Veterinary Clinic)	Winnipeg, MB	2018-2024	CVMA
<b>Member-at-Large</b> – Philip Kieffer (Equine Practice)	Helsingborg, Sweden	2018-2024	AVMA COE Selection
<b>Private Clinical Practice</b> – Sarah Mercurio (Feline Practice)	Rehoboth, MA	2018-2024	AVMA COE Selection
<b>Private Food Animal Clinical Practice</b> – Norman LaFaunce (Bovine Practice)	Modest, CA	2018-2024	AVMA COE Selection
<b>Large Animal Clinical Science</b> – Joie Watson (Associate Dean, University of California-Davis SVM)	Davis, CA	2019-2025	AAVMC
<b>Veterinary Medical Research</b> – M. Julia Felipe (Professor, Cornell University CVM)	Ithaca, NY	2019-2025	AAVMC
<b>Private Equine Practice</b> – Ann Dwyer (Equine Practitioner)	Scottsville, NY	2019-2025	AVMA COE Selection
<b>Private Small Animal Clinical Practice</b> – Bruce R. Coston (Small Animal Practitioner)	Moneta, VA	2020-2026	AVMA COE Selection
<b>Small Animal Clinical Sciences</b> –Amara H. Estrada (Prof. and Assoc. Chair for Instruction-SA Cardiology, University of Florida)	Gainesville, FL	2020-2026	AAVMC
<b>Non-Private, Non-Academic Veterinary Medicine</b> – Roxann Motroni (National Program Leader of Animal Health, USDA-	Beltsville, MD	2021-2027	AVMA COE Selection
<b>Basic Science</b> – Linda S. Mansfield (Distinguished Professor, Albert C. & Lois E. Dehn Endowed Chair, Michigan State University CVM)	East Lansing, MI	2021-2027	AAVMC
<b>Public</b> – Victoria Stratman (Juris Doctor)	Altadena, CA	2021-2027	Council on Education
<b>Association of American Veterinary Medical Colleges</b> – Peter Constable (Dean, University of Illinois (CVM)	Urbana, IL	2022-2025	AAVMC
<b>Postgraduate Education</b> – Jesse M. Hostetter (Barry G. Harmon Professor and Head, University of Georgia, CVM)	Athens, GA	2022-2028	AAVMC
<b>Private Mixed Clinical Practice</b> – James F. McDonald (Mixed Animal Practitioner)	Camp Verde, AZ	2022-2028	AVMA COE Selection
<b>Public</b> – Barbara C. Engel (CIP)	Cynwyd, PA	2022-2028	Council on Education
<b>Public</b> – Stefanie A. Lindquist	Chester Springs PA	2023-2029	Council on Education
<b>Basic Science</b> – Melinda Camus (Associate Dean for Academic Affairs at Auburn University CVM)	Watkinsville, GA	2023-2029	AAVMC
<b>Veterinary Preventive Medicine</b> – Carla Huston (Professor Mississippi State University CVM)	Mississippi State, MS	2023-2029	AAVMC
<b>Private Clinical Practice</b> – Noreen Lanza (Private Clinical Practice)	Mickleton, NJ	2023-2029	AVMA COE Selection
Terms begin at the start of the AVMA Association year which begins at the end of the AVMA convention, typically July to July with the exception of the CVMA representative which is on a calendar year appointment.			

#### 4.1.3 Appendix C – COE Code of Conduct

##### ***Council on Education Code of Conduct***

The code of conduct for Council on Education members is described herein. Council members and others participating in accreditation activities, including site visitors as well as AVMA and AAVMC staff, are expected to adhere to the COE code of conduct at all times. Failure to do so may result in measures including, but not limited to, a written reprimand or dismissal from the Council.

##### ***Integrity***

To encourage ongoing confidence in the specialized accreditation process, both the college and the COE must be assured that functions assigned to each entity are clearly understood. The following are some of the areas where special efforts must be made to ensure integrity of the process:

The Council must conform to the AVMA Conflict of Interest Policy at all times, not just during site visits. Site visitors and COE members must not advise (paid or unpaid consultation) institutions on matters pertaining to accreditation, except in the course of their duties for an institution by which they currently are employed, or as a Liaison Committee member advising a developing school.

During the evaluation process, the Council must evaluate the college only on the Standard Requirements for Accreditation. Application of the standard requirements to all college programs must be unbiased, and free from opinion regarding issues not relevant to whether the Standards are met.

The site visit and deliberation toward the assignment of accreditation status must be conducted with the highest ethical standards and confidentiality.

All materials, discussions, and decisions of the Council regarding accreditation must be confidential. In addition to the conflicts of interest listed in the AVMA Conflict of Interest Policy, no Council member will participate in site visits, discussions of interim reports, or discussions of reports of evaluation of any institution about which the member has made comments publicly, verbal or written, for or against the accreditation of that institution.

The Council must recognize college and program diversity when making accreditation decisions.

The Council must inform all appropriate federal, state, university, and college officials of matters related to accreditation in a timely manner. These communications should be made by the COE Chair, or staff if delegated to do so by the chair.

##### ***Confidentiality***

So that all matters dealing with accreditation of colleges of veterinary medicine are conducted with integrity and objectivity, the COE has adopted a confidentiality policy. Those who participate in COE activities, including but not limited to elected COE members, non-COE site team members, and appropriate AVMA staff, must maintain the confidentiality of all non-public information relating to accreditation and veterinary education.

In order to provide colleges, accrediting and state agencies, and the public with the most accurate information possible, the COE has adopted specific policies and procedures governing all COE

communications. Communications that are not consistent with the COE's policies and procedures and that have not been approved and issued by the COE are strictly prohibited. All discussions, observations, and documents associated with site visits and accreditation decisions are confidential to the COE and should not be discussed with anyone other than COE members, COE-associated AVMA and AAVMC staff, and site team members when necessary. Information regarding accreditation decisions cannot be shared with any individual or group other than: 1) the university and college through the official report of evaluation, 2) reports to accrediting and state agencies, and 3) the public through official announcements and communications made by the COE chair. Any inquiries made to COE members regarding the accreditation process or about specific programs should be referred to the COE Chair and appropriate AVMA staff.

It is the policy of the COE that its accreditation decisions are independent and are not subject to interference from any organization or individual. COE-associated AVMA and AAVMC staff may attend COE meetings and provide assistance to the COE as necessary, and shall maintain the confidentiality of all non-public information regarding accreditation decisions. The COE Chair and appropriate AVMA staff may share non-public information regarding accreditation decisions with appropriate AVMA officials relating to potential claimed liability of the AVMA as a parent organization of the AVMA COE. Should the need arise to consult with other AVMA-affiliated individuals, outside experts, or other consultants, the COE Chair and appropriate AVMA staff shall be consulted beforehand.

In accordance with AVMA policy, all information related to the Council on Education (COE) accreditation of a veterinary medical college is strictly confidential. This includes, but is not limited to, reports of evaluation, letters, self-evaluation and accreditation materials, interim/annual reports, correspondence, and the content of any discussion related to the veterinary medical college or its accreditation. All requests for information related to a specific institution and/or veterinary medical college must be referred to AVMA staff or the respective institution.

Freedom of Information Acts, which may be applicable in a given state, province, or country do not apply to AVMA confidential information related to the accreditation of veterinary medical colleges. Information requested through such acts may be obtained through due process from the respective institution or state/province/country office.

### ***Conduct during COE Meetings***

No member of the COE who has an identified conflict of interest shall participate in any way in accrediting decisions. The individual shall leave the room when the report in question is being discussed. In cases where the existence of a conflict of interest is less obvious, it is the responsibility of any Council member who feels a potential conflict of interest exists to consult the COE chair prior to the discussion. The COE chair shall discuss the matter with the Executive Committee, and advise the COE member whether the conflict is of a nature to warrant that the member recuse himself/herself from the discussion. In addition, any COE member may bring forth concerns to the COE Chair that another member may have a conflict of interest. The Chair and the Executive Committee will discuss the matter with the member for whom there is a perceived conflict, and the Chair will advise the member if it is warranted that the member recuse himself/herself from the discussion. The conflict of interest policy shall be limited to decisions regarding accreditation and shall not infer conflict with other decision-making responsibilities.

Meetings will be conducted according to Roberts Rules of Order as practiced by the AVMA and outlined in the COE Policies and Procedures manual. Council members should feel free to discuss matters

openly, but only after being recognized by the Chair. Discussions should be conducted in a collegial fashion, allowing all members to voice their opinions on the matters being discussed.

***Conduct during COE Site Visits***

COE members will be cognizant of any possible conflict of interest, either real or perceived, when being considered as a possible member of a site visit team. Members of the Council, public members, or AVMA staff are not eligible to participate in the site visit if a conflict of interest is identified.

The chair of the site visit team appoints a vice-chair, and has the authority to dismiss any member of the team who has a conflict of interest or who becomes disruptive or unmanageable during any phase of the evaluation. Should a conflict of interest or disruption occur with the chair, the vice-chair can assume leadership of the site team with unanimous consent of the remaining members of the team. If the conflict is identified during the site visit and is not covered by the Policies and Procedures manual, neutral members of the team, plus an equal number of members from the college appointed by the dean, will resolve the issue. If the issue is not resolved by the team, the person is dismissed by the chair.

Following a site visit, the dean is asked to inform each faculty member, student, and administrator information how to access an on-line evaluation form. The SRG conducts an analysis of the survey according to frequency and distribution of response, and prepares a report to the COE. The COE Committee on Evaluation studies the report and makes recommendations to the Council regarding changes to be made in the site visit process. During its fall meeting, the COE reviews the recommendation and initiates necessary changes to improve the site visit to ensure that the standards are applied in a consistent and reliable manner.

Site team members are required to conduct themselves professionally, courteously, and with the utmost respect for faculty, students, and other representatives of the college educational program visited as well as fellow site visit team members.

Site team members must:

- Remember that the objectives of accreditation include verifying that an institution or program meets established standards, assisting prospective students in identifying acceptable institutions, creating goals for self-improvement of weaker programs and stimulating a general raising of standards among educational institutions, and involving the faculty and appropriate staff comprehensively in institutional evaluation and planning;
- Keep a positive attitude and not offer negative feedback or other criticism during the site visit;
- Remember that all materials, discussions, deliberations, and reports of the site visit are confidential;
- Refrain from discussing the “state of a college” with anyone other than site team members and appropriate AVMA staff;
- Remain open-minded throughout the evaluation process;
- Carefully study the materials contained in the college self-study to acquire a basic understanding of the college and its operation;
- Be prepared for four and a half days of intense work with long evenings;
- Participate in the discussions, both with college administration and personnel, and in the team deliberations;
- Focus on and uphold the Standards of Accreditation;
- Evaluate the institution regarding its compliance with the Standards of Accreditation, not as compared to other institutions;

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- Be alert at all times using all senses;
- Be on time for all functions;
- Be involved in all functions of the site visit;
- Refer all requests for information to the site team chair;
- Enter into discussions by asking good questions, but do not enter involved discussions except for clarification of unclear points;
- Be a good listener, and record observations, and plan on being present during all discussions as appropriate to the schedule;
- Dress in corporate/professional attire for all site visit activities (men are asked to wear suits or coats and ties, and women are asked to wear suits or dresses); and
- Wear AVMA-COE identification badges at all times.

Site team members must not:

- Bring any preconceived ideas about the college to the site visit;
- Have a personal agenda regarding the college, its programs, or people;
- Become separated from the team for any reason unless so assigned by the site team chair;
- Become involved in a confrontation involving any issue of the visit;
- Compare colleges or programs, since each college and its program will be unique and the Council is not attempting to diminish diversity among programs or to hinder or impede innovation;
- Offer judgments on solutions to problems during the course of the visit; these activities are to be reserved for the exit interviews with the college dean and university president;
- Ask questions during about issues not related to the standards.
- Tell “war stories”.

Remember at all times, the site team is a guest of the college and is there to assist the college in meeting its mission and goals.

There is no place in accreditation for adversarial relationships. The college and the Council should proceed with the premise that both parties are dedicated to the common goal of quality in veterinary education. Only through full and open communication and cooperative efforts to correct deficiencies can educational excellence be attained.

Interactions between the Council and the colleges should have a collegial tone, and be based on mutual trust and a desire to arrive at a full understanding of the current status of the educational program of the college. The dean and other administrative officers should be knowledgeable in the definitions of the various levels of accreditation status and the impact of the failure to meet one or more of the standards.

Accreditation decisions made by the COE can have far-reaching consequences for the College. Careful and thoughtful site visit activities and accreditation decision activities must reflect the integrity of the process.

As the days pass, site team members will develop a clear sense of the college’s ability to comply with the standards and its ability to sustain the program within the resources identified. Many of your thoughts will be condensed and entered into the draft of the evaluation report executive sessions of the site team. During the last team executive sessions, the chair will begin to formulate recommendations to be verbally presented to the dean of the college (and his/her designated group) and the president of the

university (and his/her designated group). It is important that there is site team consensus with these recommendations. At these two final meetings the site team chair will verbally present the finding of the team. Other team members should not speak until the report is complete, or unless the chair, dean, or president asks for additional information wherein a team member might make a substantial contribution.





### **Council on Education Code of Conduct**

I agree that I have read and understand the above Council on Education Code of Conduct and I agree to comply with all policies and rules contained therein.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**4.1.4 Appendix D – Confidentiality and Conflict of Interest**

**a. COE Members and Consultants**

No member shall serve on a site visit team who:

- Is a graduate of any program in the institution being evaluated.
- Has collaborative research, teaching, or service interests with a key administrator or faculty member of the institution being evaluated. (Holding a patent interest, shared research grants, and contract teaching are examples of collaboration.)
- Is or has been employed by the institution being evaluated. (Members who have been interviewed for employment at an institution wherein some conflict arose should exclude themselves from consideration as a site visit team member.)
- Has served as a consultant on accreditation matters with the institution being evaluated.
- Has a financial interest or is a fiduciary of an institution or a required educational site or a required educational site's parent organization.
- Is employed or has a consultative relationship with a required educational site or a required educational site's parent organization.
- Is an employee or former (within the past five years) employee of the AVMA.
- Has reason to believe other conflicts of interest exist that have not been listed herein. (The member should communicate with the Chair of the Committee on Evaluation for clarification of any concerns.)

**b. AVMA Staff**

Although AVMA staff members do not participate directly in decisions regarding accreditation of colleges, they are in a position to influence the outcomes of the process. Conversely staff provides continuity to the evaluation process. No AVMA staff member will serve on a site visit team who:

- Has graduated during the past five years from a college being evaluated.
- Has been employed during the past five years by a college being evaluated.
- Has a financial interest in an institution or a required educational site or a required educational site's parent organization.
- Is employed or has a consultative relationship with a required educational site or a required educational site's parent organization.
- Has close personal or familial relationships with key personnel in the college being evaluated.

**c. Public Members**

No public member shall be appointed to the COE who is:

- An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited or preaccredited by the COE or has applied for accreditation or preaccreditation;
- A member of any trade association or membership organization related to, affiliated with, or associated with the COE; or
- A spouse, parent, child, or sibling of any of the individuals listed above.

All site team members are required to sign a Conflict of Interest Statement/Confidentiality Statement.

**AVMA COUNCIL ON EDUCATION CONFLICT OF INTEREST STATEMENT  
Site Visit Team Member**

To assure that all matters dealing with accreditation of colleges of veterinary medicine are conducted in an unbiased manner, the COE has adopted a Conflict of Interest Policy. The policy extends and pertains to those COE members and other site team members who have immediate family (e.g., parents, spouses, and siblings) in any of the potential conflict areas listed.

No COE Members or other site team member shall serve on a site visit team who:

1. Is a graduate of any program in the institution being evaluated.
2. Has collaborative research, teaching, or service interests with a key administrator or faculty member of the institution being evaluated. (Holding a patent interest, shared research grants, and contract teaching are examples of collaboration.)
3. Is or has been employed by the institution being evaluated. (Members who have been interviewed for employment at an institution wherein some conflict arose should exclude themselves from consideration as a site visit team member.)
4. Has served as a consultant on accreditation matters with the institution being evaluated.
5. Has a financial interest or is a fiduciary of an institution or a required educational site or a required educational site's parent organization.
6. Is employed or has a consultative relationship with a required educational site or a required educational site's parent organization.
7. Is an employee or former (within the past five years) employee of the AVMA.
8. Has reason to believe other conflicts of interest exist that have not been listed herein. (The member should communicate with the Chair of the Committee on Evaluation for clarification of any concerns.)

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**AVMA COUNCIL ON EDUCATION CONFIDENTIALITY AGREEMENT  
Site Visit Team Member**

In accordance with AVMA policy, all information related to the Council on Education (COE) accreditation of a veterinary medical college is strictly confidential. This includes but is not limited to reports of evaluation, letters, self-evaluation and accreditation materials, interim/annual reports, correspondence, and the content of any discussion related to the veterinary medical college or its accreditation. All requests for information related to a specific institution and/or veterinary medical college must be referred to AVMA staff, or the respective institution.

Freedom of Information Acts which may be applicable in a given state, province, or country do not apply to AVMA confidential information related to the accreditation of veterinary medical colleges. Information requested through such acts may be obtained through due process from the respective institution or state/province/country office.

By signing your name below, you are agreeing to abide by AVMA policy with respect to the accreditation of veterinary medical colleges.

I, \_\_\_\_\_, on this date \_\_\_\_\_  
*signature*

**have read the conflict of interest policy and confidentiality agreement for COE site visit team members and by signing this document confirm that no conflict exists for me to serve as a site team member in evaluating the \_\_\_\_\_ College of Veterinary Medicine.**

**AVMA COUNCIL ON EDUCATION CONFLICT OF INTEREST STATEMENT  
AVMA Staff Member**

Although AVMA staff members do not participate directly in decisions regarding accreditation of colleges, they are in a position to influence the outcomes of the process. Conversely, staff provides continuity to the evaluation process. No AVMA staff member will serve on a site visit team who:

No AVMA Staff Member will serve on a site visit team who:

1. Has graduated during the past five years from a college being evaluated.
2. Has been employed during the past five years by the college being evaluated.
3. Has a financial interest in an institution or a required educational site or a required educational site's parent organization.
4. Is employed or has a consultative relationship with a required educational site or a required educational site's parent organization.
5. Has close personal or familial relationships with key personnel in the college being evaluated.

---

**AVMA COUNCIL ON EDUCATION CONFIDENTIALITY AGREEMENT  
AVMA Staff Member**

In accordance with AVMA policy, all information related to the Council on Education (COE) accreditation of a veterinary medical college is strictly confidential. This includes but is not limited to reports of evaluation, letters, self-evaluation and accreditation materials, interim/annual reports, correspondence, and the content of any discussion related to the veterinary medical college or its accreditation. All requests for information related to a specific institution and/or veterinary medical college must be referred to AVMA staff, or the respective institution.

Freedom of Information Acts which may be applicable in a given state, province, or country do not apply to AVMA confidential information related to the accreditation of veterinary medical colleges. It is our understanding that information requested through such acts may be obtained through due process from the respective institution or state/province/country office.

By signing your name below, you are agreeing to abide by AVMA policy with respect to the accreditation of veterinary medical colleges.

I have read the conflict of interest policy and confidentiality agreement for AVMA Staff participating as a COE site visit team member and by signing this document confirm no conflict exists for me to serve as a site team member in evaluating the \_\_\_\_\_.

---

(Staff Member Name) Signature

---

Date

**AVMA COUNCIL ON EDUCATION CONFLICT OF INTEREST STATEMENT  
FOR PUBLIC MEMBERS**

I certify that I am not:

- An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited or pre-accredited by the Council on Education (COE) or has applied for accreditation or pre-accreditation.
- A member of any trade association or membership organization related to, affiliated with, or associated with the COE; or
- A spouse, parent, child, or sibling of any of the individuals listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

4.2 Principles of Accreditation Appendices

4.2.1 Appendix E – Self Study Guidelines

**EXECUTIVE SUMMARY**

**OBJECTIVES**

State the major goals and objectives of the college, and comment on how they are being met. Describe methods and/or tools used to measure outcomes of the total program of instruction, research, and service.

List the major strengths and weaknesses of the college.

Recommendations

**ACRONYMS**

**1. ORGANIZATION**

**Standard 1, Organization**

Accreditation is a voluntary process. To achieve accreditation or remain accredited, the institution must comply with Council policies, processes, procedures, and directives.

The college must develop and follow its mission statement.

An accredited college of veterinary medicine must be a part of an institution of higher learning accredited by an organization recognized for that purpose by its country's government. A college may be accredited only when it is a major academic administrative division of the parent institution and is afforded the same recognition, status, and autonomy as other professional colleges in that institution.

The chief executive officer/dean must be a veterinarian. This individual must be employed full-time with a faculty appointment within the college throughout the calendar year, without conflicting outside employment or activities. Any secondary employment or activities must be approved and monitored by the parent institution and must not conflict with the CEO/dean's commitment to, or the interests of, the college. The CEO/dean is responsible for the ongoing development and administration of the college and must have sufficient qualifications, experience, and time to provide effective leadership. There must be a clear definition of the CEO's/dean's authority and responsibility for the veterinary medical education program. This individual must have overall budgetary and supervisory authority necessary to assure compliance with accreditation standards. The officer(s) responsible for the professional, ethical, and academic affairs of the veterinary medical teaching hospital(s) or equivalent must also be veterinarians.

There must be sufficient administrative staff to adequately manage the affairs of the college as appropriate to the enrollment and operation.

The college must have and follow a statement on diversity, equity, and inclusion, consistent with applicable law. The college must create and promote an institutional structure and climate that does not discriminate and seeks to enhance diversity, equity, and inclusion, consistent with applicable law. Diversity may include, but is not limited to, race, color, religion, ethnicity, age, gender, gender identity, sexual orientation, first language, cultural and socioeconomic background, national origin, tribal membership, citizen status, and disability. The college or institution must establish a reliable, effective reporting and response system, and, if warranted, a process to remedy instances of discrimination and other forms of harassment involving faculty, staff and students.

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- 1.1. Provide a college mission statement for the undergraduate, DVM, or equivalent program. The college mission statement must address:
  - the overall teaching, research, and service commitment,
  - the commitment to undergraduate education,
  - the commitment to provide instruction and clinical opportunities for students in a wide variety of domestic species, including food animal, equine, and companion animal,
  - and the commitment to excellence in program delivery.
- 1.2. Identify the body that accredits the university and the current status of accreditation.
- 1.3. Provide a flow chart indicating the position of the college of veterinary medicine in the university structure and show lines of authority and responsibility, and give the names and titles of principal university administrative officers related to the college.
- 1.4. Provide a flow chart of the organizational design of the college listing names, titles (deans, associate/assistant deans, directors, department heads, etc.), academic credentials, and assignments of the college administrators.
- 1.5. Describe the role of faculty, staff and students in the governance of the college.
- 1.6. Provide a short (3 sentences or less) description of the charge of each of the standing committees listed in the CVM governance table.
- 1.7. If the college plans to change its current organization, provide a summary of those plans.
- 1.8. Provide the college’s statement on diversity, equity, and inclusion.
- 1.9. Provide documentation of policies and activities that demonstrate that diversity, equity, and inclusion are important parts of the institutional structure and climate, as consistent with applicable law. Information should document how the college fulfils its statement on diversity, equity, and inclusion.
- 1.10. Describe how the college collects and uses information on diversity, equity, and inclusion to inform college decisions.
- 1.11. Describe the system for reporting and responding to allegations of discrimination or harassment.
- 1.12. Provide a statement from the appropriate institutional authority that the CEO/dean is employed full-time and is not engaged in any outside activities that would constitute a conflict of interest or conflict of commitment (in accordance with institutional policies) for their service as dean.

CVM Governance Table: Standing Committees

Standing Committee	Reports to	Appointed by:	Membership Structure	Current Membership	Term Lengths	Renewable T
<i>Example</i>	<i>Dean CVM</i>	<i>3 Faculty</i>	<i>Dr Jessica Fawn (Chair) Dr Jane Doe Dr Joe Buck</i>		<i>3-year term, 1-year term (students)</i>	<i>Yes, renewable once</i>

**2. FINANCES**

**Standard 2, Finances**

Finances must be adequate to sustain the educational programs and mission of the college.

Colleges with non DVM undergraduate degree programs must clearly report finances (expenditures and revenues) specific to those programs separately from finances (expenditures and revenues) dedicated to all other educational programs.

- 2.1. Complete Tables A, B, and C for the past five years and analyze the trends for each category.
- 2.2. Comment on the strengths and weaknesses in revenues over the past five years.
- 2.3. Provide a comprehensive trend analysis of revenue sources that have supported the professional teaching program over the past five years (graphs or other visual presentations would be helpful).
- 2.4. Describe how revenues over the past five years have impacted the college’s ability to provide a contemporary professional teaching program and ancillary support services.
- 2.5. Describe anticipated trends in future revenues and expenditures.

EXPENDITURES FOR IMMEDIATE PAST FIVE FISCAL YEARS

TABLE A

Expenditure	Fiscal year					% change
1. TOTAL Instruction, academic support, and student services <sup>1,2</sup>						
1A. Expenditures related to college owned and operated sites on and off campus						
1B. Expenditures and fees paid to privately-owned, off-campus entities for providing instruction						
1C. Fees paid to other accredited institutions for providing instruction						
2. Research expenditures <sup>1</sup>						
3. Outreach/continuing education <sup>1</sup>						
4. College/university/government-owned clinical service operations <sup>1</sup>						
5. Diagnostic lab and other clinical lab services						
6. Facilities operations and maintenance, utilities, and other expenditure for infrastructure <sup>3</sup>						
7. Capital expenditures (renovations and new construction) <sup>4</sup>						
8. Student aid (extramurally						



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sponsored grants to students selected by the institution)						
9. Student aid (university-sponsored aid to students, inclusion of gifts and endowment income)						
10. Other expenditures						
11. Total expenditures <sup>5</sup>						

**EXPENDITURE TABLE FOOTNOTES**

E1A, E2, E3, E4<sup>1</sup> These should include salary, wages and fringe benefits for faculty and staff engaged in each category of activity (instruction, research, and outreach/continuing education and teaching hospital services).

E1B<sup>2</sup> This should include total fees paid to privately owned and operated entities for providing instruction for the home institution’s students.

E1C Fees paid by the home accredited institution to another accredited institution for training the home institution’s students.

E6<sup>3</sup> If colleges are assessed fees for infrastructure support provided by the university, they should be recorded here. These could include expenditures for facilities operations and maintenance (O&M), utilities, and central university administration.

E7<sup>4</sup> Capital expenditures include the acquisition and maintenance of fixed assets, such as land, buildings, and equipment. If capital expenditures are paid from college resources, they should be entered here.

E11<sup>5</sup> This should be the sum of expenditure rows 1-10.

**COLLEGE REVENUE FOR IMMEDIATE PAST 5 FISCAL YEARS**

TABLE B

Revenue	Fiscal year					% change
1. Government appropriation to college <sup>1</sup>						
2. University appropriation to college (If veterinary student tuition is returned in this appropriation, subtract it and include it in line 3). <sup>2</sup>						
3. Revenue derived from students (tuition and other fees) that is available for college use. (Do not include any amount kept by or remanded to the university for central university use). <sup>3</sup>						
4. Tuition and fee revenue paid by other entities on the students’ behalf (e.g. educational contracts & fees for clinical instruction) <sup>4</sup>						
5. TOTAL Clinical Services						

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revenue <sup>5</sup>						
5A. Clinical services revenue from college/ university/ government-owned facilities						
5B. Clinical services revenue generated in privately-owned entities remanded to the college						
6. Diagnostic lab and other clinical lab revenue <sup>6</sup>						
7. Extramural grants and contracts <sup>7</sup>						
8. Overhead (indirect costs or F&A) returned to the college, department, or faculty member						
9. Current year gifts and endowment income <sup>8</sup>						
10. Other revenue (CE registration, certificate program enrollment, IP royalties, and other miscellaneous revenue)						
11. Total revenue <sup>9</sup>						
12. Funds carried forward from previous year (college, department, and faculty)						

**REVENUE TABLE FOOTNOTES**

R1<sup>1</sup> Includes all appropriated public funds (state, province, region, country, etc.). Include salaries and fringe for positions supported directly by the government, if any.

R2<sup>2</sup> If tuition is returned to the college from the university, calculate student-derived revenue as the product of enrollment and tuition & fee rate (line R3) and subtract this amount from the university appropriation. Enter the remaining appropriation here.

R3<sup>3</sup> Line 3 includes all revenue derived from students (tuition and related fees) paid directly to the college or as a part of the university allocation to the college. If this number is not known, calculate student-derived revenue as the product of enrollment and tuition & fee rate. Enter that number here.

R4<sup>4</sup> Line 4 should include any revenue derived from contracts for providing veterinary student instruction (regional contracts, independent state-to-college contracts, contracts between colleges for clinical education, etc.).

R5<sup>5</sup> Revenue generated by animal care services. Government and university support for the teaching hospital should be reported in rows 1 and 2, respectively. R5A Revenue generated by college-owned and operated facilities. 5B Revenue generated by privately-owned clinical facilities and remanded to the college – e.g., revenue generated by college-paid veterinarians at private facilities that is remanded to the college.

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R6<sup>6</sup> Revenue generated by clinical laboratories. This should not include revenue reported for the teaching hospital in line 3. Government and university support for clinical laboratories should be reported in rows 1 and 2, respectively.

R7<sup>7</sup> Total direct extramural awards. Also include awards that flow through university foundations. This should include grants for scholarly work related to research, instruction, and outreach, but should **not** include contracts to provide instruction (e.g., clinical year instruction for students from other institutions or contracts through which other states pay for instruction of residents of that state).

R9<sup>8</sup> Exclude planned gifts. Also exclude research funded through foundations already reported in line 7.

R11<sup>9</sup> This should be the sum of revenue rows 1-10.

ENDOWMENT

TABLE C

Endowment	Fiscal year					% change
true endowment market value						

**3. PHYSICAL FACILITIES AND EQUIPMENT**

**Standard 3, Physical Facilities and Equipment**

All aspects of the physical facilities to which students are exposed must provide an appropriate learning environment. Safety of personnel and animals must be a high priority. Classrooms, teaching laboratories, teaching hospitals, and other clinical teaching sites 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 and personnel utilizing these facilities.

Offices, workspaces, laboratories, toilets, and locker rooms must be sufficient for the needs of the students, faculty, and staff.

An accredited college must maintain an on-campus veterinary teaching hospital(s), or have formal affiliation with one or more off-campus veterinary hospitals or other training sites used for teaching. Off-campus required training sites must be directly (in-person) and regularly (no less than annually) inspected and overseen by qualified college personnel to provide a safe and effective learning environment. Appropriate diagnostic and therapeutic service components must be present to meet the expectations of the practice type. These include, but are not limited to, pharmacy, diagnostic imaging, diagnostic support services, isolation facilities, intensive/critical care, ambulatory/field service vehicles, and necropsy facilities in the teaching hospital(s) and/or facilities that provide required clinical training. Operational policies and procedures must be posted in appropriate places. Standards related to providing an adequate teaching environment and safety of personnel and animals shall apply to all teaching hospitals and locations where required training takes place.

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.

- 3.1.** Provide a brief description of the major functions of, or activities that take place in the facilities used by the college in fulfilling its mission.
- 3.2.** Provide an area map that indicates the principal facilities of the college. Describe distance and travel time to off-campus facilities.
- 3.3.** Describe the college's safety plan and facilities management plan including mechanisms documenting compliance.
- 3.4.** Describe how safety and facilities plans are managed and reviewed at all off-campus required training sites.
- 3.5.** Describe the adequacy of facilities (pertains to all facilities used by the college whether on-campus or off-campus).
- 3.6.** For safety and educational purposes, protocols must be posted in the isolation facilities and the facilities must be used for instruction in isolation procedures (biocontainment).
- 3.7.** Describe current plans for improvement.

#### 4. CLINICAL RESOURCES

##### **Standard 4, Clinical Resources**

Normal and diseased animals of various domestic and exotic species must be available for instructional purposes. Normal animals can be provided by the institution in on or off-campus settings, or be client-owned animals presented for preventive veterinary medical care, on or off-campus. Diseased animals must include client-owned clinical patients with spontaneous diseases presented for veterinary medical care or testing in on or off-campus environments. While precise numbers are not specified, in-hospital patients and outpatients including animals presented for preventative medical management, animals with problems commonly seen in general practice, animals with complex problems receiving specialized care, and animals seen in field service/ambulatory and herd health/production settings required to provide direct hands-on experiences for all students. 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 and comply with the Standards of Accreditation.

It is essential that a diverse and sufficient number of surgical and medical patients be available during on-campus and off-campus clinical activities for students' clinical educational experience. Experience can include exposure to clinical education at off-campus sites, provided the college regularly, via in-person or virtual interpersonal communication with students and off-campus instructors reviews and monitors these clinical experiences and educational outcomes.

All required clinical training sites must demonstrate a commitment to instructional quality. Further, such clinical experiences must take place across settings that provide direct interactions with and supervision by veterinarians who have been trained to educate students. All students must actively participate in managing normal and diseased, client-owned, clinical patients at required clinical training sites. Required clinical training sites must include both general practices in which students are supervised by experienced veterinary practitioners, as well as specialty practices supervised by experienced board-certified specialists. All required clinical training sites must provide access to reference resources, modern and complete clinical laboratories, advanced diagnostic instrumentation and ready confirmation of diagnosis (including necropsy). Clinical experiences could include contractual arrangement with veterinarians who serve as educators at off-campus clinical sites, as well as veterinarians who work at off-campus field practice centers.

The required on-campus and off-campus clinical training sites must provide nursing care and instruction in nursing procedures, as well as instruction in managing health care teams. Veterinary personnel who provide technical education should be credentialed as appropriate to the jurisdiction. A supervised field service and/or ambulatory program must be operated by the college or by a privately operated field service/ambulatory practice(s) that is (are) contracted to provide clinical experiences for students 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.

Medical records must be comprehensive and maintained in an effective retrieval system to efficiently support the teaching, research, and service programs of the college. Students must actively participate in the use of an electronic medical records system within a clinical setting during the care of patients.

- 4.1.** Complete Tables A, B, C, D, E, F, and G, if applicable, for the past five years and analyze trends for each species (category). Include only those patients, farm call, and animals examined that have direct student involvement.
- 4.2.** Describe and analyze the adequacy of normal and clinically diseased animals (hospitalized, out-patient, privately owned, field service/ambulatory and production medicine) used by students in the course of their pre-clinical and clinical learning experience.
- 4.3.** Describe unique clinical educational resources or programs that enhance the educational mission.
- 4.4.** If off-campus clinical instruction sites are used regularly by multiple students, complete Table H and describe the planning, supervision, and monitoring of students; and contracting arrangements for non-institutional based faculty (Table I).
- 4.5.** Describe the involvement and responsibilities of professional students in the healthcare management of patients (and clients) in clinical programs of the college.
- 4.6.** Describe how subject-matter experts, including board-certified specialists, and clinical resources are integrated into clinical instruction.
- 4.7.** Describe the adequacy of the medical records system used for the hospital(s), including field service and/or ambulatory and population medicine. Records must be comprehensive and maintained in an effective retrieval system to efficiently support the teaching, research, and service programs of the college.
- 4.8.** Describe how the college has responded to increasing/decreasing clinical resources.
- 4.9.** Describe the means used to maximize the teaching value of each case across the curriculum.

**Teaching Hospital**

Table A Clinical Resources – on-campus facilities

Species	Previous Fiscal Year		1 Fiscal Year Prior		2 Fiscal years Prior		3 Fiscal Years Prior		4 Fiscal Years Prior	
	Visits	Hosp	Visits	Hosp	Visits	Hosp	Visits	Hosp	Visits	Hosp
canine										
feline										
bovine										
small ruminant										
equine										
porcine										
caged birds										
caged mammals										
wildlife										
zoo animal										
other										

Patient visits — total number of times the patient visits the hospital (if Buffy visits the hospital 3 times this year, this would count as 3 visits)

Hospitalized — number of patients that were hospitalized

Table B Clinical Resources – college owned and operated off-campus facilities

Species	Previous Fiscal Year		1 Fiscal Year Prior		2 Fiscal years Prior		3 Fiscal Years Prior		4 Fiscal Years Prior	
	Visits	Hosp	Visits	Hosp	Visits	Hosp	Visits	Hosp	Visits	Hosp
canine										
feline										
bovine										
small ruminant										
equine										
porcine										
caged birds										
caged mammals										
wildlife										
zoo animal										
other										

Patient visits — total number of times the patient visits the hospital (if Buffy visits the hospital 3 times this year, this would count as 3 visits)

Hospitalized — number of patients that were hospitalized

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Table C Clinical Resources – cases seen by students during required rotations at privately owned and operated facilities

Species	Previous Fiscal Year		1 Fiscal Year Prior		2 Fiscal years Prior		3 Fiscal Years Prior		4 Fiscal Years Prior	
	Visits	Hosp	Visits	Hosp	Visits	Hosp	Visits	Hosp	Visits	Hosp
canine										
feline										
bovine										
small ruminant										
equine										
porcine										
caged birds										
caged mammals										
wildlife										
zoo animal										
other										

Patient visits — total number of times the patient visits the hospital (if Buffy visits the hospital 3 times this year, this would count as 3 visits)

Hospitalized — number of patients that were hospitalized

**Ambulatory/Field Service Program**

Table D Clinical Resources – college owned and operated ambulatory services

Species	Previous Fiscal Year		1 Fiscal Year Prior		2 Fiscal years Prior		3 Fiscal Years Prior		4 Fiscal Years Prior	
	No. Farm Calls	No. Animals Treated	No. Farm Calls	No. Animals Treated	No. Farm Calls	No. Animals Treated	No. Farm Calls	No. Animals Treated	No. Farm Calls	No. Animals Treated
Bovine										
Caprine										
Equine										
Ovine										
Porcine										
Other										

Number of Farm (site) Calls — total number of calls/visits made to farms/operations

Number of Animals Examined/Treated — number of individual animals examined/treated

Include only those patients, farm calls, and animals examined that have direct student involvement.



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Table E Clinical Resources – Cases seen by students during required rotations at private practice ambulatory services

Species	Previous Fiscal Year		1 Fiscal Year Prior		2 Fiscal years Prior		3 Fiscal Years Prior		4 Fiscal Years Prior	
	No. Farm Calls	No. Animals Treated	No. Farm Calls	No. Animals Treated	No. Farm Calls	No. Animals Treated	No. Farm Calls	No. Animals Treated	No. Farm Calls	No. Animals Treated
Bovine										
Caprine										
Equine										
Ovine										
Porcine										
Other										

Number of Farm (site) Calls — total number of calls/visits made to farms/operations

Number of Animals Examined/Treated — number of individual animals examined/treated

Include only those patients, farm calls, and animals examined that have direct student involvement.

**Herd/Flock Health Program**

Table F

	Describe your clinical resources for production medicine training by production group below
Dairy	
Beef Feedlots	
Cow-Calf	
Small Ruminants	
Swine	
Poultry	
Fish	
Equine	
Other	

**Necropsy**

Table G Necropsy Table – Number of Necropsies involving Students

Species	Previous Fiscal Year	1 Fiscal Year Prior	2 Fiscal years Prior	3 Fiscal Years Prior	4 Fiscal Years Prior
Canine					
Feline					
Bovine					
Caprine					
Equine					
Ovine					
Porcine					
Poultry					
Other Birds					
Non-Avian Exotics					



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Please provide a brief description of training and evaluation of faculty, levels of case management by the students, and assessment tools for measuring student progress for the remote site(s). Describe student access to content experts.

Table I

Off-campus site: Number & educational experience	Duration of rotation	Number of students per year	Faculty mentor approved (check)		Off-site Evaluator	Written educational objective(s) (check)		Educational outcomes assessed & student evaluations reviewed (check)	
			Yes	No		Yes	No	Yes	No

**5. INFORMATION RESOURCES**

**Standard 5, Information Resources**

Timely access to information resources and information professionals must be available to students and faculty at required training sites. The college must have access to up-to-date human, digital, and physical resources for retrieval of relevant veterinary and supporting literature and for development of instructional materials, and provide appropriate training and technical support for students and faculty. The program must be able to demonstrate, using its outcomes assessment data, that students are competent in retrieving, evaluating, and applying information through the use of electronic and other appropriate information technologies.

- 5.1.** Describe and comment on the adequacy of information retrieval and learning resources.
- 5.2.** Briefly describe the availability of learning and information technology resources support for faculty and students, including personnel and their qualifications.
- 5.3.** Describe the reliability and methods of access, as well as security considerations, to library information resources for faculty and students when they are on and off campus.
- 5.4.** Describe the resources (training, support) provided and available to students for improving their skills in accessing and evaluating information from sources in any media relevant to veterinary medicine.
- 5.5.** Describe assessment of students' skills in retrieving, evaluating, and applying information pertinent to veterinary medical science including clinical case management as preparation for lifelong learning.
- 5.6.** Describe current plans for improvement.

## 6. STUDENTS

### Standard 6, Students

The number of professional degree students in all phases of the program, DVM or equivalent, must be consistent with the resources and the mission of the college. The program must be able to demonstrate, using its outcomes assessment data, that the resources are sufficient to achieve the stated educational goals for all veterinary students engaged in its programs.

All students must have direct experiences with veterinarians who are in post-DVM programs, including internships and residencies, to provide understanding of these career paths. Experiences with interns and residents must include experiences in a clinical setting. All students must have direct experiences with individuals (ideally veterinarians) who are pursuing advanced degrees (e.g., MS, PhD). Colleges should establish such post-DVM programs that complement and strengthen the professional program. Such programs must not adversely affect the veterinary student experience.

Student support services must be available, accessible, and publicized within the college or university. Colleges must provide or facilitate access to support services to students when engaged in off-campus learning experiences. These must include, but are not limited to, appropriate services to support student wellness and to assist with meeting the academic and personal challenges of the DVM program; support for students with learning or other disabilities; support diversity, equity, and inclusion awareness programs for students; and support of extra-curricular activities relevant to veterinary medicine and professional growth.

The college or parent institution must provide information and access to counselling services regarding financial aid, debt management, and career advising. Career advising must include selection of clinical experiences.

The college must promote an institutional climate and culture that fosters diversity, equity, and inclusion, within the student body, consistent with applicable law.

In relationship to enrollment, the colleges must provide accurate information for all advertisements regarding the educational program by providing clear and current information for prospective students. Further, printed catalog or electronic information must state the purpose and goals of the program, provide admission requirements and procedures, state degree requirements, present faculty descriptions, provide an accurate academic calendar, clearly state information on educational cost and debt risk, for the college. The college must provide information on procedures for withdrawal including the refund of student's tuition and fees allowable. Information available to prospective students must include relevant requirements for professional licensure. This must include an indication of which US states the college's curriculum meets, does not meet, or it is undetermined whether it meets the requirements for professional licensure, as applicable.

Each accredited college must notify students and provide a mechanism for students, anonymously if they wish, to offer suggestions, comments, and complaints regarding compliance of the college with the Standards of Accreditation. These materials shall be made available to the Council annually.

**6.1.** Complete Tables A, B, C, and D, and analyze trends.

**6.2.** Provide a listing of student services. These services must include, but are not limited to, registration, testing, mentoring (advising), counseling, tutoring, peer assistance, financial aid counseling programs, and clubs and organizations. Demonstrate that students are informed of and have ready access to academic counseling, personal wellness, financial aid, debt management, and career planning services.

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- 6.3. Provide a list of tuition-related information available for prospective students. This information, as consistent with applicable law, must include estimated total educational cost, cost of living, considerations, and a description of financial aid programs. Make collected data on salaries, employment rates, and educational debt available to the public, as consistent with applicable law.
- 6.4. Describe how conflicts of interest regarding academic assessment of students are avoided with individuals who provide student counseling.
- 6.5. Provide a summary of college activities in support of placement of graduates.
- 6.6. Provide academic catalogue(s) (or an electronic address for this resource) and freshman/upper-class orientation materials.
- 6.7. Describe the system used on an ongoing basis to collect student suggestions, comments, and complaints related to the standards for accreditation.
- 6.8. For student services that the college does not provide directly, described how students have reasonable access to such services from the parent institution or from other sources that are relevant to the specific needs of students, and describe current plans for improvement in resources for students.
- 6.9. Describe how the college ensures that all students have direct experiences in a clinical setting with interns and residents.
- 6.10. Describe how the college ensures that all students have direct experiences with individuals (ideally veterinarians) in advanced degree programs.

Complete the following table describing enrollment for each of the last five years:

**A. Veterinary Medical Program**

Class	Year	Year	Year	Year	Year
First-year					
Second-year					
Third-year					
Fourth-year					
# Graduated					
Students from other institutions enrolled for the entire clinical year only*					

\*represents student or students admitted for only the clinical year from other accredited and non-accredited schools

**B. Interns, Residents, and Graduate Students (enter each person in only one category) per year for last five years**

Department	# Interns	# Residents	# Resident-MS	# Resident-PhD	MS	PhD

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C. DVM Students per year for last five years

Academic Year	DVM		
	Total	*Min	% Min

\* Min = students from historically underrepresented racial and ethnic groups to include: African-American/Black, Asian, Alaskan Native, American Indian, Hispanic, Native Hawaiian, and Pacific Islander, Multi-ethnic/racial. Foreign nationals should *not* be included in the minority category.

D. Other educational programs

Complete the following table describing enrollment for each of the last five years:

Year	ACTIVITIES		
	Veterinary Technician Program <i>Number enrolled</i>	Undergraduate Programs <i>Number enrolled</i>	Other <i>Number enrolled</i>

\* represents students or students admitted for only the clinical year from other accredited and non-accredited schools



**7. ADMISSION**

**Standard 7, Admission**

The college must have a well-defined and officially stated admissions policy and a process that ensures a fair and consistent assessment of applicants. The policy must provide for an admissions committee, a majority of whom must be full-time faculty members. The membership- of the admissions committee should rotate on a regular basis with the exception of ex-officio members (e.g. three to five year terms with defined term limits). The committee must make recommendations regarding the students to be admitted to the professional curriculum upon consideration of applications of candidates who meet the academic and other requirements as defined in the college’s formal admission policy.

Participants contributing to the evaluation of applicants must have received training in how to recognize and address bias in the admission process.

The college must demonstrate its commitment to diversity, equity, and inclusion through its recruitment and admission processes, as consistent with applicable law. Such initiatives should include programs that promote achieving diversity among qualified applicants for veterinary college admission. The college must review its admissions processes at least every seven years, including identifying and reducing barriers in the application process. The college’s admissions policies must be non-discriminatory, as consistent with applicable law.

Subjects for admission must include those courses prerequisite to the professional program in veterinary medicine, as well as courses that contribute to a broad general education. The goal of pre-veterinary education shall be to provide a broad base upon which professional education may be built, leading to lifelong learning with continued professional and personal development.

Factors other than academic achievement must be considered for admission criteria.

- 7.1.** State the minimum requirements for admission.
- 7.2.** Describe the student recruitment and selection process, including measures to enhance diversity and minimize bias within the process.
- 7.3.** List factors other than academic achievement used as admission criteria.
- 7.4.** Complete Table A.
- 7.5.** Describe current plans for assessing the success of the selection process to meet the mission of the college.
- 7.6.** Describe your policies and procedures for admitting transfer students who will receive a degree from your institution, and state the number of transfer students admitted per year for the last five years.

Table A

YEAR	STATE RESIDENTS		NON-RESIDENTS		CONTRACT STUDENTS		TOTAL	
	A/P*	O/A**	A/P	O/A	A/P	O/A	A/P	O/A

\*A/P = Applications/Positions Available \*\*O/A = Offers Made/Acceptances

**8. FACULTY**

**Standard 8, Faculty**

Faculty numbers and qualifications must be sufficient to deliver the educational program and fulfill the mission of the college. Instruction in the pre-clinical and clinical setting must be delivered by faculty who have education, training, expertise, professional development, or a combination thereof, appropriate for the subject matter. Participation in scholarly activities is an important criterion in evaluating the faculty and the college. The college must provide evidence that it utilizes a well-defined and comprehensive program for the evaluation of professional growth, development, and scholarly activities of the faculty.

Academic positions must offer the security and benefits necessary to maintain stability, continuity, and competence of the faculty. The college must cultivate a diverse faculty through its hiring policies and retention practices, consistent with applicable law. Search committees must be trained on best practices resulting in inclusive searches, including recognizing and addressing bias in the search process. The college must strive to create an inclusive and supportive environment for all faculty. The college must demonstrate its ongoing efforts to achieve parity in advancement opportunities and compensation for all faculty members, as consistent with applicable law. Part-time faculty, residents, and graduate students may supplement the teaching efforts of the full-time permanent faculty if appropriately integrated into the instructional program.

- 8.1.** Complete Tables A and B. Assess the strengths of the faculty and support staff in fulfilling the college mission.
- 8.2.** State the current number of academic faculty (head count) who possess credentials as listed in Tables C and D.
- 8.3.** Assess the challenges for your college in maintaining faculty numbers and quality.
- 8.4.** Provide information on the loss (what discipline/specialty) and recruitment of faculty (Table A).
- 8.5.** Provide a concise summary of promotion/tenure policies, if applicable and the policy to assure stability for non-tenured, long-term faculty.
- 8.6.** Provide an estimate of the weight assigned to promotion/tenure and or compensation for teaching, research, service, or other scholarly activities.
- 8.7.** Briefly describe faculty professional development opportunities available in the college/university, including, but not limited to learning theory and instructional practices.
- 8.8.** Describe the college's processes to annually monitor equity in compensation and career advancement.
- 8.9.** Describe current plans or major changes in program direction that would be affected by faculty retirements, recruitment and retention.
- 8.10.** Describe measures taken to attract and retain a diverse faculty.
- 8.11.** Describe how the college's commitment to diversity, equity, and inclusion impacts:
  - a. The training of faculty search committees (e.g., Guidelines from Human Resources, implicit bias training, etc.)
  - b. Promotion/tenure policies
  - c. Process to annually monitor equity in compensation, benefits, and advancement.
- 8.12.** Describe programs for on-campus delivery of curricular content by individuals not employed full time by the institution (other than occasional guest lecturers), including subjects taught. Estimate the percentage of core curricular content delivered in this way.
- 8.13.** Describe the role of interns, residents, and graduate students in teaching and evaluating veterinary students.
- 8.14.** For Table D, for subject areas in which a faculty member does not have advanced training (such as board certification or an advanced degree) in their area of curricular responsibility, describe

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qualifications, including education, training, experience, professional development, or a combination thereof, for subject matter expertise in the area the specific faculty member provides education in a narrative.

Table A – Loss and recruitment of faculty (both tenure track & clinical track/equivalent)  
Provide data for past five years:

Department	Faculty Lost, number	Discipline/Specialty	Recruited, number	Year
<b>TOTAL</b>				

Table B – Staff support for teaching and research

AREA	FTE CLERICAL	FTE TECHNICAL	OTHER
CLINICAL TEACHING			
NON-CLINICAL TEACHING			
RESEARCH			
<b>TOTAL</b>			

Table C –Faculty Table by Rank and Highest Level of Education

CVM Faculty Table by Rank and Highest Level of Education									
Title	Bachelors Only	Masters	Non-DVM Doctorate	DVM **only	DVM + Masters	DVM + Doctorate	DVM + Board Certified	DVM + Board Certified + Masters	DVM + Board Certified + Doctorate
Administrator									
Professor*									
Associate Professor*									
Assistant Professor*									
Instructor									
Lecturer									
Part-time Faculty (<75% time)									
*include all 'track' types – for example, tenure track, non-tenure track, clinical track, practice track, research track **DVM or equivalent – for example, VMD, BVSc, BVMS									

Table D –CVM Faculty Table by Department – complete provided Excel file for Table D

Department (Group by Department)	Name	Rank	Classification (Tenure/ Non-Tenure/ Other Classification)	DVM (Year Graduated)	Education (Degrees)	Advanced training (eg. board certification, MS, PhD)	Other Qualifications* (as described in 8.14)	Area(s) of Curricular Responsibility	FTE with college	% Teaching
Example Clinical Sciences	Jessica Fawn	Professor	Tenure Track	2000	DVM, MS, PhD	ACVIM		Small Animal Internal Medicine	1.0	40%
Example: Clinical Sciences	Joe George **	Asst. Prof	Clinical Track	1990	DVM		X*	Ophthalmology	0.75	100%
	*a check in this column indicates that other qualifications will be described in 8.14									
	**in the example provided above, a description of Dr. Georges individual qualifications for teaching ophthalmology would be provided in narrative form									

**Table Definitions:**

**FTE** — An FTE is based on the contract with the employee. For example: If a dean hires a professor on a full-time basis, that contract counts as “1.0 FTE” whether or not the professor teaches. Similarly, if the professor is hired for a half-time, the FTE is “0.5”.

Titles — To simplify consolidation of these data, use the standard academic titles to the maximum extent possible.

Administrators = include deans, associate deans, assistant deans, directors, etc., who are involved in college-level administration and who are faculty members. Do NOT include department heads, chairs, section heads, etc., of programs not included in college-level administration.

Other Academic Personnel = all salaried academic staff (full or partial FTE) not granted the rank of administrator, professor, associate professor, or assistant professor.

Other Academic Staff = all paid academic staff in a teaching or research position. Do NOT include non-academic staff in this category. Non-academic staff refers to all clerical and technical staff.

Non-Clinical Resident = residents in basic science programs.

## **9. CURRICULUM**

### **Standard 9, Curriculum**

The curriculum shall extend over a period equivalent to a minimum of four academic years, including a minimum of one academic year of hands-on clinical education. The curriculum and educational process should initiate and promote lifelong learning in each professional degree candidate.

The curriculum in veterinary medicine is the purview of the faculty of each college, but must be managed centrally based upon the mission and resources of the college. There must be sufficient flexibility in curriculum planning and management to facilitate timely revisions in response to emerging issues, and advancements in knowledge and technology. The curriculum must be guided by a college curriculum committee. The curriculum as a whole must be reviewed at least every seven (7) years. The majority of the members of the curriculum committee must be full-time faculty. Curriculum evaluations should include the gathering of sufficient qualitative and quantitative information to assure the curriculum content provides current concepts and principles as well as instructional quality and effectiveness.

The curriculum must provide:

- a.** an understanding of the central biological principles and mechanisms that underlie animal health and disease from the molecular and cellular level to organismal and population manifestations.
- b.** scientific, discipline-based instruction in an orderly and concise manner so that students gain an understanding of normal function, homeostasis, pathophysiology, mechanisms of health/disease, and the natural history and manifestations of important animal diseases, both domestic and foreign.
- c.** instruction in both the theory and practice of medicine and surgery applicable to a broad range of species. The instruction must include principles and hands-on experiences in physical and laboratory diagnostic methods and interpretation (including diagnostic imaging, diagnostic pathology, and necropsy), disease prevention, biosecurity, therapeutic intervention (including surgery and dentistry), and patient management and care (including intensive care, emergency medicine and isolation procedures) involving clinical diseases of individual animals and populations. Instruction should emphasize problem solving that results in making and applying medical judgments. Instruction in these areas must provide exposure to the wide range of veterinary care options.
- d.** instruction in the principles of epidemiology, zoonoses, food safety, antimicrobial stewardship, the interrelationship of animals and the environment, and the contribution of the veterinarian to the overall public and professional healthcare teams.
- e.** opportunities for students to learn how to acquire information from clients (e.g. history) and about patients (e.g. medical records), to obtain, store and retrieve such information, and to communicate effectively with clients and colleagues.
- f.** opportunities throughout the curriculum for students to gain an understanding of professional ethical, legal, economic, and regulatory principles related to the delivery of veterinary medical services; personal and business finance and management skills; and gain an understanding of the breadth of veterinary medicine, career opportunities and other information about the profession.
- g.** Opportunities throughout the curriculum for students to gain and integrate an understanding of the important influences of diversity, equity and inclusion in veterinary medicine, including the impact of implicit bias related to an individual's personal circumstance on the delivery of veterinary medical services.
- h.** knowledge, skills, values, attitudes, aptitudes and behaviors necessary to address responsibly the health and well-being of animals in the context of ever-changing societal expectations.
- i.** fair and equitable assessment of student progress. The grading system for the college must be relevant and applied to all students in a fair and uniform manner.

- 9.1.** State the overall objectives of the curriculum and describe how those objectives are integrated into individual courses.
- 9.2.** Describe major curricular changes that have occurred since the last accreditation.
- 9.3.** Describe the process used for curriculum assessment (including course/instructor evaluation) and the process used to assess curricular overlaps, redundancies, and omissions.
- 9.4.** Describe the strengths and weaknesses of the curriculum as a whole.
- 9.5.** Describe preceptor and externship programs (including the evaluation process).
- 9.6. Curriculum Digest**

In an addendum (printed or electronic) provide information on courses and rotations in the curriculum according to the following guidelines.

  - 9.6.1. Organize listing by year of the curriculum.
  - 9.6.2. Include both courses and clinical rotations in each year's listing.
  - 9.6.3. In each year, list required courses/rotations first, followed by a listing of elective courses/rotations. Clearly mark the division between the two.
  - 9.6.4. For each item listed, please include:
    - 9.6.4.a. Course # and title,
    - 9.6.4.b. Credit hours (divided by lecture/lab if appropriate),
    - 9.6.4.c. Position in curriculum (quarter/semester as appropriate),
    - 9.6.4.d. Predominant mode of instruction (didactic, problem-based, clinical rotation, or other with explanation), and
    - 9.6.4.e. Brief catalog-style course description.
- 9.7.** Describe current plans for curricular revisions.
- 9.8.** Provide a description of the testing/grading system (scoring range, pass levels, pass/fail) and the procedures for upholding academic standards.
- 9.9.** Describe the opportunities for students to learn how different cultural and other influences (e.g., ethnic origin, socio-economic background, religious beliefs, educational level, disabilities and other factors) can impact the provision of veterinary medical services.
- 9.10.** Describe opportunities for students to learn principles of business management skills in veterinary medicine, and opportunities to learn personal financial management (e.g. coursework in financial literacy in the curriculum).

Should the educational program of a college be disrupted for more than two weeks (for example, closure of a hospital due to an infectious disease, loss of core course or rotation, etc.), the college must report in writing to the COE the cause of the disruption and remedies to minimize or to provide an alternative educational opportunity for students in response to the disruption.

## 10. RESEARCH PROGRAMS

### Standard 10, Research Programs

The college must foster and support an environment and culture of scientific inquiry. The college must maintain substantial research activities of high quality that integrate with and strengthen the professional program, such as basic science, clinical science, or scholarship in teaching and learning. Continuing scholarly productivity within the college must be demonstrated and the college must provide access to opportunities for any interested students in the professional veterinary program to be exposed to or participate in on-going high-quality research. All students must receive training in the principles, application, and ethics of research methods and in the appraisal and integration of research into veterinary medicine and animal health.

The research standard serves to ensure student exposure to and/or participation in performance of high-quality research and ability to acquire, evaluate, and use new knowledge. Veterinary medical students must be introduced to how new knowledge is developed and disseminated and have access to participation in coursework and career development in research. Examples of learning objectives may include acquisition and evaluation of scientific literature, experimental and non-experimental design, critical analysis of data, scientific writing including writing of research proposals and submission of manuscripts for publication, and hands-on experience in bench, clinical, or field research.

#### Research Programs

**10.1.** Describe up to five programs of research emphasis and excellence and specifically focus on how these programs integrate with and strengthen the professional program.

10.1.1. Provide a description (one page or less) of measures of faculty research activity, apart from publications and grants enumerated in Tables 10.3.2, 10.3.3, and 10.3.4; include faculty participation and presentation of original research in scientific meetings; involvement of faculty in panels, advisory boards or commissions; and national and international research recognitions received.

#### Student Experiences

**10.2.** Describe courses or portions of the curriculum where research-related topics are covered (for example – literature review/interpretation, research ethics, research methods or techniques, and study design).

10.2.1. Describe/list the current opportunities for participation in research, including summer research programs (Merial, NIH, Howard Hughes, etc.), academic year programs (NIH fellowships, industry funded, curricular time allowed for research), student employment in research labs and projects, and individually mentored research experiences.

10.2.2. Describe college research seminars and presentation for veterinary medical students, including the number of internal and external speakers, endowed research lectureships, veterinary medical student research seminars, veterinary medical student poster presentations, and college research days and awards and presentations made by veterinary medical students at scientific meetings or seminars at external sites.

10.2.3. Describe efforts by the college that facilitate the link between veterinary medical student research and subsequent or concurrent graduate education, and that enhance the impact of college research on the veterinary professional program.



**10.3.** Complete the following tables

Table 10.3.1.

Fiscal Year	Total college DVM enrollment	DVM Students involved in research	Peer-reviewed pubs with DVM student as author or co-author	DVM/PhD students enrolled	DVM/MS/MPH students enrolled

Table 10.3.2.

		Number Faculty*	Total Faculty FTE	Faculty in Research <sup>1</sup> **	Total Research FTE	Research Faculty teaching in DVM cur <sup>**</sup>	No. unique peer-reviewed pubs <sup>2</sup>	No. book chapters including original findings
Dept A	Year 1							
	Year 2							
	Year 3							
	Year 4							
	Year 5							
Dept B	Year 1							
	Year 2							
	Year 3							
	Year 4							
	Year 5							
TOTAL CVM	Year 1							
	Year 2							
	Year 3							
	Year 4							
	Year 5							

\*All faculty, including full- and part-time faculty. \*\*Research faculty are defined as faculty with ≥ 20% time devoted to research activity.

<sup>1</sup>The number of individual faculty members within each department involved in research, total research FTE, and research productivity (tabulate below for each of the last three years). For example: Dept. A has 35 faculty members with 30 involved in research and 6 FTE assigned to research

<sup>2</sup> Count of unique publications only – a publication containing multiple co-authors must be counted only once in this table

Table 10.3.3

		Extramurally Sponsored Federal Grants		Extramurally Sponsored State Grants		Extramurally Sponsored Private Contracts		No. Patents
		Number	\$ Value*	Number	\$ Value*	Number	\$ Value*	
Dept A	Year 1							
	Year 2							
	Year 3							
	Year 4							
	Year 5							
Dept B	Year 1							
	Year 2							
	Year 3							
	Year 4							
	Year 5							
TOTAL CVM	Year 1							
	Year 2							
	Year 3							
	Year 4							
	Year 5							

Only count grant, contract or patent in the year it is awarded to faculty holding a primary (≥50%) appointment within the college.

\*Include only the component of the total budget awarded to the college

Table 10.3.4

		Intramurally Sponsored Grants (Internal) <sup>1</sup>		Startup and Pilot Funding Awarded (Internal) <sup>1</sup>	
		Number	Total \$ Value*	Number	Total \$ Value*
TOTAL CVM	Year 1				
	Year 2				
	Year 3				
	Year 4				
	Year 5				

<sup>1</sup>College or University level

\*report the total of all individual grants/funds awarded by year

## **11. OUTCOMES ASSESSMENT**

### **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. Data must be collected from both graduates and employers of graduates and evaluated.

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 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, including the knowledge, skills, and core professional attributes needed to provide culturally competent veterinary care in a multidimensional and diverse society; communication skills; including those that demonstrate an understanding and sensitivity to how diversity and individual circumstance impact veterinary 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.\*

*\*Colleges that do not meet this criterion will be subjected to the following analysis. 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 in which scores are available 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 in which scores are available will, for cause, be placed on Terminal Accreditation. If no program graduates take the NAVLE, the Council will use other student educational outcomes in assessing compliance with the standard including those listed in 12.11.1.*

Data to demonstrate outcomes of the educational and institutional program(s) may be collected by a number of means that include, but are not limited to, subjective and objective measures such as surveys, interviews, focus groups, self-assessments, observation and evaluation of skills and competencies. Data reported to the COE must be summarized for brevity.

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Except for the North American Veterinary Licensing Examination (NAVLE), the Council does not assign numerical values to document levels of achievement for students in any of the outcome delineators, but closely analyzes trends for the college. Decreasing trends in student achievement over a five-year period may imply deficiencies in the program. The trends are used by the Council in its analysis of the compliance of the college with the Standards. In the case of declining trends in the delineators, the college must provide an explanation for the decline(s), and must provide a plan to reverse the trend(s).

**11.1. Student educational outcomes must include, but are not limited to:**

- 11.1.1. Evidence of direct observations of students performing and/or having attained entry level competence in skills that demonstrate mastery of the nine competencies. Processes must be in place to provide remediation for any of the nine competencies in which students do not demonstrate competence.
- 11.1.2. Describe how student progress is monitored in each academic year and how each student is given formative assessment for their further development or timely remediation.
- 11.1.3. NAVLE school score report data and passage rates over the past five years (Table A)  
*Each college must submit a copy of the annual NAVLE School Score Report with the AVMA-COE Interim Report each year for those graduating students who sat for the examination.*
- 11.1.4. Complete Table B, Outcomes Assessment Tools. For the outcomes assessment tools used, provide a short narrative that summarizes:
  - 11.1.4.1. The survey responses.
  - 11.1.4.2. The college's analysis of the results.
  - 11.1.4.3. Further actions based on the college's analysis.
  - 11.1.4.4. The impact of any actions taken.

**11.2. Program Outcomes**

- 11.2.1. Student attrition rates with reasons (Table C)  
*Summarize student attrition by reporting student attrition from their initial matriculation cohort in Table B – Student Attrition. List the data for all the cohorts graduating in the last 5 years, as well as attrition thus far for currently enrolled students. List the cumulative attrition for each cohort from the time of matriculation. Colleges with multiple matriculation points per year should list each cohort separately. The Council on Education expects that an increasing (positive) trend in absolute attrition from the college will be explained, including the factors that are contributing to the trend, and that the college will describe the steps implemented and a timeline for arresting the trend. If absolute attrition over a five-year average is greater than 20%, the Council may request a focused site visit.*
- 11.2.2. Employment rates of graduates (within one year of graduation) (Table D)  
*Annually each college must submit data on employment during the first year following graduation. The Council on Education expects that a declining (negative) trend in proportionate employment from the college will be explained. Colleges with an average employment rate over five years of less than 80% must provide an assessment of the factors that are impacting the trend.*
- 11.2.3. Assessments by faculty (and other instructors, for example interns and residents) related to such subjects as adequacy of clinical resources, facilities and equipment, information resources, etc.; and preparedness of students entering phases of education, and
- 11.2.4. Additional assessment that might assist the college in benchmarking its educational program.

**11.3. Institutional outcomes.**

- 11.3.1. Describe the adequacy of resources and organizational structure to meet the educational purposes (dean should provide).
- 11.3.2. Describe how the college evaluates progress in meeting its mission and fulfilling its commitment to diversity, equity, and inclusion (for example, benchmarking with other institutions, scholarly activity of the faculty, faculty awards, faculty and staff perception of teaching resources, student satisfaction with the educational program, teaching

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improvement benchmarks, faculty, staff, and student perception of the college climate, and others, etc.).

11.3.3. If your program assesses other outcomes, briefly describe the results.

11.4. Describe how outcomes findings at the student, programmatic, and institutional level are used by the college to improve the educational program (give examples).

Table A – NAVLE

Year	Students taking exam(s)	Students passing exam(s)	Average scores

Table B Outcomes Assessment Tools (Past 5 years, by Year)

Survey Audience	Outcomes Assessment Tool Used	Number Sent Out					Number Returned/Responded				
		4 years prior	3 years prior	2 years prior	1 year prior	Current year	4 years prior	3 years prior	2 years prior	1 year prior	Current year
<i>Example Graduates 1-year Post Graduation</i>	<i>Survey (email, text message)</i>	100	100	100	100	105	80	80	75	70	60
Final Year Students											
Graduates 1-year Post Graduation											
Employers of Graduates 1-year post Graduation											
Graduates Extended-Time Post Graduation (e.g., 3/5/10 years)											
<i>(add lines for other assessments)</i>											

Table C Attrition

Graduating Cohort	Cohort Enrollment at the Time of Matriculation	Relative Attrition						Absolute Attrition			
		Academic Difficulty	Personal Reasons	Transfer to Another DVM Program	Other Reasons	Total Relative Attrition	Percent Relative Attrition	Academic Difficulty	Personal Reasons	Total Absolute Attrition	Percent Absolute Attrition
<b>Total</b>											

Graduating Cohort - List by the scheduled time of graduation (e.g., spring 2021 or summer 2021 or fall 2021). Colleges with multiple cohorts should list each cohort separately.

Relative Attrition - Students moving to a subsequent cohort at the same institution for academic or personal reasons, or moving to a DVM program at another institution.

Absolute Attrition - Students who leave the DVM program and will not return.

Other Reasons – temporary withdrawal from the program for other reasons such as pursuing other degrees (e.g., PhD, MPH) or other educational opportunities, stipulate the reason(s) in this category in the narrative.

Table D – Employment Rates

Graduating Class	Total # graduates (number of respondents)	# Employed in field related to veterinary training	# Graduates in advanced clinical training (internships/residencies)	# in advanced academic training (Masters/PhD)

#### 4.2.2 Appendix F – AVMA -COE Emergency Conditions Policy

The provisions in the policy only apply under Emergency Conditions, as designated by the AVMA-COE.

Emergency Conditions are defined as situations where, in the view of the AVMA-COE, the usual AVMA-COE site visit operations cannot be reasonably undertaken. The first of these emergency conditions occurred in March of 2020, where COVID-19 caused the need for the AVMA-COE to conduct site visits that are audio and/or audiovisual in whole or in part (“virtual site visits”). For the purposes of this policy, examples of emergency conditions include, but are not limited to, pandemics, large scale natural disasters, and military conflicts.

The AVMA-COE, at its discretion, may designate the Emergency Conditions Policy to apply globally, to an individual country, or to a particular region within a country.

The Council will notify communities of interest when the Emergency Conditions Policy is in effect. The Council will reevaluate the plan on an as-needed basis, but no later than at each biannual Council meeting until the policy is no longer in effect.

The Accreditation Policies and Procedures Manual of the AVMA Council on Education remains the primary source document for policies and procedures of the AVMA-COE. The following policy modifications are designed for use in Emergency Conditions only. All other aspects of the AVMA-COE Policies and Procedures Manual continue to apply.

#### ***Assignment of an Accreditation Risk Category***

Under Emergency Conditions, Colleges will be divided into risk categories, based on the following Accreditation Risk Categories Definitions:

<b>Risk Category</b>	<b>Definition</b>
<b>Risk Category 1</b>	New colleges on the AVMA-COE pathway to receipt of a Letter of Reasonable Assurance.
<b>Risk Category 2:</b>	Colleges on Provisional Accreditation Colleges on Probationary Accreditation Colleges Accredited with Minor Deficiencies Colleges on Terminal Accreditation Colleges with focused site visits scheduled by the AVMA-COE
<b>Risk Category 3</b>	Accredited Colleges
<b>Risk Category 4</b>	Colleges outside of the US and Canada seeking accreditation.

The AVMA-COE will use the assigned risk category under emergency conditions for risk-based contingency planning.

#### ***Site Visits***

Upon authorization of AVMA Council on Education, a site visit may occur through audio and/or audiovisual means, in whole or part.

The functions of the virtual comprehensive site visit and the virtual focused site visit are the same as those of the comprehensive site visit and the focused site visit. Although the conduct of the

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virtual site visit is similar to that of the non-virtual site visit, it differs in adjustment to its modalities.

In the case where a virtual site visit is conducted, an in-person site visit will occur at the College within a period not to exceed 18 months. The Council may grant an extension of up to an additional 12 months to this time period for (Emergency Conditions related) cause.

If site visits are to be conducted virtually, AVMA-COE staff, the Chair of the Site Visit team, and the College will work collaboratively to determine the most appropriate modalities and Site Visit schedule to facilitate the visit.

<b>Risk Category</b>	<b>Site Visit</b>
<b>Risk category 1</b>	The AVMA-COE will work individually with the College to address accreditation issues. Options include: <ul style="list-style-type: none"> <li>• Delay of the scheduled site visit</li> <li>• Virtual site visit to be followed by an in-person site visit within 18 months</li> </ul> The AVMA-COE will discuss the options with the College and decide how to proceed.
<b>Risk category 2</b>	Options are: <ul style="list-style-type: none"> <li>• Delay of the scheduled site visit</li> <li>• Virtual site visit to be followed by an in-person site visit within 18 months</li> </ul> The AVMA-COE will discuss the options with the College and decide how to proceed.
<b>Risk category 3</b>	Options are: <ul style="list-style-type: none"> <li>• Delay of the scheduled site visit</li> <li>• Virtual site visit to be followed by an in-person site visit within 18 months</li> </ul> The AVMA-COE will discuss the options with the College and decide how to proceed.
<b>Risk category 4</b>	Colleges in Risk Categories 1, 2, and 3 will have scheduling preference over Colleges in Risk Category 4. Options are: <ul style="list-style-type: none"> <li>• Delay of the scheduled site visit</li> </ul>

**Accreditation Interval**

For Colleges in Risk Categories 2 and 3, the Council may grant a temporary Emergency Conditions extension of the accreditation interval by a period not to exceed 18 months.

Where a temporary extension to the accreditation interval was granted to a college, the next re-accreditation interval may be, at the discretion of the Council, shortened by a period of time no longer than the extension granted.

**Reporting to the AVMA-COE**

Under Emergency Conditions, a temporary waiver is granted to the requirement for prior approval for the following substantive changes related to the management of Emergency Condition by colleges.

- The addition of courses or programs that represent a significant departure, either in content or method of delivery, from those that were offered when the AVMA-COE last evaluated the institution.



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- A change in the clock hours (student contact hours) to credit hours ratio.
- A substantial change in the number of clock hours (student contact hours) or credit hours awarded for successful completion of the program

Colleges will be expected to update the AVMA-COE in the annual interim report for all changes related to the management of the Emergency Condition.

**Virtual Site Visit Verification Policy**

The term ‘Virtual Site Visit Verification’ is used to satisfy the USDE requirement for an in-person site visit after a virtual site visit (“verification visit”).

In the case where a virtual site visit is conducted, a verification visit will subsequently occur at the College within a period not to exceed 18 months. The Council may grant an extension of up to an additional 12 months to this time period for (Emergency Conditions related) cause.

The verification visit may provide additional information to the AVMA-COE, at the discretion of the AVMA-COE, or as otherwise noted during the verification visit.

**Verification Visit Team**

The Verification Visit Team will consist of no less than two (2) AVMA-COE trained site visitors, with one (1) AVMA-COE Observer. The Verification Visit Team will be supported by one (1) staff member. Preferably, the Verification Visit Team would have also been members of the Virtual Visit Team, and ideally, the Chair of the Virtual Visit would Chair the Verification Visit.

To accomplish the agenda of the Verification Visit, the size of the Verification Visit Team for an individual visit may be increased by the Chair of the Evaluation Committee.

**Verification Visit Agenda**

The Council will determine the Verification Visit agenda. Noting, where appropriate, and linked to the Standards of Accreditation, specific areas of verification the Council is seeking.

The duration of the Verification Visit will depend on the agenda set by the Council.

An agenda template for the Verification Visit is included below.

Agenda Item	Standards Addressed	Goal of the Meeting
<b>Day 1</b>		
<b>Required Items</b>		
<b>Meeting: Dean +/- selected administration</b>		Overview of the Verification Visit
<b>Facilities Confirmation</b>	Physical Facilities and Equipment	Confirm the presence of facilities viewed during the virtual site visit, which may

<b>Agenda Item</b>	<b>Standards Addressed</b>	<b>Goal of the Meeting</b>
		include a visit to on-campus and/or off-campus facilities as directed by the Council.
<b>Optional Items as Directed by the Council</b>		
<i>Lunch</i>		
Meeting: DVM Students (if appropriate)	Students, Curriculum, Admissions, Organization, Physical Facilities and Equipment, Clinical Resources,	Provide an in-person opportunity to gather students' impressions/ concerns regarding all aspects of their experience in veterinary school.  Pose specific questions (if any) requested by the Council.
Optional Additional Meetings	As directed by the Council	As directed by the Council
<b>Day 2</b>		
Optional Visits to on- or off-campus sites	Physical Facilities and Equipment  Clinical Resources	As directed by the Council
Meeting: Exit Interview with the Dean		Summary of the Verification Visit
Optional Meeting: Exit Interview with university administration		Summary of the Verification Visit

**Verification Visit Report**

The Verification Visit Team will prepare a report to the Council, using the Verification Visit Rubric. The report will reference the agenda directed by the Council, and (1) confirm (or not) the presence of facilities viewed during the virtual site visit, and (2) provide additional comments, broken down by appropriate Standard, if directed by the Council, or as otherwise noted during the verification visit.

The draft of the Verification Visit Report will be sent to the Dean for correction of factual errors.

The Verification Visit Team will review the Dean's comments, and amend the report, or provide comments, as appropriate, prior to submission of the report to the Council.

**Council Deliberations**

The Council may make an accreditation decision based on a Virtual Site Visit preceding the Verification Visit.

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The Council will consider the report from the Verification Visit. The Verification Visit may or may not result in the Council making an accreditation decision.

4.2.3 Appendix G – Model Site Visit Itinerary

<b>MODEL SITE VISIT ITINERARY</b>		
<b>Day One</b>		
3:00 – 5:00 pm	Executive session for site team members to include overview/concerns about self-study, training as required by DOE	Earlier meeting time
5:30 – 7:00 pm	Optional site team reception at college (administration, students, faculty, staff), overview of process and introduction to team members, poster session for specific college programs or student research	Informal opportunity for entire college community to interact with the site team
7:00 pm	Dinner for site team only	
<b>Day Two</b>		
8:00 – 9:00 am	Operational overview: Facilities overview and use for delivery of curriculum, safety issues, overview of upcoming tour	Big picture view for site team
9:00 am – 5:00 pm	<p>Tour college facilities including:</p> <ul style="list-style-type: none"> <li>- Companion animal hospital</li> <li>- Large animal hospital, including ambulatory</li> <li>- Hospital support areas (pharmacy, clinical pathology, medical records, imaging)</li> <li>- Educational facilities (lecture halls, laboratories, small group rooms)</li> <li>- Areas where teaching animals are housed</li> <li>- Necropsy section</li> <li>- Research facilities (several typical laboratories)</li> <li>- Library</li> </ul> <p>Lunch with educational management</p>	Tour schedule should be planned by the school/college to minimize backtracking for each campus layout. The group may wish to pull out those facilities best visited by a small group (isolation, surgery, pharmacy, others as determined by dean and site team chair) to streamline the visit. Educational management may be separated into two meetings as determined by the dean and site team chair
6:00 pm	Dinner and site team executive session at hotel	
<b>Day Three</b>		
7:30 – 8:30 am	Breakfast conference with dean and financial staff	
8:45 – 9:45 am	Admissions committee	For all below, see new table for list of those included, standards addressed, goal of meeting
9:45 – 10:00 am	Break	
10:00 am – noon	Curriculum committee	A brief overview of the curriculum by appropriate personnel may begin this meeting
Noon – 1:30 pm	Lunch with DVM students	

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<b>MODEL SITE VISIT ITINERARY</b>		
1:30 – 2:15 pm	Research committee, associate dean for research, university veterinarian	
2:15 – 2:30 pm	Break	
2:30 – 3:30 pm	Department heads	
3:30 – 5:00 pm	Site team revisits as needed	
6:00 pm	Dinner and site team executive session at hotel	
<b>Day Four</b>		
8:00 – 9:00 am	Breakfast meeting and executive session with the dean	
9:00 – 10:00 am	Faculty	
10:00 – 11:00 am	Educational management	
11:00 – 11:15 am	Break	
11:15 – 11:55 am	Outcomes officer(s)	A brief overview of outcomes assessment by appropriate personnel may begin this meeting
Noon – 1:00 pm	Lunch with alumni	
1:00 – 1:30 pm	Graduate students, interns and residents	
1:30 – 2:15 pm	Break or optional meeting with technical staff in hospital(s)	
2:15 – 2:45 pm	Confidential meetings with individual students	
2:45 – 3:00 pm	Break	
3:00 – 3:30 pm	Confidential meetings with individual faculty	
3:30 – 5:00 pm	Site team revisits, optional meetings (library staff, IT staff, etc.)	
6:00 pm	Dinner and site team executive session at hotel	
<b>Day Five</b>		
8:00 – 8:55 am	Exit interview with dean	
9:30 – 10:55 am	Exit interview with university administration	

Note: Outcomes will be assessed throughout the visit.

4.2.4 Appendix H – Off-Campus COE Information Prior to Site Visit & Off-Campus Facility Inspection Guidelines

**Off-campus Facility Information**  
UNIVERSITY OF XXX OFF-SITE TEACHING FACILITIES  
IN PREPARATION FOR COE SITE VISIT

<b>Site Name and Address:</b>		
<b>Course #:</b>		
Third year <input type="checkbox"/>	Fourth year <input type="checkbox"/>	Third AND Fourth year <input type="checkbox"/>

**Standard 4, Clinical Resources**

<b>Type of teaching</b> (e.g. SA Clinical Practice, dairy herd management)							
<b># annual accessions for past 5 years</b>							
Year	Small Animal	Large Animal				Field Services	
		Food	Equine	Other	Field Services		
					# Calls	# Animals	

**Standard 6, Students**

# students last year	# students current year	# students/rotation	# rotations/year	# interns	# residents
What mechanism is available for the students to evaluate the facility and their experiences there?					
What mechanism is available for the students to report safety concerns?					
Is access to mental health or medical care readily available? If so, describe.					

**Standard 8, Faculty**

Names of instructional personnel (note which are DVMs and list their credentials):	Position Title:	Univ. of XXX employee Y/N

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Please describe the relationship of practicum rotation coordinator and site (practice or facility)?		
With whom does the practicum communicate in regard to students and goals and expectations for students rotating through the facility and how often?		
How often, during a rotation, does someone from the school/college come to visit the facility?		
Who is responsible for day-to-day supervision and monitoring of students in this site?		
Describe what support is available for students to make arrangements for transportation and housing at the facility?		

**Standard 3, Physical Facilities and Equipment**

Describe maintenance and safety measures at this facility.	
Who is responsible for the following (have personnel onsite for interview):	Instructional Personnel Name and Title
Maintaining adequacy of instructional environment and equipment	
Safety inspections	
Posting and updating protocols/warning signs	
Safety and upkeep of facilities for housing animals (fencing, corrals, caging, runs, etc.)	
Safety equipment is in place for radiographic procedures	
Biosafety for isolation facilities	
Securing gas cylinders	
Chemical safety including anesthetics, chemotherapeutic drugs, and chemical waste	
Access control and record keeping for pharmacy	

Biosafety including carcass disposal for necropsy, if applicable	
<b>Standard 5, Information Resources</b>	
Do the students have internet access and access to computers at this facility?	
Do the students make entries in medical records?	
Are medical records available for students off site?	
Who is responsible for ensuring student access to information resources at this site?	

**Standard 9, Curriculum**

Describe the types of rounds that occur at the facility that include students? How often do these occur?
When students are rotating through this practice/site, how are they involved in healthcare management?
How are students instructed in biosafety at the facility?
Describe the opportunities for hands-on training in diagnostic imaging at this facility, to include radiography, ultrasonography, and other advanced imaging.
Describe the opportunities for hands-on training in anesthesia, and who is responsible for supervising students while performing such procedures?
Describe the opportunities for hands-on training in surgery, and who is responsible for supervising students while performing such procedures?
Describe a typical day for a student, including how many patients he or she can expect to see, and the degree of interaction with clients. Describe the students' exposure to the financial aspects of seeing cases and running the practice.

**Standard 10, Research**

Are research data collected at this facility?
Did any publications result in the past 5 years from activities performed at this facility? If Yes, please list publications.



Who is responsible for maintaining compliance documents for chemical safety, animal use, biosafety, and/or human subject research?

**Standard 11, Outcomes Assessment**

Does the facility use the feedback forms /internet programs that are available from the school/ college?
Who is responsible for completing the on-line evaluations of students in facility? (have redacted examples available for review onsite)
Does this person also discuss this evaluation or otherwise give feedback to the students? Please describe nature and frequency of evaluation and feedback.
Discuss the facility responsibilities regarding clinical competencies of students and how these are used to improve student learning.

Additional notes:

**Off-campus Site Inspection Guide**  
 University of XXX Off-Campus Clinical Facilities  
 COE Site visit

**(College to fill out the information in this section)**

<b>Site:</b>		
<b>Type of practice</b> (e.g. SA Clinical Practice)	<b># DVM</b>	<b># annual accessions</b>
<b>Names of clinical personnel</b> (supervisors):	<b>Position:</b>	
Students present during site visit:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Name</b> (if student at site during visit):	<b>Name</b> (if student at site during visit):	

**Site team to fill out the remainder of this form**

**Standard 3**

Adequacy of Safety Measures:

Posted protocols/warning signs:

- |   |                              |                             |                             |
|---|------------------------------|-----------------------------|-----------------------------|
| 1) isolation facilities                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 2) radiology/radioactivity                | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 3) first aid/evacuation/other emergencies | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 4) hydraulic chutes or other equipment    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |

Any unsafe conditions? Note specific area and deficiency:

Safety of facilities for housing animals (fencing, corrals, caging, runs, etc.)?

Safety equipment is in place for radiographic procedures?

- |                     |                              |                             |                             |
|---------------------|------------------------------|-----------------------------|-----------------------------|
| 1) Lead barriers    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 2) Aprons           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 3) Gloves           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 4) Eyewear          | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 5) Dosimetry Badges | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |

Adequacy of instructional environment and equipment

Waiting rooms/client areas                      NA                       OK                       Concerns

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revised December 2023**

Examination rooms	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Treatment areas	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Laboratory – clinical pathology/diagnostics	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Kennels/Animal Housing	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Surgery and anesthesia	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Gas cylinders secured	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Intensive/critical care	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Necropsy	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Pharmacy	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Controlled substances:			
Access?	Clinic YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ambulatory YES <input type="checkbox"/>
Records?			NO <input type="checkbox"/>
Expired/outdated drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Comment:			
Safety of chemo drugs? Hood?, personal safety gear?, waste?			
Offices/Student break area	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Computers and internet access	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Overall building infrastructure	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Other	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Isolation	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>

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Students instructed in use of facility? (orientation)

How?

When?

By whom?

**Standards 4, 6, 9 and 11**

Monitoring and Supervision

**Third year sites and fourth year sites** – questions for preceptors – verify information provided

Relationship of practicum rotation coordinator and site (practice or facility)?

How were you trained/ oriented to the responsibilities of being a distant veterinary teaching facility coordinator, and by whom? Discuss your responsibilities for student evaluations.

With whom do you communicate in regard to students and goals and expectations for students rotating through your clinic/ facility? How often?

Discuss your responsibilities regarding clinical competencies of students. How are these used to improve student learning at your facility?

How often, during a rotation, does someone from the school/college come to visit your clinic?

Who usually makes these visits?

What do they do while they're here, i.e., nature of the visit?

*follow-up?*

*do you keep record of these visits and/or correspondences?*

Who is responsible for day-to-day supervision and monitoring of students in your practice?

Who is responsible for completing the on-line evaluations of students in your practice?

Does this person also discuss this evaluation or otherwise give feedback to the students?

Please describe nature and frequency of evaluation and feedback.

Do you use the feedback forms /internet programs that are available from the school/ college?

Do you feel that the assessment system provided allows you to assess the students in an adequate manner?

YES

NO

**Fourth year sites** – additional questions for preceptors

How often does someone from the school/college inspect or examine your practice/ facilities and update information related to their criterion and requirements for your participation as a CORE fourth year site?

Describe the types of rounds you have with the students? How often do these occur?

**Student involvement and responsibilities**

When students are rotating through this practice/site, how are they involved in healthcare management?

Do they:

meet with clients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
discuss costs/ billing with clients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
admit patients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
discharge patients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
take medical history?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
examine patients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
make entries in medical records?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
participate in diagnoses?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
take cytology sample?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
treat patients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
participate in surgeries? if yes, describe nature of participation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
administer and/or monitor anesthesia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
participate in emergency treatments?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
participate in critical care?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
participate in imaging	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
radiography?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
positioning/taking radiographs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
interpretation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>

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ultrasound?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
imaging process?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
interpretation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
other?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
conduct necropsy examinations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
other?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>

How did the students learn about the facility?

Describe how arrangement for transportation and housing were made at the distributed veterinary teaching hospital (DVTH)?

How do the students evaluate the site and their experiences there?

How are students instructed in bio-safety at the sites?

***If possible verify these with students on site. If not then do so during student interview session (in person or by telephone) including their thoughts regarding pros and cons of site.***

**Medical records**

What type of medical records do you maintain?    electronic     paper     both

Do students have access to the records?    YES     NO     NA

Are records "readily retrievable?"    YES     NO     NA

(Team should, if possible, examine a few representative records to validate what has been stated)

Other comments regarding records?

**Standard 5**

To what type of learning and information resources do students have access at your practice?

Textbooks	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Journals	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hardcopy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Electronic	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Electronic data bases	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other internet resources	YES <input type="checkbox"/>	NO <input type="checkbox"/>



4.2.5 Appendix I — Comprehensive Site Visit Evaluation Rubric

**THE STANDARDS OF ACCREDITATION  
SITE TEAM SCORING RUBRIC**

**Standard 1, Organization**

***The college must develop and follow its mission statement.***

Intent: A well-developed mission statement is helpful in communicating the values and purpose of the college, as long as it is followed and reflected in the actual practices of the college.

What to look for: Evidence of overall teaching, research, and service commitment; commitment to professional DVM program or equivalent; commitment to provide instruction and clinical opportunities for students in a wide variety of domestic species, including food animal, equine, and companion animal; commitment to excellence in program delivery.

**Y MD N**

The college has a well-developed mission statement that is followed.

**Comments:**

***Accreditation is a voluntary process. To achieve accreditation or remain accredited, the institution must comply with Council policies, processes, procedures, and directives.***

Intent: To maintain accreditation a college must be in compliance with Council policies, processes, procedures, or directives.

What to look for: Evidence the college has followed Council policies, for example, has the college sought approval prior to a substantive change.

**Y MD N**

The college is in compliance with the Council's policies, procedures, and directives.

**Comments:**

***An accredited college of veterinary medicine must be a part of an institution of higher learning accredited by an organization recognized for that purpose by its country's government.***

Intent: The COE is recognized by the US Department of Education and Council on Higher Education Accreditation as a programmatic accreditor and does not evaluate independent veterinary colleges. Institutional accreditation in the United States, provincial recognition in Canada, and governmental recognition in other countries provides a measure of institutional quality assurance and accountability beyond the college level.

What to look for: The institutional accrediting body has been identified; the accreditation status of the university is provided; deficiencies noted by the accreditor that may impact compliance with the Standards of Accreditation are being addressed adequately.

**Y MD N**

The college is part of an institution accredited or federally recognized for this purpose.

**Comments:**

***A college may be accredited only when it is a major academic administrative division of the parent institution and is afforded the same recognition, status, and autonomy as other professional colleges in that institution.***



Intent: Effective veterinary colleges are complex, multidisciplinary, and resource intensive. Access to senior institutional leaders is essential to ensure ongoing needs are fully appreciated and adequate resources are made available to sustain the teaching, research, and service mission of the college.

What to look for: A flow chart indicating the position of the college of veterinary medicine in the university structure; lines of authority and responsibility are shown; names and titles of principal administrative officers are provided to the level of college.

The college is a major academic administrative division of the university and will be afforded the same recognition, status, and autonomy as other professional colleges. **Y MD N**

**Comments:**

***The chief executive officer/dean must be a veterinarian. This individual must be employed full-time with a faculty appointment within the college throughout the calendar year, without conflicting outside employment or activities. Any secondary employment or activities must be approved and monitored by the parent institution and must not conflict with the CEO/dean's commitment to, or the interests of, the college. The CEO/dean is responsible for the ongoing development and administration of the college and must have sufficient qualifications, experience, and time to provide effective leadership. There must be a clear definition of the CEO's/dean's authority and responsibility for the veterinary medical education program. This individual must have overall budgetary and supervisory authority necessary to assure compliance with accreditation standards. The officer(s) responsible for the professional, ethical, and academic affairs of the veterinary medical teaching hospital(s) or equivalent must also be veterinarians.***

Intent: Veterinary medicine is a unique, multidisciplinary health profession. Decisions affecting the education of veterinarians are best understood and administered by veterinarians. Senior administration must be fully engaged in the work of managing a school and free from any responsibilities that might conflict with the best interests of the program.

What to look for: A flow chart of the organizational design of the college, listing names, titles (deans or chief executive officer, associate/assistant deans, directors, department heads, etc.), academic credentials, and assignments of the college administrators. Verify that the dean and chief academic officer of the hospital (or the individual with senior leadership responsibility for the clinical programs) are veterinarians.

The dean and academic head of the veterinary teaching hospital are veterinarians. **Y MD N**

The dean is employed a full-time with a faculty appointment within the college, with no conflicts of interest or commitment. **Y MD N**

The dean has sufficient time and authority to direct the college's mission. **Y MD N**

**Comments:**

***There must be sufficient administrative staff to adequately manage the affairs of the college as appropriate to the enrollment and operation.***

Intent: Administrative staff (including administrators) play an essential role in all phases of college operation. The administrative staff and structure must be adequate to support students and faculty and fulfill the teaching, research and service mission of the college.

What to look for: Description of the role of administrators (deans, associate/assistant deans, directors, department heads, including academic credentials), faculty, support staff, and students in

the governance of the college; listing of major college committees including committee charge, appointment authority, terms of service (term length/rotation), and current members;

College committee structure, representation, and function are adequate to meet the operational needs of the college effectively. **Y MD N**

Sufficient administrative staff is present to support the operational needs of the college. **Y MD N**

Does the college plan to change its current organization? **YES NO**

Intent: Accreditation site visits represent a snapshot of current conditions. However, program sustainability can be positively or negatively impacted by planned organizational changes.

What to look for: A rationale and summary of planned organizational changes including timelines and how the planned changes are expected to improve the existing conditions or address anticipated future needs

**Comments:**

***The college must have and follow a statement on diversity, equity, and inclusion, consistent with applicable law. The college must create and promote an institutional structure and climate academic environment that does not discriminate and seeks to enhance diversity, equity, and inclusion, consistent with applicable law. Diversity may include, but is not limited to, race, color, religion, ethnicity, age, gender, gender identity, sexual orientation, first language, cultural and socioeconomic background, national origin, tribal membership, citizen status, and disability. The college or institution must establish a reliable, effective reporting and response system, and, if warranted, a process to remedy instances of discrimination and other forms of harassment involving faculty, staff and students.***

Intent: The college must have policies and activities that demonstrate the value of a diverse culture within the institution and the workplace outside the institution.

What to look for: Policies and procedures, activities, recruiting strategies and other evidence to show that a diverse culture is valued.

The college has a statement on diversity, equity, and inclusion, consistent with applicable law, that is followed. **Y MD N**

Policies and procedures and college activities demonstrate an institutional value and commitment to promoting a diverse academic and workplace environment. **YES NO**

There is a reporting and response system in place to remedy instances of discrimination or other forms of harassment. **YES NO**

**Comments:**

**Overall, can the college be said to be in compliance with Standard 1?** **YES MD NO**

**Standard 2, Finances**

***Finances must be adequate to sustain the educational programs and mission of the college.***

Intent: Veterinary colleges must have adequate, sustainable financial resources to fulfill the teaching, research, and service mission.

What to look for: Documentation and data including a financial summary and analysis of actual revenues and expenses for the past five years; actual or projected revenues and expenses for current year; and actual or projected revenues and expenses for next year. Financial analyses must demonstrate adequate, sustainable financial resources to fulfill the teaching, research, and service mission

Analysis of revenues and expenditures for the past five years demonstrate adequate, sustainable financial resources to fulfill the teaching, research, and service mission. Y MD N

Financial resources are adequate and deployed efficiently and effectively to:

Support all aspects of the mission, goals, and strategic plan Y MD N

Ensure stability in the delivery of the program Y MD N

Allow effective faculty, administrator, and staff recruitment, retention, remuneration, and development Y MD N

Maintain and improve physical facilities, equipment, and other educational and research resources Y MD N

Enable innovation in education, inter-professional activities, research and other scholarly activities, and practice Y MD N

Measure, record, analyze, document, and distribute assessment and evaluation activities Y MD N

Ensure an adequate quantity and quality of practice sites and preceptors are provided to support the curriculum, as needed Y MD N

**Comments:**

***Colleges with non DVM undergraduate degree programs must clearly report finances (expenditures and revenues) specific to those programs separately from finances (expenditures and revenues) dedicated to all other educational programs.***

Intent: It is important to evaluate the impact non DVM, undergraduate degree programs offered by the college have on the professional program.

What to look for: Clear reporting of the expenditures and revenues specific to non DVM, undergraduate degree programs offered by the college and impact on the DVM program.

Non DVM undergraduate degree programs offered by the college do not adversely affect resources available to deliver the professional program. Y MD N

**Comments:**

**YES MD NO**

**Overall, can the college be said to be in compliance with Standard 2?**

**Standard 3, Physical Facilities and Equipment**

**All aspects of the physical facilities to which students are exposed must provide an appropriate learning environment. Safety of personnel and animals must be a high priority. Classrooms, teaching laboratories, teaching hospitals, and other clinical teaching sites 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 and personnel utilizing these facilities.**

**Offices, workspaces, laboratories, toilets, and locker rooms must be sufficient for the needs of the students, faculty, and staff.**

**An accredited college must maintain an on-campus veterinary teaching hospital(s), or have formal affiliation with one or more off-campus veterinary hospitals or other training sites used for teaching. Off-campus required training sites must be directly (in-person) and regularly (no less than annually) inspected and overseen by qualified college personnel to provide a safe and effective learning environment.**

**Appropriate diagnostic and therapeutic service components must be present to meet the expectations of the practice type. These include, but are not limited to, pharmacy, diagnostic imaging, diagnostic support services, isolation facilities, intensive/critical care, ambulatory/field service vehicles, and necropsy facilities in the teaching hospital(s) and/or facilities that provide required clinical training. Operational policies and procedures must be posted in appropriate places. Standards related to providing an adequate teaching environment and safety of personnel and animals shall apply to all teaching hospitals and locations where required training takes place.**

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:

	Y	MD	N
Clean and well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate in number, size, and equipment for the instructional purposes intended.	Y	MD	N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate in number, size, and equipment for the number of students enrolled.	Y	MD	N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative and faculty offices and research laboratories are sufficient for the needs of faculty and staff.	Y	MD	N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate on-campus veterinary teaching hospital(s), or formal affiliation with one or more adequate off-campus veterinary hospitals are provided for teaching.	Y	MD	N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic and therapeutic service components, including but not limited to the following are available that reflect contemporary standards and provide an adequate learning environment:			
	Y	MD	N

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Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Diagnostic imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Diagnostic support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Isolation facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Intensive/critical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Ambulatory/field service vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Necropsy facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Effective college and/or institutional biosecurity officer/committee and safety officers responsible for clinical and research facilities in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Operational policies and procedures are posted in appropriate places.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Protocols (SOP's) for Isolation units or other biosecurity areas are posted or readily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
If Isolation units do not have separate external entrances, appropriate protocols for admission of isolation patients are in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Evidence of safe handling of chemotherapeutic/cytotoxic drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Evidence of regular monitoring of radiation safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of regular monitoring (at least annually) of formaldehyde levels in anatomy laboratories and compliance with OSHA or other state regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Evidence that learning and clinical facilities are accessible to disabled students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

***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

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 above.

Housing for teaching and research animals provides sufficient space that is properly constructed and maintained in accordance with accepted animal welfare standards. Y MD N

Adequate teaching, laboratory, research, and clinical equipment are available for examination, diagnosis, and treatment of all animals used by the college. Y MD N

Adequate safety and facilities management plans are in place and followed. Y MD N

**Comments:**

Overall, can the college be said to be in compliance with Standard 3? YES MD NO

**Standard 4, Clinical Resources**

***Normal and diseased animals of various domestic and exotic species must be available for instructional purposes. Normal animals can be provided by the institution in on or off-campus settings, or be client-owned animals presented for preventive veterinary medical care, on or off-campus. Diseased animals must include client-owned clinical patients with spontaneous diseases presented for veterinary medical care or testing in on or off-campus environments. While precise numbers are not specified, in-hospital patients and outpatients including animals presented for preventative medical management, animals with problems commonly seen in general practice, animals with complex problems receiving specialized care, and animals seen in field service/ambulatory and herd health/production settings are required to provide direct hands-on experiences for all students. 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 and comply with the Standards of Accreditation.***

***It is essential that a diverse and sufficient number of surgical and medical patients be available during on-campus and off-campus clinical activities for students' clinical educational experience. Experience can include exposure to clinical education at off-campus sites, provided the college regularly, via in-person or virtual interpersonal communication with students and off-campus instructors reviews and monitors these clinical experiences and educational outcomes.***

***All required clinical training sites must demonstrate a commitment to instructional quality. Further, such clinical experiences must take place across settings that provide direct interactions with and supervision by veterinarians who have been trained to educate students. All students must actively participate in managing normal and diseased, client-owned, clinical patients at required clinical training sites. Required clinical training sites must include both general practices in which students are supervised by experienced veterinary practitioners, as well as specialty practices supervised by experienced board-certified specialists. All required clinical training sites must provide access to reference resources, modern and complete clinical***

**laboratories, advanced diagnostic instrumentation and ready confirmation of disease (including necropsy). Clinical experiences could include a contractual arrangement with veterinarians who serve as educators at off-campus clinical sites, as well as veterinarians who work at off-campus field practice centers.**

**The required on-campus and off-campus clinical training sites must provide nursing care and instruction in nursing procedures, as well as instruction in managing health care teams. Veterinary personnel who provide technical education should be credentialed as appropriate to the jurisdiction A supervised field service and/or ambulatory program must operated by the college or by a privately operated field service/ambulatory practice(s) that is (are) contracted to provide clinical experiences for students 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. Resources must also provide for hands-on learning in specialty practice in various clinical disciplines to provide instruction in and understanding of specialty practice as a career opportunity and to inform graduates on the role of referral in general practice.

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 and be regularly reviewed and monitored.

There are adequate numbers of normal and diseased animals; analysis of five-year caseload data are consistent with student enrollment	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
There is an adequate mix of domestic and exotic animal species	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
There are adequate numbers of in-hospital patients and outpatients	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
There is adequate access to a reasonable number of surgical and medical patients	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
There are adequate number of patients available for instructional purposes, either as clinical patients or provided by the institution.	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
All students receive hands-on training in preventative medicine	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
All students gain experiences treating animals under field conditions	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
All students receive hands-on training seeing animals with problems commonly seen in general practice	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
All students receive hands-on training under the supervision of specialists seeing animals with complex problems	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

	<b>Y MD N</b>
Consistent and appropriate access to subject matter expertise.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b>
Adequate reference resources	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b>
Access to modern and complete clinical laboratories	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sufficient access to advanced diagnostic instrumentation and ready confirmation (including necropsy)	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hands-on training in preventative medicine	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b>
Experiences treating animals under field-conditions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hands-on training seeing animals with problems commonly seen in generalized practice	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hands-on training under the supervision of specialists seeing animals with complex problems	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Adequate resources for the total number of students receiving instruction	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b>
Appropriate numbers of veterinarians to provide clinical education	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Students are active participants in the workup of the patient including physical diagnosis and diagnostic problem-oriented decision making and client communication	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Qualified personnel from the College regularly evaluate students' clinical experiences and educational outcomes at off-campus sites by in-person or virtual direct communication with students and instructors.	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Veterinary personnel who provide technical education to students are credentialed as appropriate to the jurisdiction.	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Comments:**

***Medical records must be comprehensive and maintained in an effective retrieval system to efficiently support the teaching, research, and service programs of the college. Students must actively participate in the use of an electronic medical records system within a clinical setting during the care of patients.***

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.



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A comprehensive medical records system is maintained and kept in an effective retrieval system for major species **Y MD N**

Students actively participate in the use of an electronic medical records system in a clinical setting during the care of patients. **Y MD N**

**Comments:**

**YES MD NO**

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

**Standard 5, Information Resources**

***Timely access to information resources and information professionals must be available to students and faculty at required training sites. The college must have access to up-to-date human, digital, and physical resources for retrieval of relevant veterinary and supporting literature and for development of instructional materials, and provide appropriate training and technical support for students and faculty. The program must be able to demonstrate, using its outcomes assessment data, that students are competent in retrieving, evaluating, and applying information through the use of electronic and other appropriate information technologies.***

Intent: Timely access to information resources and information professionals is essential to veterinary medical education, research, public service, and continuing education.

What to look for: Evidence that the college provides adequate access to the human, digital, and physical resources for students, faculty, staff, and graduate students for information retrieval and the development of instructional materials.

Access to information resources for students and faculty is adequate on and off-campus **Y MD N**

The qualifications of personnel who support learning and information technology resources for faculty and students are adequate **Y MD N**

Access to personnel who support learning and information technology resources for faculty and students is adequate **Y MD N**

Access to qualified personnel necessary for development of instructional materials is adequate **Y MD N**

The college provides adequate access to the information technology resources necessary for development of instructional materials. **Y MD N**

The college provides adequate resources (training, support) for students to improve their skills in accessing and evaluating information relevant to veterinary medicine from sources in various media **Y MD N**

Students demonstrate skills in retrieving, evaluating, and applying information through information technologies **Y MD N**

Current plans for improvement are adequate, if indicated. **Y MD N**

Comments:

Overall, can the college be said to be in compliance with Standard 5? YES MD NO

**Standard 6, Students**

***The number of professional degree students in all phases of the program, DVM or equivalent, must be consistent with the resources and the mission of the college. The program must be able to demonstrate, using its outcomes assessment data, that the resources are sufficient to achieve the stated educational goals for all veterinary students engaged in its programs.***

Intent: Accredited colleges must have sufficient resources to accommodate the number of students enrolled and meet the stated mission.

What to look for: Evidence that the facilities, number of faculty and staff, and pre-clinical/clinical resources are sufficient to meet student needs. Analyze five-year trends for enrollment, demographic data (as consistent with applicable law), and the number of students in other educational programs offered by the college.

Facilities, number of faculty and staff, and pre-clinical/clinical resources are sufficient to meet student needs Y MD N

Comments:

***All students must have direct experiences with veterinarians who are in post-DVM programs, including internships and residencies, to provide understanding of these career paths. Experiences with interns and residents must include experiences in a clinical setting. All students must have direct experiences with individuals (ideally veterinarians) who are pursuing advanced degrees (e.g., MS, PhD). Colleges should establish such post-DVM programs that complement and strengthen the professional program. Such programs must not adversely affect the veterinary student experience.***

Intent: Post-DVM training programs and the presence of interns, residents, and graduate students enrich the learning environment for professional students and enhance students' abilities to investigate career options.

What to look for: The number of post-DVM students over the last five years and evidence of appropriate integration of interns, residents, and graduate students into the pre-clinical and clinical education of professional students. On clinical rotations, there should be sufficient caseload to support the education of professional students and interns and residents with appropriate balance between professional student and intern exposure to, and opportunity to participate in, entry-level clinical skills/competencies.

All students have direct interactions in a clinical setting with interns and residents. Y MD N

All students have direct experiences with individuals pursuing advanced degrees (e.g., MS, PhD). Y MD N

College has established post-DVM/VMD programs such as internships, residencies and advanced degrees (e.g., MS, PhD), that complement and strengthen the professional program and do not adversely affect the student experience Y MD N

Comments:

***Student support services must be available, accessible, and publicized within the college or university. Colleges must provide or facilitate access to support services to students when engaged in off-campus learning experiences. These must include, but are not limited to, appropriate services to support student wellness and to assist with meeting the academic and personal challenges of the DVM program; support for students with learning or other disabilities; support diversity, equity, and inclusion awareness programs for students; and support of extra-curricular activities relevant to veterinary medicine and professional growth.***

***The college or parent institution must provide information and access to counselling services regarding financial aid, debt management, and career advising. Career advising must include selection of clinical experiences.***

Intent: To ensure student support services are readily available and adequate.

What to look for: Evidence that the college provides adequate student services for the number of students enrolled, including registration, testing, mentoring/advising, counseling (career and mental health), tutoring, services for students with disabilities, financial aid, debt management, peer assistance, and clubs and organizations

Adequate student support services are available within the college or university, including mental health counseling, career, and financial advising **Y MD N**

Comments:

***The college must promote an institutional climate and culture that fosters diversity, equity, and inclusion, within the student body, consistent with applicable law.***

Intent: Accredited colleges must demonstrate through policies, procedures, and activities that a diverse student body is valued.

What to look for: Evidence that the college has policies and procedures in place that are enforced to promote diversity and inclusion within the student body.

The college has policies and procedures in place that are enforced to promote diversity within the student body. **Y MD N**

Comments:

***In relationship to enrollment, the colleges must provide accurate information for all advertisements regarding the educational program by providing clear and current information for prospective students. Further, printed catalog or electronic information must state the purpose and goals of the program, provide admission requirements and procedures, state degree requirements, present faculty descriptions, provide an accurate academic calendar, clearly state information on educational cost and debt risk, for the college. The college must provide information on procedures for withdrawal including the refund of student's tuition and fees allowable. Information available to prospective students must include relevant requirements for professional licensure. This must include an indication of which US states the college's curriculum meets, does not meet, or it is undetermined whether it meets the requirements for professional licensure, as applicable.***

Intent: Accredited colleges must provide accurate, complete information for recruiting purposes. The college catalog should provide accurate admission requirements and procedures, withdrawal processes, financial aid information, licensure requirements, and an accurate academic calendar.

What to look for: Evidence the college provides accurate, complete information for recruiting

purposes on its web site, catalog, and advertisements covering area listed below

	<b>Y MD N</b>
College provides clear and current information for prospective students	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Printed catalog or electronic information:	
	<b>Y MD N</b>
States the purpose and goals of the program	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b>
Provides admission requirements and procedures	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b>
States degree requirements	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b>
Presents faculty descriptions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b>
States information on tuition and fees	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b>
States procedures for withdrawal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b>
Gives necessary information for financial aid programs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b>
Provides an accurate academic calendar	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Y MD N</b>
Includes relevant requirements for licensure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Comments:**

***Each accredited college must notify students and provide a mechanism for students, anonymously if they wish, to offer suggestions, comments, and complaints regarding compliance of the college with the Standards of Accreditation. These materials shall be made available to the Council annually.***

Intent: This is a USDE recognition requirement. It represents another method to help ensure that the evidence gathered for accreditation decisions is complete.

What to look for: A reasonable mechanism for students to comment anonymously regarding the college's compliance with the 11 Standards of Accreditation. If comments have been received – how has the College responded?

College provides a mechanism for students, including anonymous means, if students wish, to offer suggestions, comments, and complaints regarding compliance of the college with the Standards of Accreditation.	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	<b>Y MD N</b>
Student comments have been made available to the Council annually	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Comments:**

YES MD NO

Overall, can the college be said to be in compliance with Standard 6?

**Standard 7, Admission**

***The college must have a well-defined and officially stated admissions policy and a process that ensures a fair and consistent assessment of applicants. The policy must provide for an admissions committee, a majority of whom must be full-time faculty members. The membership- of the admissions committee should rotate on a regular basis with the exception of ex-officio members (e.g. three to five year terms with defined term limits). The committee must make recommendations regarding the students to be admitted to the professional curriculum upon consideration of applications of candidates who meet the academic and other requirements as defined in the college's formal admission policy.***

***Participants contributing to the evaluation of applicants must have received training in how to recognize and address bias in the admission process.***

Intent: Accredited colleges are expected to have a fair and unbiased admission policy (selection process and minimum criteria) that is clearly stated and easily accessible for prospective students.

A properly appointed faculty committee is expected to be responsible for developing and implementing the admissions process and criteria, and making recommendations regarding the candidates admitted to college.

What to look for: The admissions process should be standardized as much as possible to ensure applicants are evaluated fairly and consistently. The admissions process and minimum criteria for acceptance must be clearly stated in the college catalogue and web site.

The majority of the admissions committee must be full-time faculty members. Adequate training should be provided for committee members and others involved in the selection process to ensure applicants are evaluated fairly and consistently. Rotating terms for committee members is considered best practice. Recommendations for admission to the college are made by the admissions committee according to the stated criteria. The admissions committee should periodically evaluate the success of the admissions process.

The college has a well-defined admissions policy that is fair and unbiased

Y MD N

The selection process is fair and unbiased

Academic performance criteria indicate reasonable potential for successful completion of the professional curriculum

Y MD N

Y MD N

The admissions policy is clearly stated and readily accessible

**Comments:**

***The policy must provide for an admissions committee, a majority of whom must be full-time faculty members. The membership of the admissions committee should rotate on a regular basis with the exception of ex-officio members (e.g., three-to-five-year terms with defined term limits). The committee must make recommendations regarding the students to be admitted to the professional curriculum upon consideration of applications of candidates who meet the academic and other requirements as defined in***

***the college's formal admission policy.***

***Participants contributing to the evaluation of applicants must have received training in how to recognize and address bias in the admission process.***

Intent: A properly appointed faculty committee is expected to be responsible for developing and implementing the admissions process and criteria, and making recommendations regarding the candidates admitted to college.

What to look for: The majority of the admissions committee must be full-time faculty members. Adequate training should be provided for committee members and others involved in the selection process to ensure applicants are evaluated fairly and consistently. Rotating terms for committee members is considered best practice. Recommendations for admission to the college are made by the admissions committee according to the stated criteria. The admissions committee should periodically evaluate the success of the admissions process.

	<b>Y MD N</b>
Admission policy provides for an admissions committee	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Majority of the admission committee are full-time faculty members.	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
An adequate training program is in place to ensure the admissions process is conducted fairly and consistently for all applicants	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Committee makes recommendations regarding the students to be admitted to the professional curriculum	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Candidates recommended meet the academic and other requirements defined in the college's formal admission policy	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Five-year trends for applicant/position and offers made/acceptances are stable	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Five-year trends for absolute and relative student attrition are consistent with the mission of the college	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The admissions committee periodically assesses the success of the selection process to meet the mission of the college	<b>YES NO</b> <input type="checkbox"/> <input type="checkbox"/>

**Comments:**

***The college must demonstrate its commitment to diversity, equity, and inclusion through its recruitment and admission processes, as consistent with applicable law. Such initiatives should include programs that promote achieving diversity among qualified applicants for veterinary college admission. The college must review its admissions processes at least every seven years, including identifying and reducing barriers in the application process. The college's admissions policies must be non-discriminatory, as consistent with applicable law.***

Intent: The college must demonstrate its commitment to a diverse student body through its admissions policies and procedures.

What to look for: A commitment to a diverse student body, as is consistent with applicable laws.

The admissions policies and procedures demonstrate a commitment to a diverse and inclusive student body.	<b>YES NO</b> <input type="checkbox"/> <input type="checkbox"/>
The admissions process has been reviewed within the last seven years.	<b>YES NO</b>

**Comments:**

**Subjects for admission must include those courses prerequisite to the professional program in veterinary medicine, as well as courses that contribute to a broad general education. The goal of pre-veterinary education shall be to provide a broad base upon which professional education may be built, leading to lifelong learning with continued professional and personal development.**

Intent: The goal of pre-veterinary education shall be to provide a broad base upon which professional education may be built, leading to lifelong learning with continued professional and personal development.

What to look for: The pre-veterinary curriculum includes requirements to prepare students for the professional curriculum, as well as a broad base for professional and personal development and lifelong learning.

Subjects for admission includes courses prerequisite to the professional program in veterinary medicine Y MD N

Subjects for admission include courses that contribute to a broad general education. Y MD N

**Comments:**

**Factors other than academic achievement must be considered for admission criteria.**

Intent: Effective veterinarians have a number of attributes unrelated to academic performance. Accredited colleges are required to consider other factors that contribute to the ability of their graduates to be successful members of the profession

What to look for: Non-academic factors must be included in the selection process, for example, experience with animals and an understanding of veterinary medicine, effective interpersonal skills, leadership experience, economically disadvantaged background, etc.

Factors other than academic achievement are considered for admission Y MD N

Selected candidates meet academic and non-academic requirements as defined in the college's formal admission policy Y MD N

Transfer policies are academically appropriate and the five-year trend for admittance is reasonable based on available resources. Y MD N

**Comments:**

Overall, can the college be said to be in compliance with Standard 7? YES MD NO

**Standard 8, Faculty**

**Faculty numbers and qualifications must be sufficient to deliver the educational program and fulfill the**

***mission of the college. Instruction in the pre-clinical and clinical setting must be delivered by faculty who have education, training, expertise, professional development, or a combination thereof, appropriate for the subject matter.***

Intent: Accredited veterinary colleges must have a cohort of faculty members with the qualifications and time needed to deliver the curriculum and to meet the other needs and mission of the college. Faculty must represent the ability to provide expert level competency and knowledge in well-defined areas of practice as demonstrated by their individual qualifications.

What to look for: Evidence that the number of faculty with appropriate qualifications in each functional area are adequate to deliver the didactic and clinical curriculum and fulfill the mission of the college.

The curricular responsibilities of faculty lost over the last five years have been replaced through faculty renewal, other appropriate personnel, or mitigated by curricular change. Y MD N

Faculty numbers in each functional area are sufficient to deliver the educational program and fulfill the mission of the college. Y MD N

Faculty are qualified to provide expert-level competency and knowledge in their area(s) of curricular responsibility. Evidence is provided through documentation of faculty education, additional training, completed professional development, experiences, or some combination thereof. Y MD N

**Comments:**

***Participation in scholarly activities is an important criterion in evaluating the faculty and the college. The college must provide evidence that it utilizes a well-defined and comprehensive program for the evaluation of professional growth, development, and scholarly activities of the faculty.***

Intent: A comprehensive faculty evaluation program stimulates continuous professional development.

What to look for: Evidence that promotion and tenure policies and procedures and annual performance review process include consideration of professional growth, development, and scholarly activity, for example, student and peer course evaluations, publications, research funding, etc.

The college utilizes a well-defined and comprehensive program for the evaluation of professional growth, development, and scholarly activities of the faculty. Y MD N

Appropriate weight is assigned to teaching, research and service activities for career advancement. Y MD N

**Comments:**

***Academic positions must offer the security and benefits necessary to maintain stability, continuity, and competence of the faculty.***

Intent: Accredited colleges must provide adequate security and benefits to maintain a stable group of core faculty to provide continuity and assure ongoing faculty competence

What to look for: Evidence that security and benefits are adequate to attract and retain competent faculty, for example, competitive salary and benefit packages, adequate start-up funds, support for professional activities, such as, scientific meetings, invited presentations, sabbatical leave,



development in methods of effective teaching.

**Y MD N**

Faculty turnover the last five years is within normal limits (typically  $\leq 10\%$ )

Adequate professional development opportunities are available for faculty growth

**Y MD N**

Academic positions offer adequate security and benefits to attract and retain qualified faculty

**Y MD N**

**Comments:**

***The college must cultivate a diverse faculty through its hiring policies and retention practices, consistent with applicable law. Search committees must be trained on best practices resulting in inclusive searches, including recognizing and addressing bias in the search process. The college must strive to create an inclusive and supportive environment for all faculty. The college must demonstrate its ongoing efforts to achieve parity in advancement opportunities and compensation for all faculty members, as consistent with applicable law.***

Intent: Accredited colleges must demonstrate a commitment to diversity among the faculty.

What to look for: Policies and procedures in recruiting and retention activities that promote a diverse faculty

The college demonstrates that it values faculty diversity through its recruitment and retention policies

**Y MD N**

A process is in place to provide training in inclusive searches.

**Y MD N**

**Comments:**

***Part-time faculty, locum tenens, residents, and graduate students may supplement the teaching efforts of the full-time permanent faculty if appropriately integrated into the instructional program.***

Intent: To ensure adequate full-time, permanent faculty members are present to effectively supervise teaching assignments of part-time faculty, locum tenens, residents, and interns. Whereas colleges may need to engage part-time faculty or locums for didactic teaching or clinical rotations, to meet curricular objectives, it is important to assess plans for hiring permanent faculty to provide this instruction, especially in core disciplines, so that there is stability, so students have regular access to this disciplinary expertise.

What to look for: Evidence that full-time, permanent faculty provide adequate supervision of part-time faculty, residents, and interns. If part-time faculty or locums are used, evidence that there is stability/consistency of curricular contributions and adequate availability to students, and that there are plans to replace these faculty with permanent faculty. If residents and graduate students are used in instruction of professional students, evidence that they are appropriately mentored in effective teaching and not solely responsible for student grades for didactic and clinical courses/rotations.

Full-time, permanent faculty ensure supplementary teaching efforts by part-time faculty, locums, residents, and graduate students are appropriately integrated into the instructional program

**Y MD N**

The amount of the core curriculum delivered by part-time faculty or locums does not impact the effectiveness or quality of the educational program and that student access to this

**Y MD N**

disciplinary expertise is not compromised

Comments:

YES MD NO

Overall, can the college be said to be in compliance with Standard 8?

**Standard 9, Curriculum**

***The curriculum shall extend over a period equivalent to a minimum of four academic years, including a minimum of one academic year of hands-on clinical education. The curriculum and educational process should initiate and promote lifelong learning in each professional degree candidate.***

Intent: Adequate coverage of the material necessary to educate a competent veterinarian requires a minimum of four academic years, including at least one academic year of hands-on clinical education.

What to look for: The curriculum extends an equivalent of four academic years, including a minimum of one academic year of hands-on, clinical education

The curriculum extends an equivalent of four academic years; including a minimum of one academic year of hands-on, clinical education

Y MD N

Comments:

***The curriculum in veterinary medicine is the purview of the faculty of each college, but must be managed centrally based upon the mission and resources of the college. There must be sufficient flexibility in curriculum planning and management to facilitate timely revisions in response to emerging issues, and advancements in knowledge and technology. The curriculum must be guided by a college curriculum committee. The curriculum as a whole must be reviewed at least every seven (7) years. The majority of the members of the curriculum committee must be full-time faculty. Curriculum evaluations should include the gathering of sufficient qualitative and quantitative information to ensure the curriculum content provides current concepts and principles as well as instructional quality and effectiveness.***

Intent: The curriculum must be established by a competent faculty and managed centrally by the dean's office in conjunction with an appropriately configured faculty curriculum committee according to the stated mission of the college. The curriculum requires regular review and management by the curriculum committee based on the collection and analysis of sufficient qualitative and quantitative evidence.

What to look for: The curriculum is regularly reviewed and managed by an appropriately configured faculty curriculum committee (e.g., staggered terms of appointment or rotating membership). A holistic review of the curriculum that has occurred within the last seven years or is currently in review. This does not require the curriculum to be revised, but that all facets of the curriculum, as one unit, is reviewed. Curricular review should include the collection and analysis of sufficient qualitative and quantitative data to ensure curricular revisions promote instructional quality and effectiveness and include current concepts and principles necessary to meet societal needs.

Y MD N

The majority of the members of the curriculum committee are full-time faculty.

The curriculum is regularly reviewed and managed (revised), as indicated, by the dean's

Y MD N

office in conjunction with an appropriately configured college curriculum committee.

Y MD N

Adequate process for assessing curricular overlaps, redundancies, omissions

The curriculum, as a whole has been reviewed within the last seven years.

Y MD N

**Comments:**

***The curriculum must provide:***

- a. an understanding of the central biological principles and mechanisms that underlie animal health and disease from the molecular and cellular level to organismal and population manifestations.***
- b. scientific, discipline-based instruction in an orderly and concise manner so that students gain an understanding of normal function, homeostasis, pathophysiology, mechanisms of health/disease, and the natural history and manifestations of important animal diseases, both domestic and foreign.***
- c. instruction in both the theory and practice of medicine and surgery applicable to a broad range of species. The instruction must include principles and hands-on experiences in physical and laboratory diagnostic methods and interpretation (including diagnostic imaging, diagnostic pathology, and necropsy), disease prevention, biosecurity, therapeutic intervention (including surgery and dentistry), and patient management and care (including intensive care, emergency medicine and isolation procedures) involving clinical diseases of individual animals and populations. Instruction should emphasize problem solving that results in making and applying medical judgments. Instruction in these areas must provide exposure to the wide range of veterinary care options.***
- d. instruction in the principles of epidemiology, zoonoses, food safety, antimicrobial stewardship, the interrelationship of animals and the environment, and the contribution of the veterinarian to the overall public and professional healthcare teams.***
- e. opportunities for students to learn how to acquire information from clients (e.g. history) and about patients (e.g. medical records), to obtain, store and retrieve such information, and to communicate effectively with clients and colleagues.***
- f. opportunities throughout the curriculum for students to gain an understanding of professional ethical, legal, economic, and regulatory principles related to the delivery of veterinary medical services; personal and business finance and management skills; and gain an understanding of the breadth of veterinary medicine, career opportunities and other information about the profession.***
- g. Opportunities throughout the curriculum for students to gain and integrate an understanding of the important influences of diversity, equity and inclusion in veterinary medicine, including the impact of implicit bias related to an individual's personal circumstance on the delivery of veterinary medical services.***
- h. knowledge, skills, values, attitudes, aptitudes and behaviors necessary to address responsibly the health and well-being of animals in the context of ever-changing societal expectations.***
- i. fair and equitable assessment of student progress. The grading system for the college must be relevant and applied to all students in a fair and uniform manner.***

Intent: Accredited veterinary colleges must prepare entry level veterinarians with sufficient understanding of basic biomedical sciences, clinical sciences, and effective clinical and professional skills to meet societal needs

What to look for: Evidence that the curriculum provides all the curricular elements listed in the standard.

Stated curricular objectives are appropriate and clearly integrated into individual courses	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The curricular digest indicates courses and rotations as a whole provide appropriate rigor and sequence to meet curricular objectives and the mission of the college	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Curricular changes since the last accreditation site visit reflect appropriate curricular review and management	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Self-identified curricular weaknesses have been or are being addressed by the curriculum committee in a timely manner	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Curriculum content provides current concepts and principles that underlie animal health and disease	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Curriculum covers mechanisms from the molecular and cellular level to organismal and population manifestations	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evidence of students' understanding of normal function, homeostasis, pathophysiology, mechanisms of health/disease, and the natural history and manifestations of important domestic animal diseases is adequate	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evidence of students' understanding of normal function, homeostasis, pathophysiology, mechanisms of health/disease, and the natural history and manifestations of important foreign animal diseases is adequate	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Curricular delivery is rooted in scientific, discipline-based instruction	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evidence of high quality and effective instruction in theory and practice of medicine and surgery applicable to a broad range of species is adequate	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Instruction includes principles and hands-on experience in physical and laboratory diagnostic methods and interpretation (including diagnostic imaging, diagnostic pathology, and necropsy)	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Instruction includes principles and hands-on experience in disease prevention	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Instruction includes principles and hands-on experience in biosecurity	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Instruction includes principles and hands-on experience in therapeutic intervention (including surgery and dentistry)	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Instruction includes patient management and care (including intensive care, emergency medicine and isolation procedures)	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Instruction includes principles and hands-on experience involving clinical diseases of individual animals and populations.	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Instruction exposes students to the wide range of veterinary care options (e.g., low-cost, preventative medicine, general practice, specialty practice).	<b>Y MD N</b>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Instruction emphasizes problem-solving that results in making and applying medical judgments	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Instruction includes principles of epidemiology, zoonoses, food safety, antimicrobial stewardship, the interrelationship of animals and the environment, and the contribution of the veterinarian to the overall public and professional healthcare teams	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Instruction allows for opportunities for students to learn how to acquire information from clients (e.g., history) and about patients (e.g. medical records).	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Instruction allows for opportunities to obtain, store and retrieve medical records information, and to communicate effectively with clients and colleagues.	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Opportunities throughout the curriculum for students to gain an understanding of professional ethical, legal, economic, and regulatory principles related to the delivery of veterinary medical services; personal and business finance and management skills; and gain an understanding of the breadth of veterinary medicine, career opportunities and other information about the profession.	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Opportunities throughout the curriculum for students to gain an understanding of the influence of diversity and inclusion in veterinary medicine, and the impact of implicit bias related to personal circumstance in the delivery of veterinary medical services.	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Opportunities throughout the curriculum for students to gain an understanding of the breadth of veterinary medicine, career opportunities and other information about the profession.	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Curriculum provides for knowledge, skills, values, attitudes, aptitudes, and behaviors necessary to address responsibly the health and well-being of animals in the context of ever-changing societal expectations	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Assessment of student progress is fair and equitable.	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Adequate procedures in place to uphold academic standards	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The grading system is relevant and applied to all students in a fair and uniform manner.	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Comments:**

**YES MD NO**

**Overall, can the college be said to be in compliance with Standard 9?**

**Standard 10, Research Programs**

***The college must foster and support an environment and culture of scientific inquiry. The college must maintain substantial research activities of high quality that integrate with and strengthen the professional program, such as basic science, clinical science, or scholarship in teaching and learning. Continuing scholarly productivity within the college must be demonstrated and the college must provide opportunities for any interested students in the professional veterinary program to be exposed to or participate in on-going high-quality research. All students must receive training in the principles, application, and ethics of research methods and in the appraisal and integration of research into veterinary medicine and animal health.***

Intent: The research standard serves to ensure student exposure to performance of high-quality research and ability to acquire, evaluate, and use new knowledge. The development and maintenance of a community of scholars enhances the educational\_experience for students. DVM students must be introduced to how new knowledge is developed and disseminated and have access to participation in coursework and career development in research.

What to look for: The existence of a college research program that is adequate in scope and quality to expose students to high quality research. Examples of learning objectives may include acquisition and evaluation of scientific literature, experimental and non-experimental design, critical analysis of data, scientific writing including writing of research proposals and submission of manuscripts for publication, and hands-on experience in bench, clinical, or field research.

Objective metrics indicate substantial, high quality level of faculty research activity, for example: (note: achievement in most, but not all of these metrics must be documented to demonstrate a high quality research program)	<b>Y</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Number of individual faculty members within each department involved in research (total research FTE)	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Number of publications in refereed scientific journals, book chapters, case-reports	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Regular participation and presentation of original research in scientific meetings, poster sessions, publication of abstracts	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Involvement in external research panels, commissions, and advisory or editorial boards	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Number and amount of competitive, extramural research grants received.	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Number and amount of intramural research grants received.	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Number and amount of startup funds to new faculty and pilot funds awarded	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
National and international faculty research recognitions received	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
D.V.M. program learning objectives demonstrate emphasis on which of the following:	<b>YES</b>	<b>NO</b>
Acquisition and evaluation of scientific literature	<input type="checkbox"/>	<input type="checkbox"/>
	<b>YES</b>	<b>NO</b>
Experimental and non-experimental research design	<input type="checkbox"/>	<input type="checkbox"/>
	<b>YES</b>	<b>NO</b>
Critical analysis of data	<input type="checkbox"/>	<input type="checkbox"/>
Ethics in research	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
	<b>YES</b>	<b>NO</b>
Scientific writing	<input type="checkbox"/>	<input type="checkbox"/>

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Students have had opportunities to do which of the following:

	<b>YES</b>	<b>NO</b>	
Write research proposals	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Submit manuscripts for publication	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Hands-on experience in bench, clinical, or field research	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Interaction with graduate students	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Evidence that students learn to acquire, evaluate, and use new knowledge	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Evidence of student involvement in research after graduation	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Y</b>	<b>MD</b>	<b>N</b>
Adequate student exposure to performance of high-quality research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

	<b>YES</b>	<b>MD</b>	<b>NO</b>
Overall, can the college be said to be in compliance with Standard 10?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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. Data must be collected from both graduates and employers of graduates and evaluated.***

***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 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, including the knowledge, skills, and core professional attributes needed to provide culturally competent veterinary care in a multidimensional and diverse society; communication skills; including those that demonstrate an understanding and sensitivity to how diversity and individual circumstance impact veterinary 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. \***

*\*Colleges that do not meet this criterion will be subjected to the following analysis. 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 in which scores are available 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 in which scores are available will, for cause, be placed on Terminal Accreditation. If no program graduates take the NAVLE, the Council will use other student educational outcomes in assessing compliance with the standard including those listed in 12.11.1.*

**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	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Clinical years	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
After graduation	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The program’s stated learning outcomes.	<b>Y MD N</b>



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Basic scientific knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entry-level clinical skills	<b>Y</b>	<b>MD</b>	<b>N</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Values to provide entry-level health care independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct and indirect evidence exists for student competency in:			
Comprehensive patient diagnosis (problem solving skills)	<b>Y</b>	<b>MD</b>	<b>N</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Appropriate use of clinical laboratory testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Record management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive treatment planning including patient referral when indicated	<b>Y</b>	<b>MD</b>	<b>N</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Patient welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Anesthesia and pain management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Basic surgery skills, experience, case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Basic medicine skills, experience, case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Emergency and intensive care case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Health promotion, disease prevention/biosecurity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Zoonoses and food safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Client communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>MD</b>	<b>N</b>
Ethical conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills including those that demonstrate an understanding and sensitivity to how clients' diversity and individual circumstance can impact health care	<b>Y</b>	<b>MD</b>	<b>N</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Critical analysis of new information and research findings relevant to veterinary medicine	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evidence that students have been assessed formatively and summatively.	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evidence of a process for remediation of students who have not demonstrated attainment of each of the clinical competencies.	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evidence of plan to reverse negative trend(s) if and when necessary	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Adequacy of NAVLE School Score Report within expected range of NAVLE passing percentages	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If applicable, adequate explanation and corrective remediation measures for decrease in in NAVLE passing percentages	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
Evidence of assessments of educational preparedness and employment satisfaction of:	
Graduating seniors	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Alumni at some post-graduation point.	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Employers of graduates	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Program Outcomes:	
Five-year trends in student attrition rates within reason	<b>Y N</b> <input type="checkbox"/> <input type="checkbox"/>
If applicable, adequate explanation and corrective remediation measures for increase in student attrition rates	<b>Y N</b> <input type="checkbox"/> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
Five-year trends in one-year post-graduation employment rates	<b>Y N</b> <input type="checkbox"/> <input type="checkbox"/>
If applicable, adequate explanation and corrective remediation measures for decrease in employment rates	<b>Y N</b> <input type="checkbox"/> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
Evidence of assessments of faculty, instructors, interns, residents	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evidence of assessments of adequacy of clinical resources, facilities and equipment	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Institutional Outcomes	
Evidence of evaluation of college progress	<b>Y MD N</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Adequacy of resources and organizational structure to meet the educational purposes **Y MD N**

Appropriateness of outcomes assessed that are meaningful for the overall educational process **Y MD N**

Evidence that outcome findings are used by the college to improve the educational program **Y MD N**

**Comments:**

**Overall, can the college be said to be in compliance with Standard 11?** **YES MD NO**

### 4.3 Accreditation Classifications and Reporting Requirements Appendices

#### 4.3.1 Appendix J – Biannual Report Guidelines for Provisionally Accredited Colleges

These guidelines are for provisionally accredited Colleges of Veterinary Medicine. Refer to the COE Policies and Procedures Manual, Sections 3.2.2 and 3.4 for more information about completing this report. The college must respond to concerns and recommendations made by the COE upon review of previous reports and after site visits.

The Biannual Report form is deployed to colleges through the accreditation management system and reports are due on January 15<sup>th</sup> and July 15<sup>th</sup> each year.

#### **Standard 1 Organization**

Describe any changes in the administration of the College and University since the last report. Attach a college organizational chart. List the credentials for any College administrators hired since the last report. Note any changes made in the mission of the College or its parent institution. List the College committees, including the members' names by category (faculty, staff, students). List the number of staff in the table provided (BIANNUAL REPORT STAFF TABLE). Note any policy changes or measures to ensure an inclusive academic culture as described in Standard 1.

#### **Standard 2 Finances**

Complete the tables provided for Revenues and Expenditures (BIANNUAL REPORT REVENUE TABLE, BIANNUAL REPORT EXPENDITURE TABLE). Explain any major changes in revenues and expenditures from the previous report, and note progress toward the financial projections made in the College's original financial pro forma.

#### **Standard 3 Physical Facilities and Equipment**

Provide detailed information about the progress made toward the College's plans for facilities and equipment to support the veterinary program. Facility renovations and new construction must be documented with photographs.

#### **Standard 4 Clinical Resources**

List the number of client-owned animals seen at the College-managed facilities and by ambulatory services since the last report in the tables provided (BIANNUAL REPORT Clinical Resources – College, BIANNUAL REPORT Clinical Resources – Ambulatory). If the College used or plans to use other facilities for teaching veterinary students, list the number of animals seen annually in the table provided (BIANNUAL REPORT Clinical Resources – Off Campus). Provide a summary of animals owned by the College and how they are used in teaching.

#### **Standard 5 Information Resources**

Note any changes since the last report in providing students with access to and training in information resources.

#### **Standard 6 Students**

List the number of students enrolled in each year of the curriculum in the table provided (BIANNUAL REPORT STUDENTS Table). Explain any changes through attrition or admission of transfer students. Include any plans on admitting students from other institutions for defined periods, such as clinical rotations.

Describe any new internship, residency, or graduate student programs initiated since the last report. Note any changes in existing programs. List the number of students enrolled in each program (BIANNUAL REPORT GRAD STUDENTS Table), and the number of students completing the programs each year for the last 5 years.

Describe any changes in students support services, including, but not limited to: student wellness, financial aid, extra-curricular activities, debt management and career advising, and disability services. Describe any new policies or measures taken to ensure an inclusive academic culture in the College. Provide a link to the website where admissions information and a description of the veterinary degree program can be found, as well as financial information about the cost of attendance.

Provide copies of any comments received from students regarding the College's compliance with the Standards of Accreditation.

#### **Standard 7 Admissions**

Describe any changes in the admissions policies or procedures, or in the makeup of or charge to the admissions committee.

#### **Standard 8 Faculty**

Provide a list of faculty lost and hired since the last report. For those hired, provide their credentials (degrees and board certifications). Provide an overall list of faculty whose primary employment is the College by department or unit, including each faculty member's title, degrees, board certification, the percent time they are employed by the College, and the percent time for teaching, research, and service. For faculty who are hired on a part-time basis, list each faculty member by name, degrees and board certification, number of weeks per year teaching veterinary students, and the number of weeks per year the faculty member is physically on campus.

Describe any new programs or other measures for faculty development, for recruiting and retaining a diverse faculty, and for attaining and maintaining parity for faculty compensation and advancement.

#### **Standard 9 Curriculum**

Describe any changes in the curriculum since the last report. Make note of any new or discontinued courses since the last report. Report on the activities of the curriculum committee, including its review of the existing curriculum.

#### **Standard 10 Research**

Describe any changes in the College's research mission since the last report. List the number of students involved in research in the table provided (BIANNUAL REPORT RESEARCH STUDENT Table). List the number of faculty employed at least 75% by the College in the table provided (BIANNUAL REPORT RESEARCH FACULTY Table). Outline the College's support for research in the table provided (BIANNUAL REPORT RESEARCH GRANT Table).

#### **Standard 11 Outcomes Assessment**

If any graduates have taken the NAVLE, provide a copy of the most recent report from ICVA listing the results of the students' performance on the NAVLE. List the students' performance in the table provided (NAVLE Results).

Year	Students taking exam(s)	Students passing exam(s)	Average scores

Outline the attrition of students in the DVM program in the table provided (STUDENT ATTRITION).

Entering Class	Attrition*	Reason for Relative Attrition**			Absolute Attrition****	
		Academic Failure/Additional Program	Personal	Transfer***	Number	Percentage

\* Absolute plus relative attrition

\*\*Relative Attrition = encompasses students moving to another class or transferring to another professional veterinary program, plus number of students moving to a different (earlier) class.

\*\*\*Students who transfer to another veterinary medicine professional program

\*\*\*\*Students who leave and never return

If students have completed the program, provide information about their employment status 6 months after graduation in the table provided (EMPLOYMENT).

Employment Rates

Graduating Class	Total # graduates (number of respondents)	# Employed in field related to veterinary training	# Graduates in advanced clinical training (internships/residencies)	# in advanced academic training (Masters/PhD)

Summarize any results from outcomes assessment analysis since the last report, and describe any changes in the College’s programs that have been or are being made in response to this information.

#### 4.3.2 Appendix K – Annual Interim Report Guidelines for Accredited Colleges, Guidelines for Annual Interim Report Reviewers

##### Annual Interim Report Guidelines

In mid-December each college that has not had a site visit within the previous six months or has a site visit planned in the first six months of the following year is required to submit an interim report. The interim report form will be deployed through the accreditation management system and colleges are required to complete the form. Additional documentation may be uploaded into the system.

The report should address the college's progress in addressing any identified deficiencies. The report must also describe any recent or anticipated changes on a Standard by Standard basis. The college must provide a link to the website where accreditation information and NAVLE pass rate is readily available for the public. Any comments, suggestions, and complaints regarding the college's compliance with the Standards must be provided with the interim report.

##### Guidelines for Annual Interim Report Reviewers

###### *What are interim reports?*

Interim reports are most commonly annual reports to the AVMA Council on Education by accredited colleges/schools of veterinary medicine. Biannual reports are also required at 6-month intervals for schools/colleges functioning under Reasonable Assurance or Provisional Accreditation. Each COE member is assigned several interim reports to review as primary and/or secondary reviewer. Written reports are submitted and are presented and discussed at the spring meeting of the COE.

###### *Purposes of interim reports*

- Provide a means by which the COE may be alerted of any significant changes in the college that are relevant to one or more standards of accreditation
- Allow the COE to monitor and assess college's compliance with standards prior to the next scheduled site visit
- Provide a means by which the COE can make recommendations to a college before a situation may become an adverse accreditation issue
- Provide an opportunity for college to describe progress toward rectifying previously identified deficiencies and/or addressing recommendations from the last site visit or a previous interim report
- Provide the COE with important documentation and a longitudinal perspective for future site visits
- Like Reports of Evaluation, provide important documentation should any appeals or adverse accreditation decisions arise
- Provide documentation that may be needed if Department of Education chooses to conduct an inspection or audit of the COE.
-

*“Do’s and Don’ts”*

*Do:*

- Prepare the document just as carefully and seriously as you would prepare a Report of Evaluation
- Treat the interim report documents and your review with the same degree of confidentiality as you would treat all other council deliberations, discussions, and documents.
- If you are a primary reviewer, you must take the lead in assuring that the report is completed in a timely fashion. Contact the secondary reviewer and set a timeline for preparation of the interim report review. Make sure to allow sufficient time for discussion of any concerns; pursuit of additional information, if needed; review of the primary reviewer’s draft; incorporation of edits; and submission of the final report.
- Read previous interim report reviews, Reports of Evaluation, and any other supporting documents that are made available to you along with the most current interim report. It is your responsibility to read these and be familiar with the college and its accreditation history.
- When reading prior interim report review, pay particular attention to any recommendations and/or concerns expressed by the Council.
- Early on in the process, check the report and make sure that no critical requested information is missing from the report.
- If needed, solicit missing information and/or clarification from the college administration AFTER consultation with the secondary reviewer.
- In the review, briefly summarize the information under each standard. Emphasize significant changes which are directly relevant to the standards of accreditation and, in particular, any changes which were made in response to prior recommendations
- Write the background in the third person (e.g. the College has added 3 new tenure-track faculty members in the basic sciences; the State’s contribution the school’s budget declined by 10% in FY09; etc.)
- When making recommendations in the interim report review, point out concerns and give some direction, if needed, but don’t be prescriptive.
- Make the recommendations to the college; recommendations to the rest of the Council re accreditation status (for any status other than full accreditation) will be made at the meeting of the full Council.
- Commend the college only if the college has made an extraordinary achievement, accomplishment, or significant progress toward meeting a recommendation or correcting a deficiency.
- Check the report and correct typographical, spelling, and grammatical errors.



*Do Not:*

- Cut and paste entire sections from the interim report and insert them into your review. Also, if you are cutting and pasting some factual information, be particularly careful not to copy and insert first person pronouns into your review.
- Call the Dean or other College personnel without first consulting with your secondary reviewer; also, make sure that the information you are seeking is not contained within the current or previous interim reports.
- Call the Dean unexpectedly without preparing her/him and alerting her/him to the specific concerns. Do not contact the college for minor details or clarification that are of little or no significance to the accreditation standard.
- When speaking with the college administration in order to obtain needed information for the review, do not stray from the topic of concern. Specific discussions regarding how the reported information will affect the accreditation status are not appropriate. The entire Council will discuss and vote on the degree of compliance with the standards and the resultant accreditation status.

#### 4.3.2 Appendix L – Criteria for Evaluating Proposals to Increase Enrollment

Programs seeking to increase class size should provide the Council with qualitative and quantitative information supporting the proposal, identifying how the increase in class size impacts the mission of the college and the impact of the change on the ability of the college to meet the Standards of Accreditation. The proposal should address the following considerations (see below). Other information that may have an impact on continued compliance with the Standards must also be included.

##### Standard 1 – Organization

- Availability of support staff – describe any changes to be made.
- Associate Deans for Academic and Student Affairs – how will the increase in the number of students affect their duties?
- Associate Dean for Student Affairs attention to students’ mental health and wellness concerns – how will the increase impact their services?
- Additional responsibilities on admissions personnel and committee – how will this be managed?
- Additional applications for research experiences – describe how additional opportunities will be offered.

##### Standard 2 – Finances

- For publicly funded programs, will the additional students be resident, non-resident, or a combination?
- Will there be a change in the number of students admitted for clinical training from other institutions?
- What will be the increase in revenue? What will be the increase in expenditures?

##### Standard 3 – Physical Facilities and Equipment

- Are there enough seats in classrooms? Auditoriums? Labs? How will the college assemble the entire cohort, if needed?
- If there aren’t enough seats for the planned class size, how will the college provide equivalent access to lecture-based instruction?
- Will additional study spaces and computers be added?
- Describe planned changes in the number of lockers, toilets, and showers.
- Regarding labs (including labs in which psychomotor skills are learned): how will the increased enrollment be handled? Will more sessions be held? More students per group? How many more instructors will be added? Will the additional instructors be from existing or added personnel?
- Describe the impact of more students in the teaching hospital. How many more will be in the hospital at a given time?
- Describe how the need for more specimens, models, and equipment will be managed. Describe the impact on the availability of student housing on or near the campus.
- Describe how the need for more student parking will be accommodated.
- Describe anticipated changes in mass transit availability

**Standard 4 – Clinical Resources**

- How will the increased number of students in clinical rotations be handled?
- Show the number of students per rotation now, and how that will change after the enrollment increase proposed. Pay particular attention to core rotations, and how these will be allocated and overseen.
- For off-campus sites, how will oversight be accomplished? Will more sites be used, or just increase the number of students at a time? Explain how oversight will be accomplished, by whom, and general negotiation process for distributive sites.
- Impact on animal use for teaching? Will more animals be added, or will existing animals be used more frequently?
- Will the number of animals for necropsy be increased? If so, how?

**Standard 5 – Information Resources**

- What will be the impact on library staff? Will more IT support staff be added?
- Will additional staff be added to assist faculty in developing instructional resources? Describe the impact on Medical Records staff for training students to use the EMR? Will library space and required resources (e.g., computers, access to publications, study rooms and carrels) be changed to fit new needs?
- Access to the library – will hours of operation change?

**Standard 6 – Students**

- Describe the impact on existing support staff and if and when additional support staff will be hired.
- How will the additional need for wellness, career, financial aid, etc. counseling be addressed?
- If students wish to attend lectures, but can't due to space limitations, how will the college provide equivalent access?
- Which courses will be considered for virtual instruction and what criteria will be employed when making these assessments?
- How will accessibility to remote learning be ensured?
- Outline how many of the additional students will be resident or non-resident. If non-resident students will be admitted to a publicly-supported college, what is the rationale?

**Standard 7 – Admissions**

- How and when will prospective students be informed that not all will be able to attend classes in-person in real time if auditoriums will not accommodate the entire class?
- How will offer letters describe how this will be handled? Describe the impact on admissions and student affairs personnel.
- Describe the impact on the admissions process for students from other institutions (transfers or students admitted for clinical training only).

**Standard 8 – Faculty**

- Outline what additional hires will be made, at what levels, and in what disciplines. In disciplines in which no new hires will be made, how will the increased burden on faculty be accommodated?

**Standard 9 – Curriculum**

- Explain how the additional students will impact the student experience overall in the pre-clinical and the clinical curricula.
- Will there be a change in the number of students admitted from other institutions into the clinical year? If there is no change in the number of clinical year students from other institutions, how will the additional students from the home institution be accommodated in clinical rotations?
- Will there be any change in the modality of delivering the curriculum, and, if so please describe?

**Standard 10 – Research**

- How will the increase in enrollment impact the number of opportunities for students to engage in research?
- Will the number of positions in dual-degree programs (if such exist) be increased? By how many?

**Standard 11 – Outcomes**

- Explain how the outcomes assessment program will accommodate the additional students.
- Will additional staff and counselors be added to identify and assist students who are struggling with achieving competencies?