

**European Association
of Establishments for Veterinary Education**



RE-VISITATION REPORT

**To the Faculty of Veterinary Medicine, Burdur Mehmet Akif Ersoy University,
Burdur, Republic of Türkiye**

On 19 – 22 September 2022

By the Re-visitiation Team:

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Introduction

The EAEVE Full Visitation (FV) to the Faculty of Veterinary Medicine, Burdur Mehmet Akif Ersoy University (MAKU-VET), Burdur, Türkiye (called the Veterinary Education Establishment (VEE) in this Report) took place on 7 - 11 October 2019. During the visitation the Team identified a number of deficiencies. Based on the Visitation Report, ECOVE considered sixteen (16) of them major, and five (5) minor, thus the VEE was not accredited (December 2019).

Following the acknowledgement of the ECOVE decision, the VEE established a working group with the participation of external experts from Türkiye and abroad.

The Re-visitation Self-Evaluation Report (RSER) describes in detail the amendments and corrections made in order to make up for the deficiencies, and was received on 12 July 2022. Relevant material for the Team was also present at the VEE website. Additional material was requested before and during the Re-visitation and immediately provided for by the VEE.

The Re-Visitation took place in a professional and cordial manner and the meetings were attended by several faculty members.

The ESEVT SOP 2016 is valid for this Re-visitation.

1. Correction of the Major Deficiencies

1.1. Major Deficiency 1: Non-compliance with Substandard 3.3 because there is no alignment, coherence or organisation of learning outcomes and there is no interdepartmental collaboration in regard to the learning outcomes for each subject.

1.1.1. Findings

After the onsite visit, the VEE has produced an Implementation and Development Directive (IDD 2020), to ensure that the VM curriculum is carried out according to appropriate national and international standards and also to provide interdepartmental integration and collaboration. As a consequence of the Directive, the intended learning outcomes for each subject have been reorganised and aligned to meet the Day One Competences. Interdepartmental collaboration has been a significant driving force in the process with a significant involvement of the staff involved in teaching activities. Several area- and subject-specific interdepartmental meetings have been developed to constantly align course content and to avoid overlapping.

1.1.2. Comments

The new curriculum has been successfully developed to encompass alignment, coherence and organisation of intended learning outcomes. Interdepartmental collaboration, developed on a regular basis, is noteworthy.

1.1.3. Suggestions

None.

1.1.4. Decision

Major Deficiency 1 has been fully corrected.

1.2. Major Deficiency 2: Non-compliance with Substandard 3.4 because there are insufficient regular methods developed for the revision of the curriculum and no structured and compulsory plan for lifelong staff training implemented by the Establishment.

1.2.1. Findings

As a consequence of IDD 2020, a new draft curriculum, proposed by the Education and Training Commission (ETC), was submitted to internal and external stakeholders for their opinions. The latter were taken into account in the final version of the VM curriculum. Curriculum monitoring and revision is now guaranteed and effectively run by the Education and Training Quality Assurance System. In order to obtain relevant information, internal and external stakeholders are regularly interviewed.

A lifelong learning strategy is now clearly stated in the new VEE strategic plan. In order to progress in their career, academic staff are required to obtain a trainer's training certificate that is achieved after a course of about 16 hrs and that is aimed to get familiar with modern pedagogical methods of teaching. The course is regularly organised by the University. After the EAEVE visit, the VEE has organised several training sessions regarding different topics (Bologna process, artificial intelligence, health and safety, dangerous substances). Staff working in clinics, laboratories and necropsy facilities are required to have a formal training about biosecurity issues.

1.2.2. Comments

The Education and Training Quality Assurance System meets regularly during the Academic Year sometimes once a week sometimes every second week. An example given to the RV Team of a curriculum issue discussed was Fish Medicine.

1.2.3. Suggestions

None.

1.2.4. Decision

Major Deficiency 2 has been fully corrected.

1.3. Major Deficiency 3: Non-compliance with Substandard 3.5 because of:

- **An absence of realistic QA procedures for monitoring and overseeing the curriculum.**

- **An insufficiency in formal correlation analysis between Day One Competences and programme learning outcomes available in the submitted documentation that would prove that professional Day One Competences have been attained by each student within the core curriculum**
- **Hands-on clinical skill performance by each individual student is not guaranteed as the logbook completion is based mostly on group observation of a clinical skill demonstration.**
- **Professional knowledge (i.e. communication skills) does not completely fulfil the Day One Competences**
- **Structured and species-based practical teaching of clinical subjects like propaedeutics, clinical pathology, anaesthesiology and analgesia, and diagnostic imaging is not adequately delivered.**
- **Multiple overlapping within the curriculum. The link between basic sciences and food producing animal clinical sciences, is weak due mainly to the absence of an interdisciplinary approach.**

1.3.1. Findings

The VEE has defined mechanisms for approval, monitoring and periodic evaluation of the curriculum. The latter is supervised and monitored by the Education and Training Commission which is also responsible to propose minor amendments of the CV to the Faculty Board.

Programme learning outcomes have been established to meet programme qualifications by bringing together the professional qualifications in VUÇEP (National Core Training Programme for Veterinary Education) and the Day One Competences set by EAEVE.

While preparing the ECTS information package, the lecturer associates the learning outcomes of the course with the program outcomes, taking into account the Day One Competences. A matrix showing the relationships between program outcomes and course learning outcomes is also prepared. In the matrix, “1” denotes very low contribution and “5” denotes full contribution. The relationship between the learning outcomes in the ECTS information package prepared by the lecturer and the program outcomes is evaluated by the Education-Training Commission headed by the Vice-Dean responsible for education. The Education and Training commission has one representative from each department, the ECTS coordinator and student representative. If there is a case of non-compliance, it is reported to the responsible lecturer through the Dean's office for reorganisation by stating the reason.

The practical clinical skills performance of each student is recorded and guaranteed by the on-line logbook (student applications monitoring system) system, unlike the group observation of a clinical skill demonstration. Registered students can find in the system all practical applications that they have to perform. It is the responsibility of the clinician on duty to sign the logbook when the student has performed the minimum number of clinical procedures.

The curriculum has been updated to completely fulfil professional knowledge-related Day One Competences. In the new curriculum, students are required to be proficient in composition/writing, public speaking, critical reading, and critical thinking. A more detailed list of contents is given in table 2 of the RSER.

Species based practical teaching hours of anaesthesiology and analgesia (32 hours), and diagnostic imaging (32 hours) have been added to the new curriculum. In addition, a clinical skills lab for propaedeutics has been implemented in the new curriculum (15 hours). The clinical pathology course, which was an elective course in the old curriculum, has become compulsory in the new curriculum.

New Curriculum has been designed according to the recommendations of OIE course content and sequence in the VEE content for the competence of the day 1 graduate. In the new curriculum, each course has been linked to one or more of the previously described Day-One-Competencies addressed by that course.

1.3.2. Comments

As described in more detail in 1.14-1.16, the VEE has now in place a QA system which involves the specific procedures to monitor and oversee the curriculum.

Formal correlation analysis between Day One Competences and the intended learning outcomes of the programme is carried out yearly by the Education and Training commission.

The online logbook completion is based on practical hands-on clinical skill performances.

The newly updated curriculum includes new professional knowledge-related courses which completely fulfil Day One Competences. Structured practical teaching in propaedeutics, clinical pathology, anaesthesiology, analgesia and clinical pathology are now delivered in the new CV.

The Education and Training Commission is actively monitoring the potential overlapping contents within the curriculum using a strong interdisciplinary and interdepartmental approach.

1.3.3. Suggestions

None.

1.3.4. Decision

Major Deficiency 3 has been fully corrected.

1.4. Major Deficiency 4: Non-compliance with Substandard 4.7 because the biosecurity procedures are deficient in several departments such as in anatomy and because of insufficient biosafety/biosecurity within some areas of the VTH (biosecurity signals, publicly available SOPs, radioprotection, cleansing, management of chemical substances and control drug policies) and necropsy room (cleansing, formalin storage).

1.4.1. Findings

A biosecurity commission has reassessed the levels of possible risks in the research laboratories, student laboratories, necropsy room, and VTH. Necessary biosafety training has been given to all support staff, newly appointed academic staff, and students on a periodic basis. A biosecurity SOP including management/safe storage of chemical substances, radio protection, and cleansing, and cleaning rules for the VTH has been prepared and made publicly available on the Faculty website (<https://veteriner.mehmetakif.edu.tr/upload/veteriner/10-form-517-47730125-laboratuvarlarda-uyulmasi-gereken-kurallar.pdf>).

The Bio-security Commission has organised a number of periodic random visits to VTH and all laboratories. These visits have included check-up of explanatory charts (including infectious flow chart, basic rules of biosecurity etc.) signage and labelling exhibited at the VTH, and other facilities where appropriate.

Formalin used for specimen procedures in the necropsy room is added after the necropsy procedures, under a hood in another specially designed area.

1.4.2. Comments

The Team noted that signage, explanatory signs, and local SOPs were in place where relevant. Participation in general information lectures in biosecurity and biosafety for students, teachers and staff is mandatory for all persons before they are allowed into laboratories or facilities with specific demands for biosafety and biosecurity. See also 1.5.

1.4.3. Suggestions

None.

1.4.4. Decision

Major Deficiency 4 has been fully corrected.

1.5. Major Deficiency 5: Non-compliance with Substandard 4.12 because of deficient biosecurity, radioprotection and drug regulation procedures in several departments and in the VTH.

1.5.1. Findings

Ref. Biosecurity - see Major Deficiency under 1.4.

Radioprotection - The Radiology room has been updated for radiation safety including sufficient additional radio-protective equipment, additional lead plate to the opening under the entrance door, constant radio-protection surveillance of the room (if the level of x-rays exceeds an officially specified level an alarm will sound).

(<https://veteriner.mehmetakif.edu.tr/upload/veteriner/10-form-656-71380481-makuehh47-radyoloji-biriminde-uyulmasi-gereken-kurallar.pdf>).

Drug regulation - Access to the pharmacy is restricted to pharmacy staff only. There were cabinets all fitted with double locks to store anaesthetics (incl. e.g. Propofol), and other restricted drugs, in surgery rooms and a pharmacy.

A large cabinet has been installed in the pharmacy. As far as the prescriptions are concerned, it is mandatory in Türkiye to use an Electronic Prescription System (E-Prescription) for prescribing human medicines to use in companion animals and the Drug Tracking System run by the Ministry of Agriculture, for drugs for Veterinary use only. Veterinarians at VTH have authorisations to use both these systems. In addition, there are internal tracking records for multiple dose drugs, which is also mandatory, and subject to audits by the Ministry of Agriculture.

1.5.2. Comments

The VEE has updated the Radiology Room to bring it in accordance with international and national recommendations and regulations. Radio-protective equipment was inspected and found to be of high quality and in good working order. This included inspection of dosimeters for staff members. Procedures for access to regulated drugs have been updated including restrictions for access to the pharmacy room *per se* and also establishment of cabinets with double locks in surgery rooms. Examples of tracking routes for prescriptions were inspected. All use of prescribed drugs is meticulously recorded according to national legislation in an official logbook which is randomly inspected by the authorities and collected by them when full.

Signage for the Radiology Room was updated, relevant and sufficient and relevant logbooks for the pharmacy were checked and found in accordance with rules prescribed.

1.5.3. Suggestions

None.

1.5.4. Decision

Major Deficiency 5 has been fully corrected.

1.6. Major Deficiency 6: Non-compliance with Substandard 4.13 because of inadequacy of the isolation facilities due to construction deficiencies, ventilation and maintenance issues (i.e. roof, floor) as well as inadequate medical equipment availability (i.e. disposable material, kennels).

1.6.1. Findings

The isolation facility has been rebuilt with new flooring and renewal of the roof. Improved ventilation with a HEPA-filter has been added.

Additional cages and intensive care cabins of high-quality stainless steel easy to clean and disinfect have been established, all necessary disposable materials are now placed in the isolation and intensive care units. All equipment used for clinical examination is kept in the isolation facility and not moved out from there. Students dress properly in protective clothing supplied by the VEE. New changing and washing facilities at the entrance/exit areas for staff and students have been established in intensive care and isolation units. Procedures for disposal of potentially infected clothing, equipment, and waste products have been established and detailed in a new local SOP.

A protocol/SOP for procedures that must be adhered to in the isolation facility is taught to students before participating in the clinical work-up of infectious cases. This procedure is also presented in printed form at the entrance to the facility.

(<https://veteriner.mehmetakif.edu.tr/form/941/701/bulasici-hastalik-suepheli-hasta-proseduerue>)

1.6.2. Comments

The VEE has totally reconstructed the isolation facility including entrance area and disposal of risk material/clothing and equipment. Further to this a relevant protocol for these premises has been established. Signage was in agreement with the functional changes in the refurbished facility.

1.6.3. Suggestions

None.

1.6.4. Decision

Major Deficiency 6 has been fully corrected.

1.7. Major Deficiency 7: Non-compliance with Substandard 5.1 because of an inadequate number and variety of healthy and diseased animals and cadavers, below the ESEVT Indicators.

1.7.1. Findings

To acquire sufficient material for anatomy (normal and pathological) training improved storage facilities have been established and the agreement with a local slaughterhouse has been renewed. Animals dying or received dead at the VTH are used for necropsy and anatomy activities. Further

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to that, animals (e.g. road kills (including wildlife), euthanised stray dogs) are brought to the VEE for teaching purposes by the municipality. Farmed fish (trout) from a local facility are included in the pathology training for students.

Since the FV in 2019 the VEE has focused on establishing new ways of getting students access to live (healthy and diseased) animals and materials of animal origin for students to achieve Day One Competences. In addition to 300 Honamli goats, the university farm has acquired 90 mainly Holstein Friesian cows, 35 buffalos, 900 chickens and 50 beehives since the last EAEVE visitation. Honamli goats (https://link.springer.com/chapter/10.1007/978-3-319-71294-9_10) are very big goats. During clinical training at VTH students play an active hands-on role in clinical rotations and hospital shifts, and students have full access to the digital patient recording system.

There are no horses, equine establishments or horse practitioners in the local area. The VEE has improved access to equines for clinical examination via a compensatory action set up by signing a bilateral agreement with the newly opened Türkiye Jockey Club Antalya Hippodrome Animal Hospital for the purpose of student education and treatment of sick animals. Students will be regularly taken to the equine hospital under supervision of VEE staff to increase the number of equine cases. Three horses and a milking cow are kept in the VTH for practical, propaedeutic training.

Students receive zootechnical, herd health, and animal nutrition training, and train basic clinical examination on animals at the university farm. The practical activities include handling of ruminants, handling of horses basic clinical examination, rectal palpation and gynaecological examination, examination of hooves, the ruminant GI tract, respiratory organs etc.

Students also participate in practical and case-based clinical examinations of animals during activities performed at private livestock farms together with the local practitioners. This includes udder- and pregnancy examinations. Students are always accompanied by staff member(s) when they are on extramural duties.

A formal collaboration agreement with the municipality shelter has been signed and all students participate hands-on in castration and spaying of dogs and cats. These animals are logged in the students' logbooks and signed by staff members.

Access to live pigs is secured via an agreement with a local swine farm with imported (Danish) pigs in the tourist resort area Antalya. Students go there with local practitioners and under supervision of staff members.

An agreement has been signed with Antalya Zoo and the VEE has secured students access to exotic animals. The students go to this zoo regularly for basic, clinical training in exotics and they are also called for handling and treatment of clinical cases together with one of the 5 zoo veterinarians and under supervision of staff members.

1.7.2. Comments

To compensate for the low number of patients (which however, is within the Indicators' limits except equine) a number of different species have been acquired for the university farm. As the Burdur region is a cattle intensive area (> 350,000 dairy cows) a focus has been on ruminants.

Furthermore, a number of agreements with external partners (different species) have been made or renewed.

The agreements with the Türkiye Jockey Club Antalya Hippodrome Animal Hospital and with Antalya Zoo have been delayed due to the coronavirus pandemic but are now in action.

The full effect of the new and renewed agreements will be evident in the number of animals presented in the Indicators' spreadsheet from 2023 and onwards. Furthermore, patient numbers is one of the key performance indicators in the new 5-year strategy (2023-2027).

1.7.3. Suggestions

None.

1.7.4. Decision

Major Deficiency 7 has been fully corrected.

1.8. Major Deficiency 8: Non-compliance with Substandard 5.2 because of an insufficient diversity in cases and also quantitatively in certain species (equine, exotic animal).

1.8.1. Findings

Please see the Major Deficiency under 1.7.

1.8.2. Comments

Please see the Major Deficiency under 1.7.

1.8.3. Suggestions

None.

1.8.4. Decision

Major Deficiency 8 has been fully corrected.

1.9. Major Deficiency 9: Non-compliance with Substandard 5.5 because students are not actively participating in the workup for patients (from history to clinical decision-making and clinical procedures).

1.9.1. Findings

After the FV in 2019 and the corona pandemic students are now active participants in the work-up of patients, including physical diagnosis and diagnostic problem-oriented decision making. Patient follow-up forms have been prepared for students in clinical practice training (<https://veteriner.mehmetakif.edu.tr/upload/veteriner/10-form-345-38971715-oegrenci-hasta-takip-formu.pdf>).

Students actively participate in case studies, under the supervision of staff, by following the cases during their rotations (radiology, anaesthesia, clinical diagnostic laboratory, intensive care, surgery, internal medicine, obstetrics and gynaecology) and extra-mural training.

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With the student practices monitoring system, it is ensured that students actively participate in these cases from admission to discharge. During necropsy, students are engaged in the discussion with academic staff about the animal's history, the animal's death causes, and in writing a report. Students are followed up with written patient records proving that they have applied the necessary clinical procedures to reach a diagnosis (client interview, tick off relevant boxes, note the clinical signs, diagnosis and treatment and finally signed by the student and the responsible staff member in the clinics). Added up for each student this system is part of the student assessment procedures and it verifies that the student has trained the practical procedures included in the list of Day One Competences.

1.9.2. Comments

The team checked random patient records in the electronic filing system and was also presented with examples of students' handwritten patient records to supplement their logbooks.

1.9.3. Suggestions

None.

1.9.4. Decision

Major Deficiency 9 has been fully corrected.

1.10. Major Deficiency 10: Non-compliance with Substandard 5.6 because of the absence of an efficient and comprehensive system to retrieve patient recording resulting in insufficient statistical analysis to support teaching, research and the QA process.

1.10.1. Findings

In the electronic patient recording system in the VTH, clinical history, clinical examination, diagnostic procedures and treatments performed are recorded and can be easily retrieved. In addition, due to a poor performance of centralised software, a newly adopted veterinary practice management software (E-VET), is significantly improving the VTH management and the access and use of medical records for staff and students, and for research purposes. The system is providing adequate statistical analysis to support teaching, research, and the QA processes.

1.10.2. Comments

With the new veterinary management software (E-VET) the VEE has overcome the absence of a system to retrieve patient recordings.

1.10.3. Suggestions

None.

1.10.4. Decision

Major Deficiency 10 has been fully corrected.

1.11. Major Deficiency 11: Non-compliance with Substandard 8.5 because of insufficiency in the systematic monitoring and revision of students' assessment strategy.

1.11.1. Findings

The VEE provides the team with very detailed information regarding the way in which students are assessed. During the onsite visit interview, the Education and Training Commission reported to the team that the student' assessment outcomes are now regularly monitored within the general university and the VEE QA procedures. Revision of the students' assessment strategy is then based on the university and VEE monitoring activities.

1.11.2. Comments

The monitoring of student's assessment procedures relies on the University and the VEE QA system and allows, when needed, revision and update of the student's assessment strategy.

1.11.3. Suggestions

None.

1.11.4. Decision

Major Deficiency 11 has been fully corrected.

1.12. Major Deficiency 12: Non-compliance with Substandard 8.9 because of insufficiency in a reliable assessment and quality control for the Day One Competences, particularly those related to hands-on training.

1.12.1. Findings

At the VEE, the clinical and pre-clinical skills, which students have to acquire in practices, are based on ESEVT Day One Competences, VEDEK and VUÇEP. Each student records his/her achievements in a 'Digital Student Applications Monitoring System (Logbook)'. Faculty academic staff in charge evaluate whether, and how much, students have acquired these skills after the practices. It is required for students to complete acquisition of all skills in the 'Logbook', to pass pre-clinical and clinical practices.

Students are evaluated in both pre-clinical and clinical practical skills, on the criteria prepared according to Day One Competences. Faculty in charge also check the clinical practice records, in each term of clinical rotation. The quality control of all the processes is under the responsibility of the Education and Training Commission.

1.12.2. Comments

The acquisition of Day One Competences is regularly assessed and graded by the academic staff and then recorded in the students' Logbook. The quality control of these assessment procedures is controlled by the Education and Training Commission.

1.12.3. Suggestions

None.

1.12.4. Decision

Major Deficiency 12 has been fully corrected.

1.13. Major Deficiency 13: Non-compliance with Substandard 9.2 because of insufficient numbers of support and technical staff in the majority of the Departments and particularly in the VTH.

1.13.1. Findings

After the EAEVE visitation in 2019, the number of support staff, including all relevant departments and the VTH, has been increased significantly. The number of support staff which was 32 in 2018, has been raised to 59 full-time support staff by 2021.

Support staff are present in most departments and especially noticeable in the VTH.

1.13.2. Comments

The VEE has increased and almost doubled the number of support staff and technical staff. The Indicator is within range.

1.13.3. Suggestions

None.

1.13.4. Decision

Major Deficiency 13 has been fully corrected.

1.14. Major Deficiency 14: Non-compliance with Substandard 11.1 because of insufficient implementation of QA policy through appropriate processes.

1.14.1. Findings

Since the last visit, the implementation of the VEE AQ system was strongly supported by the University Quality Commission. The VEE has also recently been approved by the VEDEK, a branch of the National Agency for QA devoted to accreditation of Turkish veterinary programmes. The VEE has rapidly become an example of best QA practice within the University in the process of applying a QA system at all school's level.

The VEE has developed an organisational structure of QA where all processes of the different VEE divisions and Commissions, governmental bodies, administrative offices and students' board are included into the PDCA cycle. The tasks of each component of the QA system are clearly and adequately identified. The implementation of the QA is also supported and monitored by the application of performance indicators in different critical areas such as Student Development and Success, Employment and Qualifications of Graduates, Evaluation of the Curriculum, Quality of Research Publications, Quality of Services, Effective Use of Capacity and Resources and Student Satisfaction.

The quality commission is in charge of monitoring and reviewing the overall function of the QA system.

The quality commission works according to the "Higher Education Quality Assurance and Higher Education Quality Board Regulation". According to the latter, it is obligatory to establish a quality commission in higher education institutions (Article 16). In the 17th article of the same regulation, the duties of the quality commission are defined as follows:

a) In line with the strategic plan and objectives of the institution and within the framework of the procedures and principles determined by the Higher Education Quality Board, to establish the internal and external quality assurance system of the relevant institution in order to evaluate,

monitor and improve the quality of education, research, social contribution activities, and administrative services, to identify key performance indicators, to evaluate the program and to submit the studies within this scope to the Senate; or to present it to the board of directors in institutions that do not have a senate,

b) To plan and conduct the internal evaluation studies and to prepare the annual internal evaluation report containing the results of the institutional evaluation and improvement studies and submit the report to the senate; in institutions that do not have a senate, to present it to the board of directors and to share the approved annual internal evaluation report with the public in an easily accessible way on the official website of the institution,

c) To make the necessary preparations for the evaluation processes, to inform the internal and external stakeholders about the process,

d) To support the work of the Board during the evaluation processes.

1.14.2. Comments

The QA system and all related policies are in place and systematically monitored by the University and VEE-responsible bodies. The VEE has been recently fully approved by VEDEK.

1.14.3. Suggestions

None.

1.14.4. Decision

Major Deficiency 14 has been fully corrected.

1.15. Major Deficiency 15: Non-compliance with Substandard 11.7 because of insufficiency in the systematic analysis and use of relevant information for the effective management of the programme and related activities.

1.15.1. Findings

All academic activities of the previous year are included in a specific report (Academic Activity Report) which is approved by the Faculty Board. The report is then submitted to: i. the Education and Training Commission for suggestions according to the Türkiye Veterinary Medicine Undergraduate Education Basic Field Qualifications and the National Core Training Programme for Veterinary Education; ii. The Quality Commission for the development of an internal evaluation report, and iii. The Strategic Planning Commission to monitor the degree of achievement of strategic educational and training objectives.

The Education and Training commission also ensures the preparation of the new curriculum by taking the opinions of internal and external stakeholders, and controls the harmonisation of the programme qualifications of the existing curriculum with the learning outcomes of the courses.

All processes related to the management of VM programmes and related activities are monitored by the Faculty Administration, the Education and Training Commission and the Quality Commission. The latter is also in charge of implementing satisfaction surveys aimed to collect students, teachers, support staff and external stakeholders' opinion on the VM programme and related activities. The feedback is analysed by the QA system and used to improve all teaching related-processes.

1.15.2. Comments

Internal and external stakeholders are systematically and actively involved in giving relevant information for the effective management of the programme and of all related activities. This information is analysed and used to manage and improve the VM programme and its related activities.

1.15.3. Suggestions

None.

1.15.4. Decision

Major Deficiency 15 has been fully corrected.

1.16. Major Deficiency 16: Non-compliance with Substandard 11.9 because of insufficiency with an effective monitoring and consequently reviewing system of undergraduate MV (MAKU-VET) program and related activities.

1.16.1. Findings

Figure 4 of the RSER illustrates the Education and Training QA system of the VEE.

The VEE MV programme and related activities are implemented according to EAEVE, ENQA, and YÖKAK recommendations.

The VEE QA system foresees the involvement of all internal (academic staff, support staff, and students) and external stakeholders to ensure a global and cyclical input to enhance the quality of the VM programme.

Programme and course outcomes are monitored with evaluation questionnaires of teaching by students and new graduates, evaluation of student extra-mural practice and activities, logbooks, The results are analysed and reported to the department boards. Required improvement plans for learning outcomes are implemented annually.

The programme design is regularly updated; for the time being every 7 years. Improvements related to the education and training programme are shared on the faculty's website, publicly available to internal and external stakeholders.

1.16.2. Comments

The VEE QA system guarantees effective and systematic monitoring and reviewing procedures of the VM programme and all related activities. The VEE monitoring and reviewing system has become a good practice example for other university programmes and other national VM programmes.

1.16.3. Suggestions

None.

1.16.4. Decision

Major Deficiency 16 has been fully corrected.

2. Correction of the Minor Deficiencies

2.1. Minor Deficiency 1: Partial compliance with Substandard 1.5 because of insufficiency in students' contribution for the development of the strategic plan.

2.1.1. Findings

In line with the proposals of the Student Board the Dean's office appoints a student member (appointed by the Student Board) to the Strategic Planning Commission for the preparation of the next 5-year strategic plan (2023-2027 Strategic Plan). The strategic plan commission will arrange a meeting with the student board for the strategic plan to be prepared during the Autumn Semester of the Academic Year, 2022-2023. Until the end of 2022, the meetings regarding the new strategic plan will continue, in cooperation with the student council, and their opinions will be taken, together with other stakeholders.

(<https://veteriner.mehmetakif.edu.tr/icerik/1520/643/stratejik-plan-komisyonu>),

(<http://www.sp.gov.tr/tr/kutuphane/s/103/>).”

2.1.2. Comments

The VEE has changed procedures for selecting students as full members of the Strategic Planning Commission currently working on the 2023-2027 5-year plan. Further to this the student board via the representative will be involved in the workup of the new strategic plan.

The VEE together with the Educational Faculty are the only Faculties with an active strategic plan in the Burdur Mehmet Akif Ersoy University. Following that, the Rector has asked the VEE to act as a locomotive to spread the knowledge and establishment of Faculty Strategic Plans in all the other faculties. And another Turkish VEE has asked for the Burdur VEE's assistance to establish a local strategy procedure including the Burdur QA-system.

2.1.3. Suggestions

None.

2.2. Minor Deficiency 2: Partial compliance with Substandard 1.6 because of insufficient and unambiguous clear indicators for the monitoring of strategic objectives.

2.2.1. Findings

This issue has been addressed and will be addressed as soon as possible after the 2019 FV and the 2022 RV i.e. in the preparation of the next strategic plan. To facilitate the monitoring process, the VEE will include in its operating plan, clear quantitative mid-term and target indicators at different levels (administrative, students, staff, finances, QA etc.). Performance indicators created for strategic targets have been determined to ensure the measurability of the targets.

Risks, strategies and targets will be in focus in the 2023-2027 Strategic Plan which will be followed up on objectives and targets in annual reports and regular monitoring of the level of realisation of the targets.

2.2.2. Comments

The strategy has already been stratified (management, students, finances, staff, research etc.) and will include quantitative as well as qualitative indicators. The VEE gave relevant examples of indicators to be incorporated in the future strategy which will also be coupled to the QA-system.

The VEE is in the process of creating the new strategic and operating plan (2023-2027). This plan will include purpose-target and performance indicators to be followed up by annual reports and the work is done in collaboration with the University management level.

2.2.3. Suggestions

None.

2.3. Minor Deficiency 3: Partial compliance with Substandard 4.3 because the increasing number of admitted students decreases the quality of practical teaching delivery and insufficiency of management and administration of medical equipment (including consumables such as blood sampling, bandaging, intravenous catheterization and other equipment). The isolation facilities, consultation rooms and wards for hospitalised companion animals are often not adequately equipped to fulfil their routine use. Adequacy of the isolation facilities is not achieved due to structural deficiencies and maintenance issues.

2.3.1. Findings

Up to now, the number of annual students has not been increased and the number of students passing through the horizontal transfer from other faculties has decreased.

The number of academic staff per student was maintained, and the number of support staff was increased considerably.

Medical equipment, including consumables, is now available through the VTH automation system. To meet structural deficiencies and maintenance problems, the isolation facility for hospitalised companion animals has been redesigned, new biosafety rules have been established and more cages have been added. The isolation facilities, consultation rooms and wards for hospitalised companion animals, have been adequately equipped to fulfil their routine as well as specialised functions.

2.3.2. Comments

The VEE has been through all procedures in the VTH following the FV in 2019. This has resulted in improved technical facilities, medical equipment has been purchased and a change of procedures with respect to students' participation and biosafety and biosecurity (elaborated under major deficiencies 1.4, 1.5, 1.6, 1.7, and 1.9).

2.3.3. Suggestions

None.

2.4. Minor Deficiency 4: Partial compliance with Substandard 4.6 because of inadequacy of radioprotection policies and procedures and radio-safety measurements of the radiology room (e.g. inadequate door radio safety).

2.4.1. Findings

All radiography devices in VTH have been controlled and licensed by the Turkish Nuclear Regulatory Authority. The amount of personal protective equipment (aprons, neck collars and gloves) in the diagnostic imaging unit has been increased. The entrance door has been lead plated. A radiation level measurement device has been placed in the diagnostic imaging unit, constantly monitoring the radiation level in the room. Records of staff dosimetry results (routinely 2 monthly measurements) of the staff in the diagnostic imaging unit are saved and stored.

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Radiation safety procedures have been updated and are publicly available on the website.

(<https://veteriner.mehmetakif.edu.tr/upload/veteriner/10-form-656-71380481-makuehh47-radyoloji-biriminde-uyulmasi-gereken-kurallar.pdf>)

(<https://veteriner.mehmetakif.edu.tr/upload/veteriner/10-form-656-80004702-makuehh28-radyoloji-proseduerue.pdf>)

2.4.2. Comments

The VEE has significantly upgraded the radiation security procedures which have been controlled and licensed by the Turkish Nuclear Regulatory Authority. All the EAEVE issues have been changed/corrected satisfactorily.

2.4.3. Suggestions

None.

2.5. Minor Deficiency 5: Partial compliance with Substandard 6.2 because of an insufficient e-learning platform.

2.5.1. Findings

Students can easily access the learning materials available on the website of the VEE (<https://uyg.mehmetakif.edu.tr/vetadh/>). Also educational videos related to propaedeutics, clinic practices, lab practices, lab equipment and other topics have been uploaded to the VEE's YouTube channel (https://www.youtube.com/channel/UC_mGAQM--bmRYKXD0Eun00g). Recorded courses taught by faculty are readily accessible for students through the adobe connect application (<https://uzak.mehmetakif.edu.tr/login/auth.php>).

During the COVID-19 pandemic, a hybrid teaching methodology was applied. The online teaching effort was supported by a VEE IT team.

2.5.2. Comments

During and after the coronavirus pandemic several virtual teaching possibilities have been established and many of them have been evaluated and kept and incorporated permanently as teaching tools. There is 24/7-access for students to website-based teaching material including all lecture notes.

The University IT-section has supported the changes and is following up on updates. The Team met with the Head of the University IT-section.

2.5.3. Suggestions

None.

3. ESEVT Indicators

3.1. Findings

| | | | | |
|----|---|--|-------------|-------------|
| | Name of the Establishment: | Faculty of Veterinary Medicine, Burdur Mehmet Akif Ersoy University, Burdur/Turkey | | |
| | Name & mail of the Head: | Prof.Dr. Hakan ÖNER, hakanoner@mehmetakif.edu.tr | | |
| | Date of the form filling: | 30-06-2022 | | |
| | Raw data from the 2 full academic years preceding AY 2019-2020 | 2019 | 2021 | Mean |
| 1 | n° of FTE academic staff involved in veterinary training | 91 | 108 | 99,50 |
| 2 | n° of undergraduate students | 583 | 612 | 597,50 |
| 3 | n° of FTE veterinarians involved in veterinary training | 91 | 107 | 99,00 |
| 4 | n° of students graduating annually | 86 | 107 | 96,5 |
| 5 | n° of FTE support staff involved in veterinary training | 60 | 59 | 59,5 |
| 6 | n° of hours of practical (non-clinical) training | 1264 | 1264 | 1264 |
| 7 | n° of hours of clinical training | 928 | 928 | 928 |
| 8 | n° of hours of FSQ & VPH training | 337 | 337 | 337 |
| 9 | n° of hours of extra-mural practical training in FSQ & VPH | 80 | 80 | 80 |
| 10 | n° of companion animal patients seen intra-murally | 4041 | 4447 | 4244 |
| 11 | n° of ruminant and pig patients seen intra-murally | 1185 | 487 | 836 |
| 12 | n° of equine patients seen intra-murally | 63 | 54 | 58,5 |
| 13 | n° of rabbit, rodent, bird and exotic patients seen intra-murally | 192 | 99 | 145,5 |
| 14 | n° of companion animal patients seen extra-murally | 101 | 86 | 93,5 |
| 15 | n° of individual ruminants and pig patients seen extra-murally | 720 | 1278 | 999,0 |
| 16 | n° of equine patients seen extra-murally | 19 | 109 | 64,0 |
| 17 | n° of visits to ruminant and pig herds | 38 | 67 | 52,5 |
| 18 | n° of visits of poultry and farmed rabbit units | 5 | 5 | 5,0 |
| 19 | n° of companion animal necropsies | 165 | 129 | 147,0 |
| 20 | n° of ruminant and pig necropsies | 312 | 213 | 262,5 |
| 21 | n° of equine necropsies | 3 | 1 | 2,0 |
| 22 | n° of rabbit, rodent, bird and exotic pet necropsies | 310 | 207 | 258,5 |
| 23 | n° of FTE specialised veterinarians involved in veterinary training | 77 | 83 | 80,0 |
| 24 | n° of PhD graduating annually | 1 | 3 | 2,0 |

The boxes within the red frames must be filled in by the Establishment (the other values will be automatically calculated)

| | | | | |
|--|--|----------------------------------|-----------------------------------|----------------------------|
| Name of the Establishment: | Faculty of Veterinary Medicine, Burdur Mehmet Akif Ersoy University, Burdur/Turkey | | | |
| Date of the form filling: | 30-06-2022 | | | |
| Calculated Indicators from raw data | Establishment values | Median values¹ | Minimal values² | Balance³ |
| I1 n° of FTE academic staff involved in veterinary training / n° of undergraduate students | 0,167 | 0,15 | 0,13 | 0,041 |
| I2 n° of FTE veterinarians involved in veterinary training / n° of students graduating annually | 1,026 | 0,84 | 0,63 | 0,396 |
| I3 n° of FTE support staff involved in veterinary training / n° of students graduating annually | 0,617 | 0,88 | 0,54 | 0,077 |
| I4 n° of hours of practical (non-clinical) training | 1264,000 | 953,50 | 700,59 | 563,410 |
| I5 n° of hours of clinical training | 928,000 | 941,58 | 704,80 | 223,200 |
| I6 n° of hours of FSQ & VPH training | 337,000 | 293,50 | 191,80 | 145,200 |
| I7 n° of hours of extra-mural practical training in FSQ & VPH | 80,000 | 75,00 | 31,80 | 48,200 |
| I8 n° of companion animal patients seen intra-murally / n° of students graduating annually | 43,979 | 62,31 | 43,58 | 0,399 |
| I9 n° of ruminant and pig patients seen intra-murally / n° of students graduating annually | 8,663 | 2,49 | 0,89 | 7,773 |
| I10 n° of equine patients seen intra-murally / n° of students graduating annually | 0,606 | 4,16 | 1,53 | -0,924 |
| I11 n° of rabbit, rodent, bird and exotic seen intra-murally / n° of students graduating annually | 1,508 | 3,11 | 1,16 | 0,348 |
| I12 n° of companion animal patients seen extra-murally / n° of students graduating annually | 0,969 | 5,06 | 0,43 | 0,539 |
| I13 n° of individual ruminants and pig patients seen extra-murally / n° of students graduating annually | 10,352 | 16,26 | 8,85 | 1,502 |
| I14 n° of equine patients seen extra-murally / n° of students graduating annually | 0,663 | 1,80 | 0,62 | 0,043 |
| I15 n° of visits to ruminant and pig herds / n° of students graduating annually | 0,544 | 1,29 | 0,54 | 0,004 |
| I16 n° of visits of poultry and farmed rabbit units / n° of students graduating annually | 0,052 | 0,11 | 0,04 | 0,007 |
| I17 n° of companion animal necropsies / n° of students graduating annually | 1,523 | 2,11 | 1,40 | 0,123 |
| I18 n° of ruminant and pig necropsies / n° of students graduating annually | 2,720 | 1,36 | 0,90 | 1,820 |
| I19 n° of equine necropsies / n° of students graduating annually | 0,021 | 0,18 | 0,10 | -0,079 |
| I20 n° of rabbit, rodent, bird and exotic pet necropsies / n° of students graduating annually | 2,679 | 2,65 | 0,88 | 1,799 |
| I21* n° of FTE specialised veterinarians involved in veterinary training / n° of students graduating annually | 0,829 | 0,27 | 0,06 | 0,769 |
| I22* n° of PhD graduating annually / n° of students graduating annually | 0,021 | 0,15 | 0,07 | -0,049 |

3.2. Comments

The indicator's spreadsheet has been updated by the VEE. Due to the coronavirus pandemic the VEE chose not to incorporate the 2020 data although they are available (and partly invalid due to the interruption with COVID-19, RSER, table 4.3, p.38). The background and the compensatory

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measures behind Indicators I10 and I19 have been thoroughly discussed and presented under the heading of Major Deficiency 7 (and 8).

3.3. Suggestions of improvement

None.

4. Conclusions

The sixteen Major Deficiencies have been fully corrected and an ongoing process is in place to correct all the Minor Deficiencies.

Glossary

| | |
|----------|--|
| EAEVE | European Association of Establishments for Veterinary Education |
| EBVS | European Board of Veterinary Specialisation |
| ECOVE | European Committee on Veterinary Education |
| EPT | External Practical Training |
| ESEVT | European System of Evaluation of Veterinary Training |
| ESG | Standards and Guidelines for Quality Assurance in the European Higher Education Area |
| FSQ | Food Safety and Quality |
| FTE | Full-Time Equivalent |
| IT | Information Technology |
| MAKU-VET | Burdur Mehmet Akif Ersoy University |
| QA | Quality Assurance |
| RSER | Re-visitation Self Evaluation Report |
| SER | Self Evaluation Report |
| SOP | Standard Operating Procedure |
| VEE | Veterinary Education Establishment |
| VPH | Veterinary Public Health |
| VTH | Veterinary Teaching Hospital |

Decision of ECOVE

The Committee concluded that the Major Deficiencies identified after the Full Visitation on 07 – 11 October 2019 had been corrected.

The Veterinary Education Establishment (VEE) of the Burdur Mehmet Akif Ersoy University is therefore classified as holding the status of: **ACCREDITATION**.