

**European Association
of Establishments for Veterinary Education**



RE-VISITATION REPORT

**To the Veterinary Faculty of the University of Las Palmas de Gran Canaria, Canary
Islands, Spain**

On 01 – 03 July 2021

By the Re-visitation Team:

Petr Horin, Brno, Czech Republic: Chairperson

Marina Spinu, Cluj-Napoca, Romania: ESEVT Coordinator

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Introduction

The Faculty of Veterinary Medicine at the University of Las Palmas de Gran Canaria, Canary Islands, Spain (called the Veterinary Education Establishment (VEE) in this Report) was evaluated by the ESEVT on the 18 to 22 of February, 2019.

The previous Visitation Team considered that the large animal isolation facilities were inadequate (“There is no functional isolation area for large animals. One building for isolation is under construction. The equine clinic and especially the surgical facilities and equipment deserve an upgrading of diagnostic and therapeutic equipment.”).

Further, the Team concluded that the training in equine species the students benefited from was inadequate, due to the inadequacy of medical and surgical caseload (“The number of medical and surgical cases in equine patients is insufficient. There is a severe shortage of surgical cases in horses. While students work actively in the ambulatory clinic, all aspects of pre-anaesthetic care, general anaesthesia, the various surgical procedures and post-surgical intensive care are not trained on a regular basis for all students.”).

These findings led to the identification of 2 Major Deficiencies:

1. Non-functional isolation facilities for large animals (non-compliance with Substandard 4.13)
2. Insufficient medical and surgical cases in the equine species (non-compliance with Substandard 5.2).

Similarly, areas of concern (Minor Deficiencies) were identified, such as:

- suboptimal duration of the equine clinical rotations to enable all students to acquire their necessary DIC;
- sub-optimal equipment in some units of the VTH;
- sub-optimal good pharmacy practices, inconsistent colour coding of restricted access areas, sub-optimal procedures in dog and cat isolation unit, and sub-optimal separation of anatomical and pathological materials;
- sub-optimal provision of an equine emergency service;
- sub-optimal numbers of healthy animals for propedeutics;
- sub-optimal numbers of specialists in the VTH and of support staff for practical and clinical teaching.

The decision by ECOVE, who met on May 29th 2019 was Non-Accreditation.

The Re-visitation Self Evaluation Report (RSER) and the Addendum, describing the progress during the period of repeated RV postponements and including the anti-COVID-19 measures applied to ensure the VEE’s appropriate functioning, was provided to the Re-visitation Team on time and contained relevant information. The RSER was informative, some pending issues were answered before the Re-visitation.

The Re-visitation was well prepared and well organised by the Establishment. It was performed in a cordial working atmosphere, in agreement with the ESEVT 2016 SOP.

1. Correction of the Major Deficiencies

1.1. Major Deficiency 1 (“Non-compliance with Substandard 4.13, because of non-functional isolation facilities for large animals”)

1.1.1. Findings

The restructuring of the VTH started with the approval of the “Regulation of the Veterinary Teaching Hospital (HCV-ULPGC)”, regulating the functioning of the teaching hospital. Subsequently, numerous meetings were organized by the VTH Excom in order to improve the HCV day-to-day functioning. The isolation facilities for large animals were finalized and subdivided in an appropriate manner to control the isolation of equine, with addition of forced exhaustion of the air and a drainage system adequate to clear hazardous waste, while the ruminant and swine isolation facilities were rebuilt at highest standards. Mobile traffic restricting panels were provided to surround the area in case of need, additionally expanding the isolated sector. Appropriate filter rooms (clothes changing room, shower, and sanitary room) were incorporated in both locations. Further, the training of the personnel was upgraded to best manage the infectious diseases cases in all species. Access to the premises is restricted by electronic lock to authorised personnel. The tracks followed by patients, medical staff and students were individualized.

1.1.2. Comments

Since the last visit in 2019, the VEE has made great efforts to correct the Major Deficiencies and also ensure progress in the Minor Deficiency areas. Changes in the national legislation on construction work represented a drawback in finalizing the large animal isolation as planned. The VEE pursued the goal of setting up appropriate isolation facilities, raising awareness and improving the education of staff and students on biosecurity issues, including yearly training sessions for staff in handling potentially infectious animals, including the use of biosecurity tracks.

The VEE now benefits from separate isolation facilities for horses, ruminants, and swine. The buildings reflect requirements related to their specific role and functions and thus comply with the corresponding standards. The regime of their usage is adequate, respecting epidemiological and biosecurity principles. Examination rooms and corresponding basic equipment are now available in each of the facilities.

The Team appreciated the effort the VEE has made to change the general culture towards biosecurity issues not only within the isolation facilities, but also accompanied with training of the personnel involved.

1.1.3. Suggestions

To further improve biosecurity of the isolation facilities for large animals, the VEE should consider replacing the mobile traffic restricting panels with a permanent fencing to surround the isolation area. Appropriate permanent equipment would enhance the diagnostic and treatment procedures in the isolation facilities.

1.1.4. Decision

The Major Deficiency 1 (“Non-compliance with Substandard 4.13, because of non-functional isolation facilities for large animals”) has been corrected.

1.2. Major Deficiency 2 (“Non-compliance with Substandard 5.2, because of insufficient medical and surgical cases in the equine species”)

1.2.1. Findings

At the moment of the RSER, the census of equine was still low on the Canary Islands, where according to official data 5503 horses are officially recorded. Further, in the Addendum, as

updated in 2020, a total number of 5548 horses appear in the monitored locations (Zoocan database). The VEE took several measures to overcome the non-compliance with Substandard 5.2, namely organising meetings with private practitioners in Grand Canaria, where most of the horses are located, to promote its equine services and facilities, assumed as a permanent task. Further, a new equine practitioner was hired, the number of visits increasing to 97 in 2020 and to 17 in the first three months of 2021 and one more person was exclusively hired for equine medicine in 2021, increasing the number of people involved in the equine segment of the HCV to 6 (three academic and three VTH staff). An agreement has been signed with an American diplomate in equine surgery, to provide consultancy and perform equine surgeries, including the participation of students. EPT is provided to the students by this diplomate at his private clinic in Cordoba. For teaching purposes, healthy animals were kept on VEE premises for the duration of the semester. Practical training sessions to promote the equine service and increase the learning activity for all students are programmed and accomplished by the teaching staff involved in equine clinic every two months. Similarly, sporadic equine events, such as the Horse Breeding Exhibition of the Armed Forces (150 years anniversary in 2019) or others are accompanied by training seminars. The assessment of student satisfaction on equine clinical training on the QA platform of the ULPGC indicated for the last academic year ranks from 4.3 to 4.9 out of 5 for teachers in equine medicine.

The effort to correct this Major Deficiency was also accompanied with addressing issues related to the Minor Deficiency 1, which lead to an increase in the numbers of hours dedicated to equine clinical rotations in the core curriculum, i.e. mandatory for all students (see section 2.1.1.).

1.2.2. Comments

Due to a small size of equid populations and to peculiar geographical conditions in the Canary Islands (hilly countryside, difficult access to farms, and especially difficulties in transporting sick horses), an important part of clinical activities, including minor surgeries and medical cases must be carried out extramurally. In their reports, the VEE management often confused between extramural training under academic supervision and EPTs. During discussions with them, but especially with teachers of equine medicine, it was made clear that the VEE has established a system of collaboration with local practitioners (LP), based on contracts, including LP training, and evaluation of LP teaching activities. Thus, the Teams' understanding was that under these specific circumstances, the only possible options were to adopt a concept of bringing maximum of horses to the VTH, to keep some didactic horses within the campus, and eventually to compensate the low numbers of intramural patients (Indicator I10) by increased numbers of extramural patients (Indicator I14). As the system of academic supervision is in place, the Team thinks that taken together, all veterinary students now get basic necessary information on equine medicine, including surgical cases, and that the VEE manages to efficiently compensate the relatively low number of intramural patients. This is supported by the values of I10 and I14, the first in the negative range but the second exceeding 3.86 times the median value of the category.

The VEE further plans to improve their equine facilities by increasing the number of hospitalisation boxes and by including an equine lameness examination arena for increasing the number of intramurally treated cases.

Note: the figures covering years 2020 and 2021 have obviously been influenced by the measures related to the COVID-19 pandemics. According to the VEE, periods of obligatory online teaching have always been compensated by practical training after the restrictions were withdrawn. The only exception is the last semester, which should be compensated the next semester in the upcoming academic year. This situation complies with the Exceptional rules

for ESEVT Visitations planned in 2021 considering the extraordinary circumstances linked to the COVID-19 pandemic.

1.2.3. Suggestions

The VEE should be aware that in this situation, teaching of equine medicine represents a minimum necessary standard and that specialized cases, although mostly not available in this area, such as colic surgeries or advanced orthopedic procedures, are underrepresented. Therefore, the VEE is strongly encouraged to support students, especially those interested in equine medicine, to perform practical stages in other veterinary schools and specialized veterinary clinics in Spain and/or abroad.

1.2.4. Decision

The Major Deficiency 2 (“Non-compliance with Substandard 5.2, because of insufficient medical and surgical cases in the equine species”) has been corrected.

2. Correction of the Minor Deficiencies

2.1. Minor Deficiency 1 “Partial compliance with Substandard 3.5, because the duration of the equine clinical rotations is not optimal to enable all students to acquire their necessary D1C”

2.1.1. Findings

The number of hours in equine and large animal clinical training in the core curriculum increased by 28.5 hours when compared to the 2019 SER. Ten hours of compulsory EMT along with ambulatory clinic were added in the academic year 2019/2020, after the equine practitioner was exclusively hired for that purpose. The number of clinical hours in equine species and large animals further increased in the academic year 2020/2021 with 24 hours, by addition to the staff of one more member in the Large Animals Clinics in the Department of Animal Pathology, Animal Production and Food Science and Technology. Thus, the number of teaching hours of the core curriculum increased from 39 hours in 2019 to 70 hours in 2021. A total of 7 equine teaching staff (3) and practitioners (4, VTH) cover the training in equine clinical rotations. Further, 100 hours are dedicated for EPT at the end of the studies, where students can opt for equine species.

2.1.2. Comments

The Team considers the measure taken by the VEE as adequate; the issue has been addressed properly, which also contributes to correcting the Major Deficiency 2.

2.1.3. Suggestions

The VEE is encouraged to further improve their equine clinical services and facilities by addition of boxes for their patients (as planned), by hiring 2 full-time professors as surgeons for large animals (equine and bovine) and by improving the image of the Equine clinical compartment, through extending the agreement with the American diplomate (see above) who trains both veterinarians and students every two month, on planned basis.

2.2. Minor Deficiency 2 “Partial compliance with Substandard 4.3, because of sub-optimal equipment in some units of the VTH”

2.2.1. Findings

After the ESEVT Visitation in 2019, the VEE improved the equipment available at the VTH by purchasing a fluoroscope, already in use as early as 2020 in traumatology and neurology. Some of the rooms in the VTH, functioning sub-optimally at the moment of the ESEVT

Visitation in 2019 (the ophthalmology consultation room, dermatology, cardiology, reproduction and internal medicine) were equipped with blinders to provide best examining conditions for the patients. The ICU unit was supplied with several cages for hospitalisation, including divisible one, also available for large dogs. The rebuilt isolation area was equipped with a new septic theatre completely equipped for clinical use, including a bipolar electrosurgical unit and a multiparametric anesthesia monitoring ETCO₂ device. The VEE involved an external consultant in the purchase of adequate equipment.

2.2.2. Comments

The novel equipment provided to the small animal of the VTH improved the training conditions for all students in examination/diagnosing, treatment and constant monitoring of the patients in an adequate teaching environment.

2.2.3. Suggestions

To continue purchasing specialized clinical equipment contributing to specialization of clinicians and motivating them to apply for international (European or American) certifications.

2.3. Minor Deficiency 3 “Partial compliance with Substandard 4.7, because of sub-optimal good pharmacy practices, inconsistent colour coding of restricted access areas, sub-optimal procedures in dog and cat isolation unit, and sub-optimal separation of anatomical and pathological materials”

2.3.1. Findings

The pharmaceutical practices and related biosecurity procedures, including colour coding have improved. Restricted access was put in place by implementing electronic security locks at the VTH pharmacy and pre-surgery (cabinet for anesthetic drugs) rooms with individual access cards for authorised personnel and under centralised control. The controlled drugs are under a supplementary security lock within the pharmacy, subject to double control, at both pharmacy, upon release and also the clinic level, where each patient has the dosage recorded.

Paper records are available at the pharmacy for drugs entering and leaving the storage, with separate records for controlled drugs. At the equine segment of the VTH, a locker with restricted access is in place for the daily use medication.

Since the last Visitation, there have been a number of amendments made to the facilities to enhance the access of the patients and staff, according to strictly delineated tracks, in the isolation units and clinics. The isolation units were re-built in a remote corner of the building, with separate access and isolation rooms for dogs and cats, separate lockers and dressing rooms being included. The access to the isolation facilities is electronically restricted only for properly trained personnel. Charts of those tracks were provided to the RV Team upon request.

A strict separation of tracks and materials between Anatomy and Pathology are now in place, since a separating wall has been built between Pathology and Anatomy, to avoid any biosecurity issues. Separate changing rooms for students coming for anatomical and pathological practicals, respectively, are now available.

2.3.2. Comments

Basic biosecurity measures have been implemented. Drug handling and control are now standard procedures. However, “the central pharmacy” is represented by a single small room, and “departmental pharmacies” are represented by individual clinicians and locked boxes in the respective clinics. An integrated concept of pharmacy is missing, no electronic recording system and no computerized drug management are available.

The patient flow and management procedures were improved in the small animal clinic; dog and cat hospitalisation and isolation units were adequately equipped. The implementation of electronic access enhanced the implementation of safety and biosecurity procedures in the pharmacy and the VTH facilities. However, while basic clinical equipment is specific for isolation facilities, more specialized examination procedures are performed with shared devices/tools. Although epidemiological principles are respected in these situations, further purchase of specialized equipment is a more advanced option for the VEE.

The regime of practical teaching in anatomy and pathology is now in compliance with the rules. This issue has been addressed.

2.3.3. Suggestions

A concept of central pharmacy would be useful and should be developed by the VEE. This would include logistics of drug purchasing, handling and distribution based on specialized software tools. It could much enhance the drug recording and use activities, regularly upgrading the evidence on the remaining stock. The data also could be made available for the VTH and staff use and checks or research purposes.

Equipment of isolation facilities for small animals could be completed to reduce sharing with standard patients' examinations to minimum.

2.4. Minor Deficiency 4 “Partial compliance with Substandard 4.8, because of sub-optimal provision of an equine emergency service”

2.4.1. Findings

Improvement has been recorded in the equine emergency service of the VTH, where interns were present 24/7 for all patients. Currently, the 24/7 on-site services is supported by staff and support staff, by combining shifts and on-call medical assistance. In case equine patients need emergency assistance, the on-call specialist is available in maximum 15 minutes. A total of 6 equine practitioners are available at the moment for the VTH Equine clinical services. The American diplomate, located in Cordoba, is not available for emergency surgeries in equine.

2.4.2. Comments

As mentioned in Major Deficiency 2, most of the emergency activities are dealt with on farms, due to the geographical peculiarities of the Canary Islands and difficulties in transporting emergency cases to the VTH. Students are involved in these activities on a mandatory basis.

2.4.3. Suggestions

An increase in numbers of European diplomates in clinical sciences could provide the opportunity of initiating residency programmes, with residents covering the emergency major equine surgeries at the VTH.

2.5. Minor Deficiency 5 “Partial compliance with Substandard 5.1, because of sub-optimal numbers of healthy animals for propedeutics”

2.5.1. Findings

The healthy equine cannot be kept on the Faculty farm, which is not designed for that purpose, therefore healthy, privately owned animals, kept in the VTH boxes for i.e. one week and returned to the owner after that, are used for Propaedeutics in the 3rd and 4th years. The Faculty owned two cows (mid-2020) to be used for clinical training in Obstetrics and Reproduction, Propaedeutics, Large Animal Rotatory Clinics, Clinical Training. Further, a well-developed extramural training is in place, with students performing activities on healthy animals. The historical relation with the neighbouring Animal Shelter provided for periods healthy small

animals for training purposes, as well as some privately owned dogs and cats were involved in the clinical training.

2.5.2. Comments

The purchase and borrowing of animals from neighbouring farms made possible an increase in the number of core curriculum hours, including propaedeutics.

Nowadays, the animals from the Animal Shelter are in use for training purposes, the VEE considering the implementation of the 3R principle restrictive in terms of animal welfare when keeping dogs or cats for long periods of time in enclosures on their own territory.

Limited numbers of didactic animals of major domestic species are available, which is an improvement compared to the period of the previous evaluation.

2.5.3. Suggestions

Dedicating funds with the support of the ULPGC to restructure the VEE farm could further improve the availability of healthy animals for improving the clinical teaching of all students. The VEE also could extend the use of alternative models (veterinary teaching labs, specific models/simulators).

2.6. Minor Deficiency 6 “Partial compliance with Substandard 9.2, because of sub-optimal numbers of specialists in the VTH and of support staff for practical and clinical teaching”

2.6.1. Findings

The number of specialists (9 Spanish (AVEPA) national accreditation Cardiology-1, Dermatology-1, Internal Medicine -2, Neurology -1, Ophthalmology -2 and Traumatology & Orthopaedics -1) and diplomates increased (eight in total: Wildlife Population Health-2, Pathology-2, Parasitology-2, Herpetology-1 and Veterinary Sports Medicine and Rehabilitation-1). A total of 6 clinical staff are available in the Equine clinics. Further, an American diplomate provides assistance with intramural medical and surgical cases.

Since 2019, the number of European diplomates in different fields increased by 3. The VEE is committed to improve the qualification of their teaching staff; at the moment one of the clinicians is about to finalize his European recognition in Medical imaging.

2.6.2. Comments

The structure of the diplomates' group does not fully cover clinical activities and does not reflect clinical specialization apparent at the level of nationally accredited specialists.

2.6.3. Suggestions

Continuous improvement of the accreditation level of the teaching staff, especially in clinical specialization, would continue to improve the clinical training of all students, to which, clinicians involved in residency programmes could be of further help.

3. ESEVT Indicators

The ESEVT Indicators have not been recalculated, due to the exceptional situation of the 2019-2020 and 2020-2021 academic years, when the COVID-19 pandemic started and continued. Nevertheless, an increase in medical and surgical cases was recorded as indicated above by the RV Team. The Indicator for equine patients seen intramurally (I10) is still lower, with a negative balance, but the number of patients seen extramurally (I14), which is as high as almost 4 times the median of the category, can compensate this inequity.

4. Conclusions

The Major Deficiencies identified during the Visitation done in February 2019 (i.e. “Non-compliance with Substandard 4.13, because of non-functional isolation facilities for large animals”, “Non-compliance with Substandard 5.2, because of insufficient medical and surgical cases in the equine species”) have all been addressed and corrected by the VEE. Improvements were observed in areas related to all Minor Deficiencies. For some of them, conceptual follow-ups are recommended to further develop the corresponding fields.

Decision of ECOVE

The Committee concluded that the Major Deficiencies identified after the full Visitation on 18 – 22 February 2019 had been corrected.

The Veterinary Education Establishment (VEE) of the University of Las Palmas de Gran Canaria is therefore classified as holding the status of: **ACCREDITATION**.