Cambridge Department of Veterinary Medicine, Cambridge University

Accreditation event revisitation report

8-12 September 2025

Report to the Council of the Royal College of Veterinary Surgeons (RCVS)
in accordance with Section 5 of the Veterinary Surgeons Act 1966

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List of panel members

Prof Katy Cobb, Co-Chair, RCVS/Australian Veterinary Boards Council (AVBC) representative

Dr Niall Connell, Co-Chair, RCVS

Dr Hannah Fitzsimmonds, RCVS

Prof Peter Hastie, RCVS

Dr Pred Prokic, RCVS

Prof Mark Senior, RCVS

Dr Michal Tkacz, RCVS student representative

Mr Paul McDermott, Veterinary Council of Ireland (VCI) representative

Also in attendance:

Mr Jordan Nicholls, RCVS staff

Dr Linda Prescott-Clements, RCVS staff

Ms Kirsty Williams, RCVS observer

Background

1. The Royal College of Veterinary Surgeons has a statutory duty to supervise veterinary degree courses under Section 5 of the Veterinary Surgeons Act 1966, “for the purpose of securing that the courses of study to be followed by students training to be veterinary surgeons and the standard of proficiency required for registration in the register shall be such as sufficiently to guarantee that persons registered in the register will have acquired the knowledge and skill needed for the efficient practice of veterinary surgery”. The Council of RCVS may appoint persons “to visit the universities for which recognition orders…are proposed to be made…and to report on the courses of study, staffing, accommodation and equipment available for training in veterinary surgery and the other arrangements and facilities for such training.”

2. For UK veterinary degrees, it is the UK’s Privy Council which grants recognition to a degree enabling it to be recognised for registration purposes. Recognition is based on advice from RCVS. The accreditation report is first considered by RCVS’s Primary Qualifications Sub-Committee (PQSC), then by the Education Committee (EC) which makes its recommendation to Privy Council.

3. Cambridge Department of Veterinary Medicine, Cambridge University had their previous visit in May 2024 where it had been awarded “conditional accreditation” with a full revisit in September 2025.

4. Stage one of the event involved consideration of evidence uploaded to the RCVS repository by the department to demonstrate how they were meeting each standard in the six domains. A substantial amount of information and evidence was considered by all members of the accreditation panel and staff within the RCVS Education Department.

5. Panel members completed their initial review of the evidence independently of each other and made an assessment of where it was agreed that standards were met or where further evidence and / or triangulation was required during the visitation stage of the accreditation event.

6. Following initial review of the evidence in the repository, the panel met to consider the evidence available for each standard, which informed their decision on which questions/areas of exploration were needed on the visit, and which groups of stakeholders were required in order to collect this additional information or triangulate existing evidence.

7. Following this meeting, RCVS staff compiled a detailed list of questions for stakeholder groups, along with specific areas/facilities needing to be seen directly by panel members during the visit, including both on-site and off-campus facilities. This list was then used to draft a visit schedule in conjunction with the department.

8. The panel were present at Cambridge Department of Veterinary Medicine from Monday 8th to Friday 12th September 2025 and remained together for all tours and meetings with stakeholder groups, and the report represents the combined views of the whole team.

9. The evidence rubric can be seen at annex 1. This details the evidence gathered against each recommendation and suggestion, along with an indication if this has now been met or is still outstanding. Commentary and rationale to support any commendations, recommendations and suggestions is provided for context.

10. The department's response to this report can be found at annex 2 and contains a timeline/action plan for the addressing of the recommendations and suggestions, along with any timelines/plans for implementing.

11. The final schedule for the visitation, including the groups of stakeholders met with during the visitation, can be seen at annex 3.

12. The panel members would like to thank Professor Mark Holmes, Professor Dee Scadden, Dr Andi Bawden and the team for the department's hospitality during the visit, and local arrangements. Administration, faculty, staff and students were very accommodating throughout, and their openness was appreciated. The panel was also grateful for all the work that staff had put into preparing the repository of evidence in stage one of the event, which formed the basis for discussions/triangulation during the visitation.

13. The findings in this report are based on the panel members' review. The panel members are not the decision-makers, and their commendations, recommendations and suggestions may be subject to amendment during the committee process.

14. A recommendation is given when the panel agrees that a standard has either been 'partially met' or 'not met'. Recommendations are actions the school/department MUST take in order to fully meet the standard.

15. A suggestion may be given when a standard is currently being met, but the panel has identified either:

    - a risk that the school could fall below the standard in future, or
    - an area where the school could strengthen their provision or processes.

16. Suggestions are actions the school/department SHOULD take in order to reduce the risk of falling below the standard in future. These are not mandatory actions, however, if a school decides not to take action in response to the suggestion, they need to explain the rationale for this.

17. A commendation is given when a standard is fully met and the panel agrees that the school/department is going above and beyond the requirements of the standard.

Summary of findings

Domain 1: The Learning Environment

Commendation: The Department should be commended on the breadth of options of library space available to students. (1.12)

Commendation: The Department is commended for the range of opportunities for postgraduate research. (1.14)

Recommendation: The Department must reconfigure the organisation of the three zones within the isolation facilities to ensure the red zone is separate from the amber and green zones. (1.2. Standard partially met) (1.9. Standard partially met)

Recommendation: The Department must demonstrate the provision of safe facilities for examination and treatment of large animals in isolation where necessary. (1.2. Standard partially met) (1.9. Standard partially met)

Recommendation: The Department must set metrics to prevent overuse of animals and formalise the reporting mechanism following the audit process. (1.4 Standard partially met)

Suggestion: The Department should develop a policy on Personal Protective Equipment (PPE) in non-clinical areas. (1.2)

Suggestion: The Department should continue to implement Teaching Venue Inspection Visit (TVIV) inspections for off-site learning environments on an annual basis. (1.3)

Suggestion: The Department should continue to expand the range of farm animal simulation models they have available. (1.6)

Suggestion: The Department should consider strengthening IT security of pro-vet if used within public areas. (1.11)

Domain 2: Organisation, Culture and Values

Recommendation: The Department must continue to progress with a plan for the sustainability of the programme. (2.1. Standard partially met)

Recommendation: The Department must ensure the risk register is updated and complete, demonstrating effective and timely actions. (2.2)

Recommendation: The Department must continue their progress to establish contracts with partner sites involved in the delivery of core teaching in order to mitigate risk. (2.2)

There are no commendations or suggestions for this domain.

Domain 3: Educational Governance and Quality Improvement

Recommendation: The Department must complete the holistic curriculum review and implement the findings to demonstrate autonomy over the entire 6-year curriculum. (3.1) (3.11. Standard partially met)

Recommendation: The Department must develop a strategy to sustain the programme and implement a financial plan to demonstrate financial sustainability. (3.4. Standard partially met)

Recommendation: The Department must work with the Colleges to implement a selection process that is equitable and transparent. (3.6. Standard partially met)

Recommendation: The Department must formalise a process, through the Veterinary Education Committee (VEC), to evaluate the performance, progression and outcomes of students with respect to Equality, Diversity and Inclusion (EDI) characteristics and admissions/selection criteria. (3.10. Standard partially met) (3.12. Standard partially met)

Recommendation: The Department must ensure formal arrangements are in place with partner sites involved in the delivery of core teaching, to provide assurance on sustainability and mitigate risks to the programme. (3.13)

There are no commendations or suggestions for this domain.

Domain 4: Supporting Students

Commendation: The Department is commended for expanding the role of the Veterinary School Clinical Supervisor (VSCS) to ensure the professional support of students throughout the programme. (4.8)

Suggestion: The Department should develop its own Widening Participation (WP) strategy and targets. (4.2)

Suggestion: The Department should work with the Colleges to ensure consistency of interview experience across Colleges. (4.4)

Suggestion: The Department should ensure feedback is available, to students who have failed examinations, across the entire programme. (4.11)

There are no recommendations for this domain.

Domain 5: Supporting Educators

Recommendation: The Department must ensure that all educators across all years of the programme have completed or are working towards completion of relevant teacher training. (5.1. Standard partially met)

Recommendation: The Department must ensure all RCVS registered staff involved in teaching are compliant with the RCVS Continuing Professional Development (CPD) requirements. (5.2. Standard partially met)

There are no commendations or suggestions for this domain.

Domain 6: Curriculum and Assessment

Commendation: The Department is commended for providing funding to support students on attending Extra Mural Studies (EMS). (6.8)

Commendation: The Department is commended on their pilot and roll out of MyProgress ePAD to support students' professional development. (6.20)

Commendation: The Department is commended for the opportunities provided to students to complete individual research projects. (6.22)

Recommendation: The Department must continue to review the constructive alignment of the curriculum to ensure assessment is appropriate and manageable. (6.3. Standard partially met)

Recommendation: The Department must continue to implement the assessment strategy across all 6 years of the curriculum. (6.14. Standard partially met)

Recommendation: The Department must ensure that content validity is demonstrated across all assessments in the programme. (6.15. Standard partially met)

Recommendation: The Department must develop strategies to improve the reliability of assessment where appropriate in line with best practice. (6.15. Standard partially met)

Recommendation: The Department must continue to implement the changes to standard setting across the programme. (6.16. Standard partially met)

Recommendation: The Department must continue to review assessment load as part of the holistic curriculum review and implement changes to ensure alignment with institutional policy. (6.18. Standard partially met)

Recommendation: The Department must ensure the university policy on moderation and external examiners is implemented in full. (6.19. Standard partially met)

There are no suggestions for this domain.

Domain 1 - The Learning Environment

	Standard	Repository Evidence (Type = Input, Process or Outcomes)						Further evidence needed on visitation?	Visitation Evidence (Type - Input, Process or Outcomes)			Recommended Outcome			Comments	Recommendations	Suggestions	Commendations
		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type		Supporting evidence # 1	Supporting evidence # 2	Supporting evidence # 3	Standard Met	Partially Met	Not Met				
1.1	The spaces, infrastructure, physical and digital resources across the programme must provide an effective and safe learning and teaching environment, support student welfare, and meet the needs of educators and support staff.	Various student and teaching resource overviews.	I	Provet documentation. TVIV Group ToR & Membership.	P	Staff/student feedback.	O	Yes & triangulation.	Senior team meeting.	Discussions with Students.	Tours.	X			# Access to library resources via VPN at all sites. # The Department is liaising with external consultants regarding relocation of the vet school over next 10-year period. Once a clear direction is known, a decision will be made regarding specific areas of facilities for maintenance or review in the interim. # The Teaching Venue Inspection Visits (TVIV) Group has been set up over the last year to improve oversight of teaching at other sites, reports to the Education Quality Improvement Programme (EQIP). Examples given of improvements to the student experience at the RSPCA site. # Reasonable adjustments: The Department has a Reasonable Adjustments team which carries out accessibility surveys, focussing on both physical facilities and teaching and learning materials, with the aim of making these more accessible. Dedicated budget, evidence shown that the team quick to respond. # Praise from clinical students on the breadth of study space options across the Colleges. # Staff reported that booking space for pre-clinical teaching is straightforward, despite large class sizes requiring multiple groups for practical teaching.			
1.2	The learning environments across the programme must ensure the health and safety of students, staff and animals and comply with all relevant jurisdictional legislation including health, safety, biosecurity and UK animal welfare and care standards.	Various Health & Safety policies. Student Safety Manual.	I	TVIV Group ToR & Membership.	I	Formaldehyde monitoring. Various feedback logs. Risk Assessment - Inpatient wards.	O	Yes & triangulation.	Senior team meeting.	Discussions with health and safety staff.	Discussions with students.		X		# Panel observed that there was no safe treatment area for horses within the isolation facilities. Concerns about the delineation between amber and red areas being a piece of tape on the floor. # No SOP evidenced for the use of the farm animal hospital as isolation for adult cattle. # The delineation from amber to red in the farm facility was hurdles with no physical barrier which presents a similar concern as found in the equine isolation facilities. # 2-yearly survey of all sites to consider needs and estimate finances needed. # in terms of General Board Review, impact on maintenance: The impact of the General Board Review on maintenance of facilities and equipment has resulted in some delays to improvements, but the Department has a system of prioritisation. Once a job is escalated to the estates team, they are able to prioritise repairs/upgrades/maintenance/replacement. # Students are expected to wear hard hats at all times during equine handling sessions, which are supplied by the Department. # Department facilities are Practice Standards Scheme (PSS) approved. # In relation to the presence of students at the farm/equine isolation facilities, the department staff confirmed that all students receive a briefing on the isolation procedures at the start of the rotation and it was noted that students would be accompanied by a staff member. # A spreadsheet tracking individual animal use in teaching has been in place since January and is completed daily, after each session, or weekly depending on the individual recording the data. This spreadsheet is reviewed by the Animal Ethics & Welfare Committee annually but there is intent to move to a more frequent review each term. The policy includes behavioural indicators to act on to remove animals from classes if needed. The policy is reviewed regularly and students are informed/reminded regularly. # Students must be in pairs to access clinical skills centres out of hours. # H&S policies approved by committee and then shared via the intranet, Microsoft Teams and email. There is no set time period for reviewing policies but there are risk assessments done each year to inform any revision.	1. The Department must reconfigure the organisation of the three zones within the isolation facilities to ensure the red zone is separate from the amber and green zones. 2. The Department must demonstrate the provision of safe facilities for examination and treatment of large animals in isolation where necessary.	3. The Department should develop a policy on Personal Protective Equipment (PPE) in non-clinical areas.	
1.3	All learning environments (within the school and off-site) must be quality assured to ensure appropriate standards of teaching, support and learning outcomes are achieved.	Annual Review SOP.	I	Quality assurance plans. QA Processes.	P	Various MEQs. Evidence of outcomes from student feedback.	O	Yes & triangulation	Meetings with staff overseeing partner sites	Partner site representatives	Senior Team meeting	X			# TVIV group established to oversee QA at partner sites. # TVIV inspection of off-site environments was completed within the last year, but have plans to inspect once every two years.		4. The Department should continue to implement Teaching Venue Inspection Visit (TVIV) inspections for off-site learning environments on an annual basis.	
1.4	The learning environments across all aspects of the programme must demonstrate good practice standards and promote high standards of animal husbandry and care at all times.	CoWA Animal Welfare Policy Dec2024.	I	QICG Group ToR.	P	Teaching Venue Inspection Visit reports (TVIV). PSS status.	O	Yes & triangulation.	Senior team meeting.	Meetings with staff who teach and/or assess animal handling.	Meetings with clinical teaching staff.		X		# Now collecting data on animal use and welfare, the policy includes behavioural indicators to act on to remove animals from classes if needed, but no parameters for overuse, including frequency and duration of use, have been set. # Data of animal use is collected. # PSS approved status noted. # It was not evident that a formal reporting mechanism back to the Department from the Animal Ethics & Welfare committee was working in practice.	5. The Department must set metrics to prevent overuse of animals and formalise the reporting mechanism following the audit process.		
1.5	Normal and diseased animals of the principal domestic and non-traditional/exotic species must be available for instructional purposes, either as clinical patients or provided by the school. The school must provide access to sufficient numbers and range of animals and animal material to provide the necessary quantity and quality of animal husbandry and clinical instruction to meet the programme learning outcomes and achieve the RCVS Day One Competences.	Tables of animals available. Welfare documents.	I	MEQs from a selection of Final year rotations.	O	Yr6 average number of live clinical cases per student Class of 2025.	O	Yes & triangulation.	Meetings with clinical teaching staff.	Discussions with students.	Partner site representatives meeting.	X			# Access to animals provided on the University owned farm, including lambing placements in the 4th Year, with opportunities to practice skills. Companion animal exposure through dogs registered with clinical skills lab and College of West Anglia. Students can get additional staff support if requested. # New contract with a local knacker's yard has improved the Department's access to equine cadaver material.			
1.6	There must be sufficient up-to-date and well-maintained learning and teaching equipment to support the programme effectively, readily accessible by students.	Equipment lists.	I	Staff survey questionnaire.	P	Excerpt from Annual Clinical Phase Vet Med survey 2024 on Facilities.	O	Yes & triangulation	Discussions with teaching staff.	Discussions with students.	Tours.	X			# Good range of clinical skills models available, new purchases include (for example) an equine colic model and equipment for practicing ultrasound. # Everyday faults get reported to a dedicated email address / phone number, or can also be reported/escalated through line management, however the facilities team are active on site e.g. inspecting fire alarms, plant room checks, cleaning. # Early career staff noted a straightforward process to replace/repair equipment if needed # For equipment in years 1 & 2, responsibility for specific laboratory equipment rests within each Department. All equipment is checked annually to make sure it is in working order. Technicians support this and there is a budget allocated. Overseen by the teaching office. # Availability of farm animal models was limited in comparison to equine and small animal models.		6. The Department should continue to expand the range of farm animal simulation models they have available.	
1.7	The school must ensure students have access to a broad range of diagnostic and therapeutic facilities, of sufficient standard and in number to enable learning outcomes to be met and achievement of the RCVS Day One Competences.	Diagnostic & therapeutic facilities to ILOs & DICs.	I	TVIV Group ToR & Membership summary table.	P	Course surveys.	O	Triangulation.	Discussions with clinical teaching staff.	Discussions with students.	Tours.	X			# Clinical students report good facilities. Reported being able to try out things themselves and being actively involved, with staff strongly encouraging them to follow through their cases.			
1.8	A supervised field service and/or ambulatory programme must be available as part of the programme, in which students are offered multiple opportunities to obtain clinical experience under field conditions.	Equine Rotation Handbook Year 6 Curriculum	I	RCVS VetGDP outcomes	O			Yes & triangulation.	Ambulatory staff meeting.	Discussions with students.	Tours.	X			# Some repository evidence seen of students being left behind at base whilst ambulatory visits are carried out. Both staff and students clarified that this is a rare occurrence. # On farm and equine rotations, students receive feedback following each session where future goals are discussed. Rotation staff then use this information to inform future case allocation. # Opportunities in emergency out of hours too. # Ambulatory farm vehicles inspected.			

Domain 1 - The Learning Environment

Standard		Repository Evidence (Type = Input, Process or Outcomes)						Further evidence needed on visitation?	Visitation Evidence (Type - Input, Process or Outcomes)			Recommended Outcome			Comments	Recommendations	Suggestions	Commendations
		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type		Supporting evidence # 1	Supporting evidence # 2	Supporting evidence # 3	Standard Met	Partially Met	Not Met				
1.9	Appropriate isolation facilities/provision must be available at all sites where clinical instruction is delivered, or be able to be supplied when needed, to meet the need for the isolation and containment of animals with communicable diseases. Students must receive instruction within this environment on how to provide for animal care in accordance with accepted best practice for prevention of spread of infectious agents.	Specific teaching on isolation units in the Cambridge Curriculum.	I	Various isolation procedures and SOPs.	P	Isolation unit feedback from external auditors.	O	Triangulation.	Tours.	Discussions with facilities team and farm staff.	Discussions with students.		X		# Panel observed that there was no safe treatment area for horses within the isolation facilities. Concerns about the delineation between amber and red areas being a piece of tape on the floor. # No SOP evidenced for the use of the farm animal hospital as isolation for adult cattle. # The delineation from amber to red in the farm facility was hurdles with no physical barrier which presents a similar concern as found in the equine isolation facilities. # Signage within the farm and equine isolation areas could be clearer with summary poster on entry to explain all steps / flowthrough (farm and equine isolation) # Improvements made to the isolation facilities since the previous accreditation event are noted. # PSS accredited. # On rotations, students receive instruction in the facilities at the start of the placement, and are always accompanied by a member of staff.	Refer to the recommendations in Standard 1.2. (copied here for ease of reporting) *1. The Department must reconfigure the organisation of the three zones within the isolation facilities to ensure the red zone is separate from the amber and green zones.* *2. The Department must demonstrate the provision of safe facilities for examination and treatment of large animals in isolation where necessary.*		
1.10	Clinical education in veterinary public health training must be complemented by direct exposure in commercially run, approved abattoirs.	Bristol Abattoir MOU.	I	Bristol Abattoir Yr4 Student Feedback Survey Summer 2024.	O			No.	Partner site representatives meeting.	Discussions with Students.		X			# Bristol abattoir reports Cambridge students now improved on preparedness for their experience with them.			
1.11	Patient medical records within all sites used for clinical teaching must be comprehensive and maintained in an effective retrieval system to efficiently support the teaching, research, and service programmes of the school.	Provet documentation.	I	Student and staff access and training documents.	I	MEQ Yr5 Provet Training & Data Protection Training course completion.	O	Triangulation.	Provet demonstration & meeting.	Discussions with ambulatory staff.	Discussions with students.	X			# Clinical students reported useful training on using Provet, and reacted positively to its rollout. # The software has a "sandbox" training portal so students can practice safely without affecting live records. Students are able to post a draft consultation, which can be checked by rotation staff. Students can see the pricing features on Provet, but they don't upload to it. # Students are able to view Provet from their own devices, so are able to look at cases/results online at home before the next day. # Students have access to patient data in ProVet in public areas via routine University login. # Provet interface is the same for all species, and accessible via the same portal. Students have access to herd health records. # A range of staff reported the use of Provet has been a significant advantage and has allowed more efficiencies. # Department has established a Provet working group and an implementation group. # Student training on use of Provet occurs in the 5th year, but plans reported moving this to the 4th year. Staff training included a number of initial training sessions and follow-up training is planned. # Currently liaising with staff teams to evaluate reaction to the software; so far the feedback has been positive, with reports that it is easier to use and intuitive. It was reported that it has enabled students to read case histories and plan better for clinics.		7. The Department should consider strengthening IT security of pro-vet if used within public areas.	
1.12	Students and educators must have timely access to literature and information resources relevant to the programme. An appropriately qualified individual must be available to support students and educators in the effective retrieval of information.	Overview C Library Resources.	I	Signposting Students to Library Resources.	P	Student Surveys – NSS Libraries.	O	Triangulation.	Discussions with teaching staff.	Discussions with students.	Tours.	X			# Pre-clin students report good access to resources such as library space, textbooks, journals. Lecture materials are all recorded and students can also access previous years recordings through the Moodle site. # Clinical years students positive about the Moodle platform, which is accessible all times to aid learning (one student accessed a 2nd year lecture while on EMS in later years). # West Hub facilities: Years 1-3 students report they are not often onsite. Clinical students overwhelmingly positive. Report that there is always support available if unable find something. # IT resources: No problems reported with IT resources, where assessments are online there is always a technician available to help sort out any issues. # Loan laptops may be available via Colleges. # Physical spaces are usually free, or can be booked in advance. Some independent cafes within Colleges have spaces that students can access. # Sufficient space reported by pre-clin students for timetabled sessions. # College libraries are open 24/7.			8. The Department should be commended on the breadth of options of library space available to students.
1.13	Students and educators must have timely access to non-animal resources relevant to the programme.	Current OSCE Bank showing models used 2025.	I	Various module MEQs.	O	Assessor feedback on OSCE stations.	O	Yes & triangulation.	Discussions with teaching staff.	Discussions with students.	Tours.	X			# Small animal: can have access to clinical skills 24/7. In equine, staff happy to support practice and can sign up to additional sessions, especially in run up to formative/summative OSCEs. Can also go back and practice skills after the assessments, staff v patient and helpful. Models really useful. # Access to large animal clinical skills centre has now been approved as 24/7 for 2025/26 academic year. # Colic model appreciated by students			
1.14	The school must establish post-graduate programmes such as internships, residencies, and advanced degrees (e.g., MSc, PhD), that enrich, complement, and strengthen the professional programme.	ECVIM (IM) Residency Programme outline.	I	Details of SCTSs and training outcomes.	O	Postgraduate figures Mar 25.	O	Triangulation.	Discussions with teaching staff.	Senior team meeting.		X			# A reduced number of PhD posts was explained as being across all clinical sciences in general, as there had been less funding received from externals e.g. Welcome Trust. # Support was noted regarding the range of postgraduate opportunities available. It was also evidenced that the student-to-intern-to-resident pipeline remained popular due to the levels of support provided by the Department. # Evidence of research informed teaching within the repository.			9. The Department is commended for the range of opportunities for postgraduate research.

Domain 2 - Organisation, Culture and Values

	Standard	Repository Evidence (Type = Input, Process or Outcomes)						Further evidence needed on visitation?	Visitation Evidence (Type - Input, Process or Outcomes)			Recommended Outcome			Comments	Recommendations	Suggestions	Commendations
		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type		Supporting evidence # 1	Supporting evidence # 2	Supporting evidence # 3	Standard Met	Partially Met	Not Met				
2.1	The school demonstrates effective strategic & operational planning, including evidence that goals are being achieved in a timely manner.	Aims and Strategic Priorities 2025.	I	Newsletters showing communication to staff/faculty of new strategic plan.	P			Yes and triangulation.	Senior team meeting.	Meeting with HoS and Central University representatives.			X		# The Department has contracted external support to consider options for a sustainable vet school, and will consider options in December. # A strategy was provided in the repository, however supporting operational detail (including timelines and actions) was not available. # Discussions with the Department and School leadership teams, plus additional information supplied upon request, outlined the range of options presented for a sustainable future of the Department. Whilst there is clear support from the School for the Department at this point, a future direction is unclear.	10. The Department must continue to progress with a plan for the sustainability of the programme.		
2.2	The school must have a system in place to identify, actively monitor and address risks to any aspect of the vet programme.	Various policies.	I	DVM Safety Risk Register 2025 .	P	Strategy & Executive Committee minutes showing VEC RR considered.	P	Yes and triangulation.	Senior team meeting.	Meeting with HoS and Central University representatives.				X	# Senior executive committee reported regularly reviewing the risk register bi-annually. # The Department acknowledged its wish to move eventually to contracts with partner sites (as opposed to MOUs) to address risk to the model. Partner site contract risk not on the risk register in the repository. # The Department was unable to address the risk to the programme regarding the financial deficit and future plans. # The VEC risk register given in the repository was not complete (risk matrix/scores, and actions, risk status).	11. The Department must ensure the risk register is updated and complete, demonstrating effective and timely actions. 12. The Department must continue their progress to establish contracts with partner sites involved in the delivery of core teaching in order to mitigate risk.		
2.3	The school can demonstrate a culture which is inclusive, actively seeking and responding to feedback from stakeholders, and involving them in decisions relating to programme development, delivery, and enhancement.	VEC ToR.	I	MVST Student Focus Group meeting minutes.	O	Various case studies of changes made to the programme.	O	Yes and triangulation.	Partner site representatives meeting.	Discussion with students.	Senior team meeting.	X			# Reports from the curriculum meeting that the Department now have a much more collaborative process working with colleagues from across the 5 departments in the School that contibute to the vet programme. Willingness evident of adaptations to teaching to ensure relevance of subject matter to vet students. # Evidence of responses to external examiner reports was provided demonstrating subsequent action to improve the programme. # The Department has identified stakeholder groups (external and internal) ready to input into the holistic curriculum review in next stage (currently at stage 3 of 7 stage review). # Students positive around feedback opportunities and the 'you said - we did' initiative to close the feedback loop. # The Department has already commissioned deep dive reviews of some curriculum areas, including modules in years 1,2,4-6.			
2.4	The school must actively promote and maintain a culture that does not discriminate and enhances diversity, consistent with applicable law. Diversity may include, but is not limited to, race, religion, ethnicity, age, gender, gender identity, sexual orientation, cultural and socioeconomic background, national origin, and disability. There must be reporting mechanisms in place for any individual to raise concerns about discrimination and harassment. Universities must be prepared to withdraw from teaching contracts with partner practices / organisations if they fail to respect the guidance for this standard.	EDI Committee ToR.	I	EMS incident reporting SOP.	I	Various EDI policies and frameworks.	I	Yes and triangulation.	Discussions with staff.	Discussion with students.	Discussions with support services personnel.	X			# Lots of information present on the Department Moodle site around inclusive teaching, including for specific learning difficulties, autism accessibility etc. # Students reported being able to raise concerns effectively if needed, including on EMS, and staff would support them. # Some support available for different ethnic groups of students applying e.g. Sutton trust.			
2.5	The school must demonstrate a positive learning culture that investigates, reflects, and learns from mistakes and adopts effective reporting mechanisms and sharing of best practice. Students and staff should feel safe in raising and reporting concerns, and these must be dealt with effectively.	EMS Placement Feeback form.	I	QICG Poster for reporting adverse events .	P	You Said We Did.	O	Triangulation.	Senior team meeting.	Discussion with students.	Discussions with staff.	X			# Small animal teaching staff praise the transparency of the interim management team of the hospital in relation to the 'bottom up' vision for the curriculum review, and feel they have a voice and their contributions are valued. # Year 1,2 educators interpreted this from student perspective. Small group teaching noted as particularly helpful. # Human factors has been brought into teaching in some areas. Costs of veterinary care increasingly more embedded, as well as contextualised care. # VetSafe reports shared monthly. Example provided of mistakes being used to inform teaching in a positive way, to mitigate future issues.			
2.6	The school must demonstrate a commitment to environmental sustainability, including consideration of the impact of delivering the programme on the environment.	Teaching Guide for Staff (section 1.13).	I	Module enhancement questionnaires.	P	University Farm awarded by farming charity LEAF.	O	Triangulation.	Senior team meeting.	Discussion with students.	Discussions with staff.	X			# Noted questions on sustainability on feedback forms, suggesting this is embedded. # Sustainability policy provided, but in draft. Still to be reviewed by sustainability committee and approved. Department wanted to engage the wider stakeholders and have set up a group to progress this. # The Central University direction re sustainability is familiar to year 1,2 educators. Also looking at course content in 'deep dive' reviews to enhance sustainability content. # Recorded session on sustainability also available. # Sustainability content included in teaching, e.g. VPH lectures. # Had a guest speaker updating the Department on latest research in this area. # Vet senior team member is also member of the sustainability committee			

Domain 3 - Educational Governance and Quality Improvement

	Standard	Repository Evidence						Further evidence needed on visitation?	Visitation Evidence			Recommended Outcome			Comments	Recommendations	Suggestions	Commendations
		Type = Input, Process or Outcomes							*Type - Input, Process or Outcomes*			Standard Met	Partially Met	Not Met				
		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type		Supporting evidence # 1	Supporting evidence # 2	Supporting evidence # 3							
3.1	The school must be part of an accredited institution of Higher Education and be recognised and autonomous within that institution with accountability for the quality of the veterinary programme (including the RCVS standards being met).	Allocation of University Resources to Veterinary Medicine	I	Enhanced Financial Transparency Project.	P	Financial Regulations Doc.	P	Yes and triangulation.	Senior team meeting.	Meeting with HoS of School of Biological Sciences and Central University representatives.				X	# Progress made with accountability for the 6yr programme through new Terms of Reference for the Veterinary Education Committee (VEC). # At this stage it is unclear what the outcome of the holistic curriculum review will be and if the school will be able to demonstrate full autonomy over the 6 years of the programme. # It is acknowledged the School is supporting the Department; minutes from meetings shared for transparency.	13. The Department must complete the holistic curriculum review and implement the findings to demonstrate autonomy over the entire 6-year curriculum.		
3.2	The school demonstrates a commitment to continuous quality improvement across all accreditation standards and aspects of the programme, informed where possible by measurable outcomes and stakeholder engagement.	Department of Veterinary Medicine Animal Ethics and Welfare Committee.	I	Holistic Curriculum Review Discussion Paper.	P	VSCS Student Survey Lent.	O	Yes and triangulation.	Senior team meeting.	Partner site representatives meeting.	Discussions with staff.	X			# The VEC has representatives from the Colleges on it, and considers typical College issues arising from them to ensure oversight across the programme for students. # Stakeholders (external and internal) have been identified for Holistic Curriculum Review # Teaching venue inspection reports are considered by the QI committee. Venue feedback is received from every partner site every 2 years, but all have been covered within last year.			
3.3	The head of school or dean must be an MRCVS. They must have appropriate knowledge and expertise of the veterinary profession, academic affairs and leadership, and have control over the budget for the veterinary programme.	HoD CV.	I	HoD list of duties.	I			Triangulation.	Finances meeting.	Senior team meeting.		X			# Head of School of Biological sciences reported that the Head of Department does have autonomy over in-budget spend. In terms of new and replacement recruitment, this has to be submitted to a school committee for collective discussion with other department heads but would not be refused if there is a teaching need. # Head of Department is MRCVS.			
3.4	Finances must be reviewed regularly in line with strategic plans and be sufficient to sustain and enhance all aspects of the veterinary programme(s) for the duration of all current cohorts, including teaching and learning, infrastructure, teaching resources and students / staff support.	Allocation of University Resources to Veterinary Medicine document.	I	SEC Minutes.	P	VCSB Minutes.	P	Yes and triangulation.	Finances meeting.	Senior team meeting.	Meeting with HoS of School of Biological Sciences and Central University representatives. and Central University representatives.		X		# Finances are not sustainable and the Department is losing significant money each year. The HoD has engaged with external colleagues to plan how to address this going forward. It was reported that the HoD needed to demonstrate to other colleagues that they can save money, in order to have more influence at the table when a decision is made on how to move forward with the new vet school. # Equine services are still receiving ambulatory cases, just not referral cases. They now have 4 vets working there, 3 of which will be on the road with small groups of students each. # There is currently a deficit in the hospital. The Department is in the process of a strategic planning round to identify an appropriate and sustainable delivery model for clinical education going forward. # HoD has indicated that not changing the model is not an option. They have already been looking at where savings can be made in addition to future major plans. Also reported making operational changes to attract more companion animal referrals. The HoD has engaged with external colleagues and the School to plan how to address this going forwards. # Chest allocations: 90%+ income from the chest is staff focused. No occasions to date where the Department has requested funds from the chest and had it refused. # Provet doesn't directly integrate into the Department's financial system, but data is downloaded then input manually. Staff reported that Provet has definitely improved things. Cost reviews take place around monthly now, increased from previously quarterly reviews.	14. The department must develop a strategy to sustain the programme and implement a financial plan to demonstrate financial sustainability.		
3.5	The managerial, academic and support staff must have the necessary skills and experience for their role and be sufficient in number to support the effective design, delivery and quality assurance of all aspects of the programme.	CPD Information Feb 2025.	I	Staff Induction Checklist.	I	Leavers and Transfers.	O	Yes and triangulation.	Discussions with teaching and support staff.	Senior team meeting.		X			# Staff:Student ratios are sufficient. # A 'Buddy' system has been introduced, and greater collaboration between teaching staff in years 1,2 and 4-6.			
3.6	The school must demonstrate that the recruitment, selection and appointment of students, educators and staff are open, fair, transparent and free from bias.	Recruitment, admissions, and WP policies.	I	The Access and Participation Plan.	P	Vet Med Application Trends document.	O	Yes and triangulation.	Discussions with staff.	Discussions with students.	Discussions with HR reps.		X		# Students can submit an 'open application' rather than applying to a specific College. Students often apply to individual colleges for non-academic reasons e.g. sports, location. # Information about individual Colleges is available online. # The department has introduced the ESAT exam for all applicants; the nature / content is similar to previous entrance requirements (assesses science aptitude), but implementation is reported as different. # Students reported that the previous exam was free, whereas this one comes with a charge. Staff state it is useful indicator, but doesn't provide a level playing field as it is not possible to tell which applicants had support to prepare. Staff reported that there is bursary support available for WP applicants, and are confident this is mitigating barriers as it is being utilised. # The Department has discussed using contextualised /reduced offers for WP applicants but decided not to proceed. The University has some STEMsmart courses available to help prepare. # The Department will accept applicants with two science subjects rather than 3, however it is believed that Chemistry is mandatory if a student is to go on and succeed during the programme. # There is transparency in the process of "pool applicants" during admissions, however there is a risk of bias / subjectivity present. The system also lacks objectivity. # Candidate selection from the pool where two Colleges are competing over one candidate can come down to the flip of a coin.	15. The Department must work with the Colleges to implement a selection process that is equitable and transparent.		
3.7	The school must have effective and transparent educational governance systems, with formal committee structures, which develop and continually monitor, assure, and enhance the quality of veterinary education and the student experience across all aspects of the programme.	The Strategy & Executive Committee.	I	VEC and Subcommittees ToR.	P			Yes and triangulation.	Senior team meeting.	Discussions with staff.	Student rep meeting.	X			# MOUs with partner sites are considered appropriate by the Department as they have Cambridge staff delivering the teaching at these locations, which ensures the quality of teaching. # Additional partner sites are being considered. # The rationale for not standardising MOUs across all sites was that the relationship with each partner is slightly different. It was reported that in some areas the Department was moving to formalised contracts. # The VEC oversees Department MOUs, with advice given by the University legal services team. # The VEC has oversight and makes decisions on the whole programme, which is part of the changes made to the governance systems since the last visit. # The VEC and the MEC communicate to arrange teaching together, changes made to ensure vet students only get vet related content. The exams are now also separate. # Now that mapping is completed on Airtable, any changes to ILOs on any aspect of programme (inc. year 1 and 2) must be approved by the VEC. # Educators from yr 1,2 noted improved links via the veterinary reps on their teaching committees. Examples provided of feedback to the VEC committee instigating changes / improvements (such as improving the exam timings). Staff are able to check relevance of basic science course content with these vet clinical links and are also able to check relevance via Moodle site.			
3.8	The school must have robust mechanisms for quality assurance and improvement, embedded into policy and processes, which routinely gather data to demonstrate that organisational and educational objectives are being met and opportunities for improvement are identified and responded to.	Range of animal welfare documents included with detail on appropriate usage	I	Quality Assurance Plan	P	Evidence of External Examiner Reports and responses to suggestions	O	Yes and triangulation.	Senior team meeting.	Discussions with staff.		X			# An example shown of a Toolkit developed to support VSCSs in providing welfare support to students, which was implemented as a result of feedback. # Data gathered via feedback from stakeholders, across teaching areas. # The VEC ToR have been updated			

Domain 3 - Educational Governance and Quality Improvement

	Standard	Repository Evidence						Further evidence needed on visitation?	Visitation Evidence			Recommended Outcome			Comments	Recommendations	Suggestions	Commendations
		Type = Input, Process or Outcomes							*Type - Input, Process or Outcomes*			Standard Met	Partially Met	Not Met				
		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type		Supporting evidence # 1	Supporting evidence # 2	Supporting evidence # 3							
3.9	Mechanisms for quality assurance and improvement must encompass both internal and external review and data collection and analysis.	QVSH Clinical Governance and Quality Improvement Policy.	I	Enhanced Monitoring Group documents (minutes/ToR etc.).	I	QA Framework doc.	I	Yes and triangulation.	Discussions with staff.	Senior team meeting.	Staff from partner practices.	X			# The University farm has farm assurance visits, e.g. The Red Tractor scheme. # The RSCPA representative reports regular contact with Department, as Cambridge provides their out of hours service. # The CoWA reports visits from Cambridge staff annually. # Bristol abattoir reports a visit from a Cambridge tutor annually but more often with VPH staff. # Focus groups have been held with students around EMS, EPAD, and MyProgress to get feedback to inform ongoing improvements in future. # Toolkit developed to support VSCSs in providing welfare support to students - implemented as a result of feedback.			
3.10	The school must evaluate students' performance, progression and outcomes with respect to information on equality and diversity and provide support for groups where disparities are identified.	Accessibility and Disability Services.	I	Enhancing Education CCTL website links to reports on inclusive teaching and learning and University Race Equality Charter.	I	Briefing paper carried out in 2022 on the awarding gaps in Medicine, Vet Med and Biological Natural Sciences.	O	Yes and triangulation.	Senior team meeting.	Discussions with staff.	Discussions with staff who provide student support.		X		# Limited data as a result of low student numbers completing. # The DoSs and VSCSs review individual students progress and are aware of EDI concerns for individuals however this isn't formally monitored and documented through the VEC	16. The Department must formalise a process, through the Veterinary Education Committee (VEC), to evaluate the performance, progression and outcomes of students with respect to Equality, Diversity and Inclusion (EDI) characteristics and admissions/selection criteria.		
3.11	The school must regularly review curricula, using available quality assurance data and feedback from students, educators and stakeholders, to ensure standards are being met and maintained.	Annual Review SOP. Curriculum Review Policy.	I	MoDA Course Deep Dive Outcome.	O	Curriculum changes.	O	Yes and triangulation.	Senior team meeting.	Discussions with staff.	Curriculum presentation.		X		# The Holistic Curriculum review is underway, phases 1-3a completed with ILOs mapped and stakeholders identified for input in next stages. # Changes made to the VEC, ToR and engagement responsibilities. Any changes to ILOs in programme (inc. years 1, 2) must be approved in advance. # The Department completed a review of teaching in yrs 1,2 and 60% had veterinary examples. Staff are now working with teams to increase this, and also reviewing content to remove modules that are not relevant to vet students (as part of workload review). Example provided in Genomics, where more detail required for medics than vets. # Deep dive reviews of years 1 and 2 completed.	Refer to the recommendations in Standard 3.1. (copied here for ease of reporting) *13. The Department must complete the holistic curriculum review and implement the findings to demonstrate autonomy over the entire 6-year curriculum.*		
3.12	The school must have effective processes in place to monitor attrition and progression rates in relation to admissions and selection criteria and student support if required.	Support for Students on the Veterinary Programme.	I	DDoT Report.	O	Attrition from VetMed Programmes.	O	Yes and triangulation.	Senior team meeting.	Discussions with teaching staff.			X		# Data on attrition collected centrally by diversity criteria and is now analysed by Department. # Whilst central EDI data are collected, no metrics are collected or tracked regarding admissions criteria or support.	Refer to the recommendations in Standard 3.10. (copied here for ease of reporting) *16. The Department must formalise a process, through the Veterinary Education Committee (VEC), to evaluate the performance, progression and outcomes of students with respect to Equality, Diversity and Inclusion (EDI) characteristics and admissions/selection criteria.*		
3.13	The school must have effective processes in place to ensure that a continual commitment to student learning and teaching is demonstrated within all locations where clinical teaching takes place.	Assessment Blueprinting.	I	TVIV Schedule.	P	Graduate outcomes surveys.	O	Yes and triangulation.	Discussions with partner practice staff.	Senior team meeting.	Discussions with clinical teaching staff.			X	# The University farm MOU sets out expectations in terms of visits and timings, and responsibilities. # The CoWA MOU states simply 'animal handling classes'. # The RSPCA MOU includes insurance and liabilities. # CambridgeRSPCA staff indicated the rationale for an MOU rather than a formal contract was due to the 'dynamic relationship' and ability to manage changes. # Some data being collected but no assurances in place with less formal MOUs. # the only external site with a formal contract to assure the relationship is Bristol abattoir.	17. The Department must ensure formal arrangements are in place with partner sites involved in the delivery of core teaching, to provide assurance on sustainability and mitigate risks to the programme.		
3.14	The school must demonstrate that only students who are fully Day One Competent are able to graduate.	Assessment Triangulation Plan.	I	'Cause for Concern' Process.	P	Feedback reports following rotations.	O	Yes and triangulation.	Senior team meeting.	Assessment presentation.		X			# Mapping of assessment to D1C has been carried out.			

Domain 4 - Supporting Students

	Standard	Repository Evidence (Type = Input, Process or Outcomes)						Further evidence needed on visitation?	Visitation Evidence (Type - Input, Process or Outcomes)						Recommended Outcome			Comments	Recommendations	Suggestions	Commendations
		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type	Standard Met	Partially Met	Not Met				
4.1	Effective processes must be in place to support the physical, emotional and welfare needs of students.	Cambridge SU Strategic Plan 2022-25	I	Support for Students on the Veterinary Programme	P	Annual Pastoral Surveys 2022 23 and 24-25	O	Yes and triangulation	Discussions with students.		Discussions with support and welfare staff.				X			# Directors of Studies in Colleges are reported as being 'connected' to the department. # In years 1-3 students are in contact less often with the department for pastoral support than in years 4-6, but support in all years is available. There is also an overarching Moodle page to signpost students to support. There is a vet school supervisor to bridge the gap for the first 3 years, students can talk to them a few times each term. # Standardised signposting for the many sources of support for student's welfare, including that at the central university. There is also the College's nurse and welfare team, and support from the VSCS staff in the department. # Colleges have the primary role for student pastoral support - via College tutors - in addition to central uni support services. Additional signpost online. # Mental health services: students previously struggled to access as high demand. Review carried out a few years ago and significant investment since and waiting list much reduced. Swift triage and responsive. Specialist support available if needed, and improved feedback loops reported. Data collected. # Students from all years were present in the meetings during the visit and reported excellent support from DoS, VSCS and college supervisors as well as teaching staff in the department more generally.			
4.2	The school must have a strategy for widening participation which considers all aspects of diversity and engages students from different ethnic and social backgrounds. The school must be proactive in their marketing to attract a diverse cohort of applicants and regularly review, and provide evidence of, their progress towards targets.	Widening Participation at Cambridge	I	Access and Participation Plan	I	Admissions Data - Cambridge Veterinary Medicine	O	Yes and triangulation	Discussions with admissions staff.		Meeting with senior team.		Discussions with support and welfare staff.		X			# There is no veterinary department widening participation strategy as yet. Targets are university targets, and not set by the department. # The department engages in several initiatives to encourage applications from students from a variety of backgrounds, for example Sutton Trust. Vote 7 (met) to 1 (partial)		18. The department should develop its own Widening Participation (WP) strategy and targets.	
4.3	The school must provide accurate and current information regarding the educational programme easily available for prospective students. The information must include the accreditation status of the degree course (whether by RCVS or other relevant accrediting bodies), selection and progression criteria, the demands of the course and the requirements for eventual registration/licence, including fitness to practise.	Info for Prospective Students Vet Med	I	Website	I			No	Discussions with admissions staff.						X						
4.4	Selection and progression criteria must be clearly defined, defensible, consistent and free from discrimination or bias. The criteria must also include relevant factors other than academic performance. The academic requirements for entering the programme must be sufficient for the student to cope with the demands of the programme upon entry.	Various admissions polices and procedures, handbooks	I	Agendas and Minutes from VEC Admissions subcommittee	P	Admissions Subject Convenors Reports	O	Yes and triangulation	Discussions with admissions staff.		Senior team meeting.				X			# Inconsistencies were noted across the Colleges and / or interviewers regarding interview criteria. # Selection criteria are transparent and available on the university website. Progression criteria clear in student handbooks on Moodle. Selection based on academic ability and commitment to the veterinary profession.		19. The department should work with the Colleges to ensure consistency of interview experience across Colleges.	
4.5	The school must demonstrate their selection and progression criteria and processes are effective in identifying students with the potential to achieve the RCVS Day One Competences. This must be achieved through regular and effective training for staff involved and the routine collection and analysis of selection and progression data, to enable them to evaluate, reflect and adjust the selection and progression criteria where necessary.	Fair Admissions Code of Practice	I	Various interview selection staff training materials	P	Admissions data	O	Yes and triangulation	Discussions with staff.		Discussions with admissions staff.				X			# There is training for anyone involved with interviewing applicants. # They have formalised the need for staff who are MRCVS to be on interview panels # The selection criteria remains the same throughout the process. # Staff reported looking at outcomes data. # They tracking the number of applicants regarding widening participation, data but not the offers made.			
4.6	There must be clear policies and procedures as to how applicants with disabilities or illness will be considered and, if appropriate, accommodated on the programme, taking into account the requirement that all students must be capable of meeting the RCVS Day One Competences by the time they graduate.	CoP disabled students 2024-25	I	Adjusted modes of assessment (AMA) guidance notes	P	Awarding Gaps Final Report (pg 8-9). DDoT report May 2025 (pg 6-7)	O	Yes and triangulation	Discussions with students.		Discussions with admissions and support staff.		Senior team meeting.		X			# Students report that reasonable adjustments are straightforward to request and have been effective. # Lecture materials are available in advance. # Students can adjust their Student Support Document as they move through the course. # Students with additional needs reported that additional study sessions were provided to support them through re-sits # Before small group teaching sessions, the staff involved are emailed with details of which students need reasonable adjustments and can discuss if needed. # ADRC provides training alongside the Cambridge Centre for teaching and learning, including online training. Attendance is logged at central university. There is a new online target on Moodle that all staff need to complete. # Reasonable adjustments made as part of the admissions process. # Code of practice for access and inclusion of disabled students, and accessibility guidelines			
4.7	Students must be actively supported to develop resilience, self-reflection and professional values in line with the RCVS Code of Professional Conduct and must not be subject to behaviour which undermines their professional confidence, performance or self-esteem at any sites where teaching and / or learning takes place.	Reflective work overviews	I	Reflective practice power points and resources	P	Examples of student reflective work and reflective accounts. Graduate surveys	O	Triangulation	Discussions with students.		Discussions with teaching staff.		Discussions and demo of ePad		X			# The ePad includes reflections and focus on professional values, this has been trialled previously with years 1 and 4 and now will be rolled out to all years of the course. Templates for reflections and tracking progress were demonstrated during the visit.			

Domain 4 - Supporting Students

	Standard	Repository Evidence						Further evidence needed on visitation?	Visitation Evidence						Recommended Outcome			Comments	Recommendations	Suggestions	Commendations
		Type = Input, Process or Outcomes							*Type - Input, Process or Outcomes*												
		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type	Standard Met	Partially Met	Not Met				
4.8	Students must receive continuous and effective educational support to enable them to achieve the learning outcomes of the programme and the RCVS Day One Competences, including the provision of regular, constructive and meaningful feedback on their performance and progress in a timely manner.	DVM Teaching Guide for Staff. Summary of feedback opportunities across the programme.	I	Quality Assurance Plan	P	Rotation student feedback	O	Triangulation	Discussions with students.		Discussions with teaching staff.		Discussions with academic support staff.		X			# New year 6 students have received training on how to give and receive feedback as they were not sure they always recognised when they were getting feedback. It is believed this will improve consistency and recognition that this is taking place. # VSCSs provide regular support via regular meetings. They have access to the ePad and assessment results / feedback. Previously had an annual meeting but now have one each term. # Support around reasonable adjustments was noted, including the planning of adjustments put in place prior to the student starting at Cambridge.			20. The department is commended for expanding the role of the Veterinary School Clinical Supervisors (VSCS) to ensure the professional support of students throughout the programme.
4.9	Effective processes must be in place by which students can convey their needs and wants to the school. The school must demonstrate how student feedback is considered and acted upon.	Course modification framework	I	MEQs – Various	P	Various student feedback and course survey results	O	Triangulation	Discussions with students.		Discussions with teaching staff.				X			# There are mechanisms in place to obtain feedback via both the Colleges and the Department. # Pre-clinical students reported that the Department had acted on feedback to adjust modules to allow time for exam study. The Department does post actions taken, via 'you said, we did' and it is anonymous so the student raising the issue isn't identified. # Evidence of an improved balance of veterinary content on the early years course that is taught alongside Medic students etc. Students had fed back that the Histopathology course did not have enough vet related cases and this was amended / improved. # Students reported that the reason for the low response rates to feedback surveys was because they only complete them if they have something negative to feed back. #Students can meet with their own Director of Studies to feedback on the colleges, also there is a mechanism to do this for specific supervisors anonymously. # Module evaluation questionnaires are issued after each module. # Student feedback on Bristol abattoir experience: they would like shorter session in 4th yr but this cannot be changed. Reasonable Adjustments are available for students who need this.			
4.10	The school must provide students with a mechanism, anonymously if they wish, to offer suggestions, comments, and complaints regarding the compliance of the school with the RCVS standards for accreditation and that Day One Competences are being met. All such feedback from students must be reported to the RCVS as part of the annual report.	(Anonymous) Accreditation Compliance Form (Students) - Accreditation compliance form email	P	(Anonymous) Accreditation Compliance Form (Students) - Accreditation compliance form email	P	Equine rotations intro lecture	O	Triangulation	Discussions with students.						X			# There is a clear link on Moodle for feedback on RCVS Day One Competency and standards compliance. # Students noted they are able to feed back on these issues, including anonymously # Students are able to comment on RCVS, AVBC and SAVC standard compliance			
4.11	The basis for decisions on progression (including academic progression and professional fitness to practise) must be explicit and readily available to the students. The school must provide evidence that it has effective processes in place to identify and provide remediation and appropriate support (including termination) for students who are not performing adequately in any area of the programme.	First + Second Year Medical and Veterinary courses + exams overview 2025.	I	2nd VetMB Results process 2025.	P	Examples of remediation by FB 2024-5.	O	Yes and triangulation.	Discussions with students.		Discussions with teaching staff.		Discussions with support staff/staff involved in progression.		X			# Feedback on assessments usually comprises of just the result / grade. Mock assessments are available and students are able to see their weaker areas. Students have frequent in-person supervision which provides feedback or cements understanding. # A minority of students reported requesting detailed feedback for exams and they were refused. It was reported that feedback is not available on summative assessments, with no reason provided, so students are having to prepare for re-sits by only looking at more content. Students have been offered more supervision sessions on request. # Regarding remediation - a minority of students reported requesting detailed feedback for exams and they were refused.		21. The department should ensure feedback is available, to students who have failed examinations, across the entire programme.	
4.12	The school must ensure that students are competent and sufficiently experienced in animal handling before they begin clinical placements and / or workplace learning, and that they are fully briefed regarding all relevant Health and Safety matters.	Animal Handling Classes Information 2024-2025.docx.	I	Grading criteria for animal handling assessments.	P	Incident logs for students - on animal handling and AHEMS placements.	O	Yes and triangulation.	Discussions with students.		Discussions with staff who teach and/or assess animal handling.				X			# Preclinical students note that they need to be assessed on animal handling before being allowed to book AHEMS. # New sessions have been introduced on pig handing in year 1. These are assessed via the industry standard (using knowledge tests, and MCQs). # Cat handling occurs at CoWA and staff note there are two cats in the department. These are used generally for observation of behaviours during sessions. Handling techniques are taught on soft toys, for welfare reasons. # Opportunities for additional practice sessions when requested (equine, small animal).			
4.13	Mechanisms for dealing with student misconduct and/or the exclusion of students from the programme, either for academic reasons, misconduct or under fitness to practise procedures, must be explicit.	Veterinary Student Handbook 2024-5.	I	University statutes on Fitness to Practise and MVSPP.	P	VFtPC Report to FBs of Vet Med & Biology 2019-2024.	O	Triangulation.	Discussions with teaching and support staff.		Discussions with senior team.				X			# There has been exploration into whether AI can be used by students with ePad to complete case logs / reflections. # The VFtPC minutes note the cases.			
4.14	The school must have in place effective processes for the resolution of student grievances.	Student Complaints.pdf.	I	SCC minutes 9 May 2025.	P	EDI Committee Minutes February 2025.	P	Triangulation.	Discussion with students.						X						
4.15	School policies for managing appeals against decisions, including admissions, academic and progression decisions, must be transparent and publicly available.	Examination review procedure June 23.	I	UoC Procedure for review of decisions of university bodies procedure Feb 2020.	I	Undergraduate admissions appeals and complaints policy and procedure (PDF).	I	Yes and triangulation.	Discussion with students.		Discussion with staff.				X			# Students reported knowing where to find policies.			

Domain 5 - Supporting Educators

Standard		Repository Evidence (Type = Input, Process or Outcomes)						Further evidence needed on visitation?	Visitation Evidence (Type - Input, Process or Outcomes)						Recommended Outcome			Comments	Recommendations	Suggestions	Commendations
		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type	Standard Met	Partially Met	Not Met				
5.1	The school must ensure that all educators who are involved with student teaching have successfully completed, or are working towards, a quality assured programme of teacher training, which effectively prepares educators for their roles.	Staff Training and Development Courses	I	New Clinical Teaching Staff	P			Yes and triangulation	Discussions with teaching staff.		Discussions with senior team.					X		# Within the ambulatory team there is an aim that all staff will do teacher training and / or achieve Associate FHEA as minimum. AFHEA is not considered to be a quality assured programme of teacher training, with FHEA being the minimum acceptable level. # For the small animal team, new team members reported completing the IFME course, and peer observation of teaching. # Early career staff note mandatory training when starting teaching, e.g. on giving feedback. Residents are encouraged to do IFME course. # Educators in years 1, 2 and others such as residents have not all have completed relevant teacher training. Evidence provided which shows 76/213 respondents to an educator survey (years 1, 2) had not undertaken training for their educator role.	22. The department must ensure that all educators across all years of the programme have completed or are working towards relevant teacher training.		
5.2	All educators involved in teaching and / or supporting students' learning within the programme must demonstrate their continued competence and effectiveness.	AEPP Handbook	I	What Good Looks Like	I	Staff Review & Development meetings	P	Yes and triangulation	Discussions with teaching staff.		Senior team meeting.		Discussions with staff at partner sites.			X		# Staff have a CPD allowance and can apply for additional funding. # Time is allocated for any mandatory training. Many courses are online for flexible access. # Most staff are compliant but a few are not, despite reminders.	23. The department must ensure all RCVS registered staff involved in teaching are compliant with the RCVS Continuing Professional Development (CPD) requirements.		
5.3	An appraisal system for all staff must be in place. The school must provide evidence that it has a comprehensive, effective and publicised programme for the professional development of staff. Promotion criteria must be appropriate, clear and explicit.	Various guides on Academic Career Progression	I	Newsletter updates staff	P	ACP results	O	Triangulation	Discussions with staff.		Senior team meeting.		Discussions with HR reps.		X			# Annual appraisals for staff. Monthly report is generated to make managers aware when these are due. Documentation on intranet for accessibilty and guidance provided as well as training. # Staff can feedback on the process. It was reported that concerns are rarely raised. # A monthly report is generated and a monthly audit (sample) is carried out to ensure appraisals taking place. # Promotions are available via academic career pathway, annual cycle, teaching/scholarship and research pathways. Workshops run by Head of Department to inform staff. Also workshops by the University as well. Criteria and weighting is provided. There is also a non-academic route staff can apply to get their role regraded. # Promotion mechanisms reported to be supportive; examples from early career staff and support staff.			
5.4	The school must support educators by dealing effectively with concerns of difficulties they face as part of their educational responsibilities. Effective processes must be in place to support the physical, emotional and welfare needs of staff.	ACP results	I	DVM MHFA Anonymous Activity Report	I	Grievance Policy	I	Yes and triangulation	Discussions with staff (farm/small animal hospital/ambulatory).		Senior team meeting.		Discussions with junior/early career staff.		X			# Ambulatory staff (equine) note a very full workload/day, but that it is manageable. # Farm ambulatory staff noted that their caseload is increasing but also reported that this is manageable. # Farm staff report manageable workload. Pig teaching staff feel they have a balanced workload between case management, policy, research. # Small animal staff content with their workload as they organise their rotas accordingly, which specify what they need and when. The average time on clinics is 50-60%, with remaining time spent on scholarship activities # VSCSs are remunerated separately by the Colleges for their role. Flexibility possible for student meetings. # Staff report being able to raise concerns. # Equine teaching staff report there is good support for them in their role. # Senior team reported that the exit interview process is implemented, data analysed and actions made. Example provided.			
5.5	Academic positions must offer the security and benefits necessary to maintain stability, morale, continuity, and competence of the educators. Educators and staff must have a balanced workload of teaching research and service depending on their role; and must have reasonable opportunity and resources for participation in scholarly activities.	All Staff Notice	I	Invitation to all staff and scholars to attend activities within the Wellbeing Week in Feb 2025.	I	Anonymised Exit Conversation Themes	O	Yes and triangulation	Discussions with teaching staff.		Senior team meeting.		Discussions with support staff.		X			# Ambulatory staff essentially full time vets in an ambulatory service, but any wishes to research or undertake projects are generally accommodated. CPD is supported. # Educators workload balance / models were explored with pre-clinical and clinical years educators. Balance and flexibility was reported. # Scholarly activity discussed, with staff reporting strong networks and collaborations. Reports of being encouraged to do clinical research alongside residency programmes. # Early career and support staff noted a reasonable workload. # New workload model has been explored, expected to be implemented soon. # Currently operate an on/off clinic model - leads to populate clinic rotas. Individuals with excessive or lesser workloads would be picked up by managers or in the annual appraisal.			
5.6	The school must provide staff with a mechanism, anonymously if they wish, to offer suggestions, comments, and complaints regarding compliance of the school with the RCVS standards for accreditation and that Day One Competences are being met. All such feedback from staff must be reported to the RCVS as part of the annual report.	Emails and Moodle reminders and newsletters to staff with links provided for the anonymous survey.	I	EQIP Notes	O	Michaelmas Survey 2024	O	Yes and triangulation	Discussions with staff (small animal, farm, ambulatory).		Discussions with junior/early career staff.				X			# Ambulatory staff report good mechanisms to feedback an any concerns. # Farm teaching staff report the ability to make suggestions to improve the curriculum, examples provided. # Small animal teaching staff reported being able to make suggestions to change curriculum. Would email lead for programme then it would go through VetEdCttee. Examples of this being done with success provided. Examples also provided of recent instances when teachers from years 1 & 2 (genetics, use of antibiotics) have been in touch to understand the curriculum so their content is aligned. # Link on Moodle for staff to access RCVS, AVBC and EAEVE standards and to feedback any concerns.			

Domain 6 - Curriculum and Assessment

Standard		Repository Evidence (Type = Input, Process or Outcomes)						Further evidence needed on visitation?	Visitation Evidence (Type - Input, Process or Outcomes)						Recommended Outcome			Comments	Recommendations	Suggestions	Commendations
		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type	Standard Met	Partially Met	Not Met				
6.1	Veterinary programmes must be designed and delivered to ensure that students, upon graduation, have achieved the programme learning outcomes (targeted at FHEQ level 7 or equivalent) and the RCVS Day One Competences.	Curriculum Map.	I	Programme Learning Objectives – mapped to D1Cs.	P	Vet GDP outcomes. Cambridge Graduate Survey.	O	Yes and triangulation.	Senior team meeting.		Discussions with staff responsible for animal handling.		Discussions with students.		X			# The programme has now been mapped to RCVS D1C across all years using the introduced, developed, demonstrated model. # Cat handling is carried out at the College of West Anglia. The Department also has to cats available in clinical skills for handling classes. # Pig handling is carried out in a farm setting during year 1. This is assessed via an online assessment currently, but will move to align assessments with the Agriculture and Horticulture Development Board (AHDB) which is MCQ based. The rationale given for using a written test for assessing skills / performance is that it the test meets 'industry standards'. Staff indicated it is a formative assessment.			
6.2	The curriculum shall extend over a period equivalent to a minimum of five academic years and must include a sufficient quantity and quality of hands-on clinical education to ensure students are prepared to meet the requirements of the veterinary role upon graduation.	Curriculum Map.	I	VEC minutes.	P	Student case logs.	O	Yes and triangulation.	Senior team meeting.		Assessment meeting.				X			# The veterinary programme is 6 years, with a year 3 intercalating year. # Useful hands-on skills are obtained via small group teaching in 4th and 5th year, at sites including the RSPCA.			
6.3	Veterinary programmes must be underpinned by pedagogical theory or based on best educational practice, involving input from educators, students, employers and other relevant stakeholders, and subject to regular evaluation and review.	Curriculum Policy.	I	External stakeholder feedback on Veterinary Business teaching.	P	Amendments to programme delivery.	O	Yes and triangulation.	Discussions with staff.		Senior team meeting.		Discussions with students.			X		# Documents and presentations report the use of a spiral curriculum. # The Clinical Skills Teaching showcase demonstrated how different elements of knowledge and skills are integrated within real-case scenarios to contextualise learning. # Ambulatory staff reported not yet having the option to contribute to developing the programme content for years 1 and 2 but were aware of the drive for the entire 6-year programme to be seen as one cohesive programme, and would welcome opportunities to contribute in future. # Educators from pre-clinical and clinical years noted being able to input to content review. # Progress made, especially in years 4-6 and some in 1-3, but there are still concerns around whether pedagogy is underpinning the changes in teaching and assessment in the MVST Tripos. # Constructive alignment not consistent throughout the programme.	24. The department must continue to review the constructive alignment of the curriculum to ensure assessment is appropriate and manageable.		
6.4	The majority of clinical education delivered by the School must focus upon casework in the 'general practice' context, reflecting the reality of veterinary practice in society.	Membership of VetST Course Management committee by clinicians.	I	Example student timetables showing GP context.	I	VetGDP graduate comments.	O	Yes and triangulation.	Discussions with students.		Discussions with clinical teaching staff.		Assessment meeting.		X			# Students report doing neuter surgeries on general practice (GP) placements, under supervision. # Students always greet the client and take histories, even in referral setting. # Some changes made to adapt programme to increase GP context. Adapted sessions in year 4 around flea / worming treatment, and added a new surgical skills small group session in year 5 (as a result of the VetGDP survey). Has received good feedback from students to date. Will look to roll out in other areas. # Changes to 1st year anatomy / physiology exam to relate to cases in a general practice context, e.g. navicular disease. # Added clinical reasoning sessions which discuss GP context and various options, including client finances / contextualised care. # Equine rotation is now within ambulatory general practice.			
6.5	The curriculum must describe appropriate learning outcomes which represent and effectively align the required knowledge, skills, and behaviours of a veterinary surgeon with teaching, learning and assessment activities within a cohesive framework.	Membership of VetST Course Management committee by clinicians.	I	Moodle site "Resources for Teaching on the Vet Course".	P			Yes and triangulation.	Senior team meeting.		Discussions with teaching staff.		Assessment meeting.		X			# Mapping of all ILOs across years 1,2,4-6 completed on Airtable against the D1C. This is part of the ongoing holistic curriculum review. # Year 1,2 educators report improved links with veterinary staff in the Department, including vet representatives on their own department teaching committees. # Clinical educators noted work to align/map content with D1C as a result of the holistic review, and enhanced discussions with pre-clinical educators.			
6.6	Under all teaching situations students must be actively engaged in the case. In the majority of cases, students must be actively involved in the investigation and management of the patient (including practical aspects of diagnosis and treatment, as well as clinical reasoning and decision-making).	Clinical reasoning Yr5 Moodle.	I	MEQ Student Feedback yr6 rotations.	O			Yes and triangulation.	Discussions with students.		Discussions with clinical teaching staff.		Discussions with ambulatory and farm staff.		X			# Ambulatory educators report process of enabling students to be hands-on depends on the case and clients. Usually staff would demonstrate first then allow student to step in. On farm, small groups of approximately 4 students attend. Farmers are generally encouraging and allow students to do techniques. It was reported that they also try to discuss in the van beforehand to see who hasn't had much experience to date. # There is a policy in place to state that euthanasia of large animals is not carried out with students present. # Case numbers on ambulatory services are increasing, estimated by 50%. Will soon be introducing an area visit scheme to be more efficient. # Students can access herd health plans and review them. On herd health 'week' they write their plans first, then discuss. # Farm teaching staff note they print off data relating to herd health on farms, and highlight how students could delve into the data. For pigs, students need to provide an updated report following the visit, through ePAD.			
6.7	The programme must give students the opportunity to learn and practise alongside other members of the veterinary team in an holistic manner that reflects the reality of veterinary practice in society.	Various Rotation Handbooks	I	Examples of students working with other members of the veterinary team	I	Graduate outcomes surveys	O	No (panel state standard is met)	Discussions with students.		Discussions with clinical teaching staff.				X			# Students working alongside a range of veterinary team members, including RVNs, radiographers, postmortem techs etc.			
6.8	Students must be supported to gain experience which consolidates their learning throughout the programme through the completion of Extra Mural Studies (EMS). This must be delivered in line with RCVS EMS Policy.	Animal Handling Assessment Criteria.	I	AHEMS Summary Report.	O	CEMS Placement Provider Feedback.	O	Triangulation.	Discussions with EMS staff.		Discussions with students.				X			# Species requirement for AHEMS no longer in place but the Department strongly encourages students to retain these. # Poultry, cats and exotics experience is gained at the College of West Anglia # Reasonable adjustments are supported to complete EMS, and students reported being fully aware of the RCVS EMS policy. # Financial support is available to students for EMS, and additional funds are also available through Colleges - the amounts available will vary depending on which College you attend.			25. The Department is commended for providing funding to support students on attending EMS.

Domain 6 - Curriculum and Assessment

Standard		Repository Evidence (Type = Input, Process or Outcomes)						Further evidence needed on visitation?	Visitation Evidence (Type - Input, Process or Outcomes)						Recommended Outcome			Comments	Recommendations	Suggestions	Commendations
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6.9	There must be an appropriate structure and resources in place to ensure the oversight, coordination and quality assurance of EMS. There must also be sufficient administrative support in place to assist the students	List of VSCSs and Support Staff.	I	Annual Clinical Phase Surveys.	O	Placement Provider Feedback.	O	Triangulation.	Discussions with EMS staff.		Discussions with students.				X			# Knowledgeable team in place # Demonstration of the EMS database to ensure quality of placements # ePad provides a platform for QA and feedback through VSCSs # New process implemented for student support on placements, e-portfolio, also have tutors email and porters available if needed. Also fill in feedback form afterwards (animal welfare example) and placement coordinator reviewed it then responded to discuss the issue. # If bad experience on EMS, students can request it is taken off the database. Also need to complete feedback. Placements are 'flagged' on database and students know not to go there. # Responsive EMS coordinator team to queries and concerns. # The follow up process when negative feedback is received from a student on EMS is established. The EMS lead will speak to the practice or placement provider and address the issue directly. In most cases this usually addresses any issues, but if not the placement removed from database or 'flagged'. Flagged issues may be specific cases such as 'issue improved but keeping a watch' or 'not suitable for someone with Crohn's disease'. Example provided to the panel of where a placement was removed from their database.			
6.10	The school must have processes in place to ensure that students are supported in the identification of relevant learning outcomes for their EMS placements, and record and reflect on their achievement.	Handbooks for AHEMS and Clinical EMS.	I	EMS Professional and Research Application.	P	AHEMS Summary Reports.	O	Yes and triangulation.	Discussions with EMS staff.		Discussions with students.				X			# Some guidance is provided on recommended ILOs for EMS placements, but students are encouraged to set own. # VSCS's provide support to individual students. # Academic support is also available. # Students complete summary report following completion of an EMS placement, includes welfare areas as well as experience. Students consider AVS list of questions, which supports their summary report and reflection on placement. # Now mandatory to complete the aims and objectives form before going on placement, which is discussed with clinical supervisor before they're allowed to go on the placement. # ePAD on trial for years 1 and 4, will be rolled out for years 4-6 soon.			
6.11	The EMS experience must be individual to the student, and they must be able to tailor their experience based on their own learning needs.	Handbooks.	I	AHEMS and CEMS Aims and Objectives Screenshots.	O	Notes from EMS Focus Groups.	O	Triangulation.	Discussions with EMS staff.		Discussions with students.				X			# Some guidance on recommended ILOs for EMS placements, but students encouraged to set own. Guidance from VSCSs on timing to ensure their EMS builds on taught content, rather than before it. # VSCSs support the students in identifying appropriate ILOs.			
6.12	There must be a system in place which allows for feedback from EMS providers of students' performance during EMS placements to be communicated with relevant academic staff.	AHEMS and CEMS Placement Provider examples.	O					Yes and triangulation.	Discussions with EMS staff.		Discussions with students.				X			# There are a number of ways for the EMS provider to be able to feed back to the student / vet school, i.e. forms online, email etc. or via EPAD # If there is negative feedback about a student's behaviour this would be addressed by the VSCS, EMS coordinator then a meeting with the student. These are then followed up with the provider to close the loop. # If a student doesn't receive the feedback from provider, the Department will support the student if chasing this up.			
6.13	The school must demonstrate that EMS placements consolidate skills which have previously been taught during the programme.	EMS for 2nd Years/4th Years PPs	I	Grading criteria for Animal Handling Assessments	P	Animal Handling Assessments Review	O	Yes and triangulation	Discussions with EMS staff.						X			# Staff noted that guidance is provided to students on suitable LOs at different times within the programme.			
6.14	The school must develop and implement a comprehensive and robust assessment strategy, at the programme and modular/unit level, which provides evidence that students meet the requirements for progression across the programme and the Day One Competences upon completion.	Assessment strategy.	I	Assessment Operations Sub-Committee ToR.	I	VEC Minutes 2025.05.07.	P	Yes and triangulation.	Senior team meeting.		Discussions with teaching staff.		Assessment presentation.			X		# Implementation of the assessment strategy is in progress # Assessment of knowledge is the predominant feature of the strategy implemented in years 1 and 2.	26. The Department must continue to implement the assessment strategy across all 6 years of the curriculum.		
6.15	The validity, reliability and educational impact of assessments must be appropriate to their purpose (high/low stakes) and evidenced through relevant evaluation data.	Various guides for External Examiners.	I	Assessment group meeting minutes.	P	DOPS report final.	O	Yes and triangulation.	Senior team meeting.		Discussions with teaching staff.		Assessment presentation.			X		# The 100% pass rate across all criteria following initial animal handling assessments was explained through these assessments being focussed on a minimal level of safety, to ascertain that the students can safely handle species ahead of any placement. Students are also able to request additional practice sessions before their assessments. # Whilst content validity was discussed in terms of assessment design by those staff developing assessment, evidence of blueprinting was not available for all assessments within the programme. # Staff explained that where the purpose of the assessment was to ensure engagement with material (for example preparation for professional practice in the pre-clinical curriculum) reliability was not considered a priority. However, reliability was inappropriately low for other assessments.	27. The Department must ensure that content validity is demonstrated across all assessments in the programme. 28. The Department must develop strategies to improve the reliability of assessment where appropriate in line with best practice.		
6.16	The assessment tasks and grading criteria for each unit of study in the programme must be clearly identified, and available to students in a timely manner well in advance of their assessment. Requirements to pass including the effect of barrier assessments must be explicit.	Assessment framework 2024-2025.	I	Various Marking and Classing criteria documents.	I			Triangulation (standard possibly met).	Discussions with teaching staff.		Discussions with students.					X		# Grading Criteria is often set out at start of module in a lecture. # Supervisors also explain what / how assessment will work for their modules. # Large animal / cattle Animal Handling assessments include criteria for assessment that includes 'muzzle' for cattle (dated 2025); team stated it s a mistake. # Standard setting procedures in progress.	29. The Department must continue to implement the changes to standard setting across the programme.		

Domain 6 - Curriculum and Assessment

Standard		Repository Evidence (Type = Input, Process or Outcomes)						Further evidence needed on visitation?	Visitation Evidence (Type - Input, Process or Outcomes)						Recommended Outcome			Comments	Recommendations	Suggestions	Commendations
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6.17	Assessments must be designed and carried out by individuals with appropriate expertise in the area being assessed, who have been trained in their role as an assessor and understand what is required to make the process robust, including honesty, fairness, consistency, and judgements free from bias.	Integrated Foundation of Medical Education Programme.	I	Faculty Board meeting minutes.	P	OSCE assessor training attendance 2025.	O	Yes and triangulation.	Senior team meeting.		Discussions with teaching staff.				X			# Training is given to individuals constructing exam content: In relation to exams, no training is in place as such but guidance (written) is provided and support is available if requested. More training is available for OSCE content including videos available. Attendance at training sessions is monitored in some areas such as OSCE training, but not yet in other areas. # The Cambridge centre for teaching & learning offer sessions for help with writing MCQs. # All assessors have to be approved by the Chair of exam board.			
6.18	Assessment load must be sufficient to provide both formative and summative feedback to support students' progress, and to evidence achievement, remaining cognisant of workloads for staff and students.	Assessment load – timelines.	I	Assessment group meeting minutes.	P	Various VEC minutes.	O	Yes and triangulation.	Discussions with students.		Discussions with teaching and support staff.		Senior team meeting.			X		# Pre-clin students reported that the assessment load is high but 'fair' and if you don't do well in one area there is still space to shine. Also have the ability to re-sit. # Clinical students appreciated that exams are necessary and understood the need for a high assessment load. # Subtle changes reported to exams in yr1,2 to address the high assessment load, such as spreading them out, so whilst this is not reducing, some measures to ease the burden have been taken. Other modules have not changed. The Department reported addressing student perception that all assessments are 'high stakes'. # Support provided to students via Colleges regarding their assessment load, with meetings twice per term, advice and guidance on prioritisation etc. # Support from the Department includes online resources such as videos, exemplars, mock exams which can be used by any College (though this relies on individual supervisors sharing). Colleges also able to buddy up early students in yr 1 with more experienced students who know the 'system'. # Student feedback in repository suggests load too much in places, but students on the visit stated they were happy. # There is a University initiative within the educational strategy to review and reduce assessment load within all programmes. Staff reported that this was being considered as part of the holistic curriculum review.	30. The Department must continue to review assessment load as part of the holistic curriculum review and implement changes to ensure alignment with institutional policy.		
6.19	The school must have appropriate moderation processes in place to ensure parity within and between individual units of study, across the programme, with other institutions; and to ensure that each student is treated without bias.	Assessment strategy.	I	4th year induction – exams.	P	MVST External Examiner reports.	O	Yes and triangulation.	Discussions with teaching staff.		Assessment meeting.					X		# Actions suggested on examiner reports go through relevant committees and can be implemented the following year. Major changes would go through the relevant committees and the VEC. # Staff noted that EEs were used to moderate specific papers and act as a second marker in some instances (not following university's policy on EE remit) # Double marking policy is not consistently implemented throughout all years.	31. The Department must ensure the university policy on moderation and external examiners is implemented in full.		
6.20	There must be a system for students to keep a record of the quality and quantity of their clinical experience and reflect on their development of clinical and non-clinical skills over the duration of the programme. These records must be regularly reviewed by an educator to inform an individualised development plan. Consolidated data must contribute to the quality improvement of the programme.	Staff ePAD support on Moodle.	I	ePAD AHEMS/EMS reflections flow charts.	P	E-portfolio external examiner report 2024.	O	Yes and triangulation.	Discussions with students.		ePAD demonstration and meeting.		Senior team meeting.		X			# MyProgress ePAD has been implemented as a learning platform to record and reflect on clinical competency and professional development The Department has been piloting this with years 1 and 4 and have made some changes in response to feedback from students prior to roll out in 2025-26 to all year groups. Now have a working group to progress this and working with developer.			32. The Department is commended on their pilot and roll out of MyProgress ePAD to support students' professional development.
6.21	The school must demonstrate a commitment to research led teaching throughout the veterinary programme.	Veterinary Radiology education paper.	P	Examples of research led teaching.	O			No.							X			# Sustainability research embedded in lectures.			
6.22	All students must be trained in scientific method and research techniques. All students must have opportunities to participate in research programmes.	Foundations of Evidence Based Practice Course.	I	Student feedback.	O	Research project examples.	O	No.	Showcase 2						X			# Individual research projects completed in Y3 and Y5 elective period. Examples of Y3 research were given by students on the visit.			33. The Department is commended for the opportunities provided to students to complete individual research projects

Report Response

We would like to extend our sincere thanks to the Accreditation Panel and RCVS team for their time, expertise, and thoughtful engagement throughout the recent visit. We are grateful for the opportunity to demonstrate the progress we have made since the previous accreditation visit and to reflect on our ongoing commitment to continuous improvement. The visit provided valuable opportunities for our staff and students to contribute, and we will take meaningful action based on the constructive feedback shared in the report.

We remain dedicated to delivering a high-quality educational experience and to evolving in ways that best prepare our graduates for the profession. We have strengthened quality assurance and quality improvement processes at the heart of the programme, recognising their importance and value.

Please find our responses to the panel's recommendations and suggestions below, together with an action plan.

Domain 1: The Learning Environment

Recommendation: The Department must reconfigure the organisation of the three zones within the isolation facilities to ensure the red zone is separate from the amber and green zones. (1.2. Standard partially met) (1.9. Standard partially met)

The Department values the comments of the accreditation panel and recognises that the existing equine isolation SOP may have been unclear or potentially misleading. The isolation facilities operate a three-zone system, each separated by solid doors:

- **Green Zone:** Clean area and main entry point, including changing facilities.
- **Amber Zone:** Human-only working area (intermediate zone).
- **Red Zone:** Contaminated area used for animal housing and associated clinical work.

In the equine isolation unit, the amber area functions as a transition between the red (contaminated) and green (clean) zones. Previously, hazard tape and signage were used within the amber area to indicate this transition, ensuring personnel were dressed and disinfected appropriately when moving between zones (red to amber, amber to red). The SOP had suggested that the red zone began before the stable; this is incorrect. The red and amber zones do not share physical space and are separated by solid doors.

To highlight the two functional areas within the amber zone, benches will replace the existing hazard tape, providing both a fixed point of demarcation and an area for staff to sit while changing. The SOP has been rewritten to reflect these clarifications, and updated signage and procedural guidance for staff and students will be issued to reinforce compliance with the revised biosecurity arrangements by December 2025.

The farm isolation SOP is correct. The red zone is separated from the amber zone by a door. In the red zone a farm animal will be penned. The farm isolation unit employs washable PPE, so the red zone contains a disinfection area - separate from the penned animal - with appropriate drainage to facilitate thorough decontamination prior to personnel exiting to the amber zone.

Recommendation: The Department must demonstrate the provision of safe facilities for examination and treatment of large animals in isolation where necessary. (1.2. Standard partially met) (1.9. Standard partially met)

The isolation facilities for both equine and farm species are designed for short-term containment of in-patients that subsequently develop clinical signs requiring isolation, rather than for direct admissions.

Within the equine isolation unit, procedures undertaken are limited to those comparable in scope and risk to standard ambulatory practice (e.g. rectal examination, nasogastric intubation). Horses requiring more intensive treatment or monitoring will be referred to a local equine hospital equipped for higher-level care.

Animals in the Farm Animal Hospital (FAH) that are suspected or confirmed to have a contagious disease are managed according to the level of transmission risk and pathogen severity and in line with the FAH Biosecurity Manual. There are two main management pathways:

- *Full Isolation*
  Animals classified as Class 4 (highly transmissible or serious zoonotic pathogens, e.g. tuberculosis) are housed in the designated isolation facility. This ensures complete separation from the general hospital population. Within the farm animal isolation unit, pen sizes and equipment selection are adapted to each animal's size and temperament to ensure both safety and welfare
- *In Situ Isolation with Barrier Nursing*
  Animals classified as Class 3 (moderate transmission risk or resistant bacteria) may be housed within the main clinical areas under strict barrier nursing precautions, if full isolation is not deemed necessary. These precautions include (*i*) use of barrier nursing at all times; (*ii*) pens cordoned off with barricades to restrict access; and (*iii*) adjacent pens kept empty to reduce transmission risk. Enhanced cleaning and disinfection protocols within the barricaded area will be added to the Biosecurity Manual by end of December 2025.

The decision between full isolation and in situ management is made by the attending clinician based on the suspected pathogen, clinical signs, and transmission risk. All cases must be promptly reported to FAH infection control staff, and APHA must be contacted immediately if a notifiable disease is suspected.

These measures collectively ensure the safe and appropriate management of large animals in isolation while maintaining high standards of infection control.

Recommendation: The Department must set metrics to prevent overuse of animals and formalise the reporting mechanism following the audit process. (1.4 Standard partially met)

As part of its responsibility to ensure the welfare and appropriate use of animals for teaching, the Department's Animal Ethics & Welfare Committee has produced species specific guidelines for use of animals in teaching, and records and reviews data related to animals used in teaching. The AE&W Committee reports annually to the University's Research & Ethics Committee, the University's Animal Welfare and Ethical Review Body, and the Department's Strategy & Executive Committee.

The Department is establishing a Teaching Animal Husbandry and Welfare Oversight Group under the AE&W Committee with the following remit:

- Oversight of the welfare and husbandry needs of animals used for teaching across the Veterinary Programme (Yrs 1 – 6)
- Establish and regularly review care plans for animals kept on the veterinary school site and these are to be updated at least annually
- Set metrics for and monitor the frequency of animal use in teaching

The Group will be established and functioning by the end of December 2025.

When agreeing metrics for animal use, we will refer to our data on current/previous animal use, recent scholarship, and benchmark against other institutions. For example, we are currently considering the guidelines developed by Cavalieri et al. (2023)* to limit use of individual animals to acceptable frequency and duration. According to these guidelines almost all of our procedures are classed as minimal interference / observation (1 point per session) and include measures such as general animal handling, bandaging, haltering, limb examination, and the like. Rectal palpation of cows is classed as minor conscious intervention (2 points per session). The authors suggest use of individual animals be limited to a maximum of 8 points per week, 24 points per month, or 60 points per term with accumulation of points checked regularly.

We will continue to follow our current rigorous guidelines to discontinue use of any animal in a session which shows signs of stress.

**Cavalieri J, Dowling B, Foyle L. et al, Guidelines for the use and reuse of animals for teaching within veterinary medical education programs. Clinical Theriogenology 2023, 15, 9593*

Suggestion: The Department should develop a policy on Personal Protective Equipment (PPE) in non-clinical areas. (1.2 Standard partially met)

The Queen's Veterinary School Hospital will review and update its PPE policy to include clear guidance on the wearing of uniforms and PPE in non-clinical areas, in line with the *Personal Protective Equipment at Work Regulations 1992*. The revised policy will clarify the distinction between uniforms and PPE, define where each may appropriately be worn, and reinforce awareness of professional standards and public perception. Once approved, the policy will be communicated to all staff and students and incorporated into induction and refresher training.

This work will be completed by January 2026, following consultation with staff and student representatives.

Suggestion: The Department should continue to implement Teaching Venue Inspection Visit (TVIV) inspections for off-site learning environments on an annual basis. (1.3 Standard met)

As part of our ongoing commitment to Teaching Quality Assurance and Improvement, the Education Quality Improvement Programme (EQIP) committee has agreed that from AY 2025-26 the Department will undertake annual Teaching Venue Inspection Visits (TVIVs) for all off-site learning environments. The inspection visits will be completed by departmental staff members who teach at these sites or regularly visit, and their reports will be considered

by the TVIV group and reported to EQIP. The TVIV Terms of Reference, Schedule of Inspection Visits and TVIV Report have been updated to reflect this change.

This adjustment will ensure that all off-site environments are visited at least once a year and supports our other existing quality assurance measures, including student surveys and feedback.

Suggestion: The Department should continue to expand the range of farm animal simulation models they have available. (1.6 Standard met)

Our range of models is under continual review and several new farm animal models are in the procurement phase. These include a bovine jugular venipuncture, subcutaneous and intramuscular injection simulator, an ear tagging simulator and halter model, and a bovine epidural and tail venipuncture simulator. These models will be incorporated into teaching and facilitator-supported student practice as soon as possible once they are received.

The small group practical introducing farm animal practice taught within clinical skills areas has been redesigned and utilises more of the existing farm animal models and equipment to improve student exposure to and experience with farm animal clinical skills. The changes are in place for the 2025-26 curriculum.

Suggestion: The Department should consider strengthening IT security of pro-vet if used within public areas. (1.11 Standard met)

The Queen's Veterinary School Hospital has reviewed the IT security measures for the Provet Cloud patient management system and is implementing a series of improvements to enhance protection when accessed from public or shared environments. Provet access already requires University of Cambridge credentials with multi-factor authentication (2FA) and is subject to automatic logout after 10 minutes of inactivity. To further strengthen security, we will introduce additional measures by 31 October 2025, including:

- Upgraded password requirements.
- Activation of two-factor authentication within Provet itself, adding a second verification step for all users except those accessing from secure, whitelisted hospital networks.
- Review and adjustment of session timeout settings to balance security with clinical practicality.
- Review of user permissions and role-based access levels to ensure the principle of least privilege continues to apply across all user groups.

Staff and student awareness of secure matters will also be strengthened. All users will receive updated guidance on secure data handling, including expectations for safe use in public areas, password management, and device security. These materials will be embedded within Provet induction and refresher training sessions for all staff and students. Completion of the University's annual Cyber Security Awareness course will continue to be mandatory, and compliance will be monitored through existing HR systems.

In addition, all students will complete a Clinical Services Confidentiality Agreement before being granted Provet access, reinforcing professional responsibilities under the *RCVS Code of Professional Conduct*. These actions collectively ensure that Provet use remains

compliant with data protection standards and that staff and students understand their responsibilities for safeguarding confidential information in any setting.

Domain 2: Organisation, Culture and Values

Recommendation: The Department must continue to progress with a plan for the sustainability of the programme. (2.1. Standard partially met)

The Department acknowledges the importance of progressing a clear and actionable plan to ensure the long-term sustainability of the veterinary programme. Strategic and financial resilience remain central to our mission of delivering high-quality veterinary education and clinical. service.

Alongside our preparations for the recent accreditation visit, the Departmental management team has worked in partnership with the School of Biological Sciences leadership team to actively consider strategic options for the future. We have engaged external consultants and collaborated with investment appraisal specialists within the University to collate a body of evidence and an appraisal of the different options to be considered.

A Working Group of senior staff is tasked to produce a report for consideration by the Council of the School of Biological Sciences in early December 2025. The aim of this meeting will be to identify viable options for the future of clinical veterinary education at Cambridge and agree one or more of the models to be worked up to full business plan stage. While any change in model will take time to implement, and each of the options under consideration will have a different associated timescale, we expect to have agreed our future direction and have an implementation timetable in place by the end of the 2025-26 academic year. The RCVS will be consulted before any change to the clinical model is taken forward. Steps are detailed below.

Date	Activity
October – November 2025 *IN PROGRESS*	Working Group prepare report and detailed options appraisal for Council of the School of Biological Sciences
Early December 2025	Council of the School of Biological Sciences to consider options for the future of Clinical Veterinary Education at Cambridge
Mid-December 2025	Working Group reconvenes to consider outcomes and plan next steps for taking forward approved model(s)
January 2026	Report and CSBS recommendations received by University General Board
January – April 2026	• Approved model(s) worked up to full planning stage • Partner organisations engaged with and outline agreements for future collaborative working discussed in detail • Staff and student consultation undertaken • Accreditors consulted on potential impact of approved model(s) and any resulting actions that may be required
May – July 2026	Working Group establish Implementation Plan and timetable

Recommendation: The Department must ensure the risk register is updated and complete, demonstrating effective and timely actions. (2.2 Standard not met)

The Department recognises the critical role of a comprehensive and actively managed risk register in ensuring institutional accountability, regulatory compliance, and strategic resilience. In response to this recommendation, by December 2025 the Department will:

- Undertake a comprehensive review of existing strategic and programme-level risk registers to ensure they reflect current strategic, academic, clinical, and regulatory risks pertinent to veterinary education and service delivery.
- Review Committee procedure to ensure that, in addition to a monitoring review at each meeting, Veterinary Education Committee (for programme-specific risks) and Strategy & Executive Committee (for strategic risks to the Department) will undertake at least termly reviews of potential new risks, changes in likelihood and/or impact of existing risks, continued suitability of risk owners, successful implementation of mitigation actions, and status of risks.
- Add risk management as a standing item to all committees listed as “risk owners”, to ensure that those working in specific operational areas have a regular opportunity to consider these risks and quickly escalate any concerns to Senior Leadership and Strategy & Executive Committee/Veterinary Education Committee as appropriate.

By March 2026, the Department will:

- Obtain input from the University’s Governance & Compliance Division (the University Office responsible for oversight of institutional risk management) to help review format, systems, and processes around risk management relating to the programme, and to the department. Recommendations from the Governance & Compliance team will be considered by relevant committees (Veterinary Education Committee and Strategy & Executive Committee) and implemented to ensure University best practice is followed.

All steps will be reviewed in September 2026 (following the annual committee cycle) to consider if any further action is needed.

Recommendation: The Department must continue their progress to establish contracts with partner sites involved in the delivery of core teaching in order to mitigate risk. (2.2 Standard not met)

The Department has contracts in place with the sites that provide the abattoir-based teaching for Veterinary Public Health. We currently have Memoranda of Understanding in place with other off-site venues where core teaching is delivered (i.e. College of West Anglia, RSPCA Local Cambridge Branch, and World Horse Welfare). We are working with the University’s Legal Services Office to convert these to contracts by end of March 2026.

These formal arrangements will continue to be reviewed annually by the Department’s Teaching Committee and explicitly considered as part of the risk management process detailed in the previous item.

Domain 3: Educational Governance and Quality Improvement

Recommendation: The Department must complete the holistic curriculum review and implement the findings to demonstrate autonomy over the entire 6-year curriculum. (3.1) (3.11. Standard partially met)

The Department is committed to completing the holistic curriculum review (HCR) and implementing its recommendations. The Curriculum Policy for Veterinary Medicine stipulates that a holistic curriculum review will take place every 6-8 years going forward. Outstanding actions for the current HCR - as agreed with the Veterinary Education Committee - are detailed in the table below:

Phase	Description	Start date	Completion date	Status
3b and 3c	Stakeholder surveys and focus groups	September 2025	December 2025	In progress
4	Analysis of stakeholder data and consideration of ways to address curriculum gaps	January 2026	April 2026	
5	Draft preliminary action report	April 2026	May 2026	
6	Consultation with staff	May 2026	June 2026	
7	Curriculum and assessment redesign and implementation	July 2026	TBC (anticipate implementation of changes from September 2027)	

To date we have amended and created PLOs/ILOs for all teaching units across years 1-6 and mapped these to the appropriate RCVS Day One Competences, and successfully recruited external stakeholders (including representatives from corporate and independent small animal, equine and farm animal practices, the Government Veterinary Service, National Farmers Union and European Board of Veterinary Specialisation). We have designed the surveys for distribution to our external and internal stakeholders and are scheduling focus group meetings. Collection of data from stakeholders is due to be completed by the end of December 2025.

Data analysis and finalisation of action plan will be completed by end of July 2026. We anticipate that Phase 7 (the curriculum and assessment redesign phase) will take around 12 months to complete, with a view to implementing substantive changes to the curriculum (likely in a phased manner) from September 2027. However, the final timeline for completion of implementation will depend on the extent of the recommended changes.

The HCR will be led by the Curriculum and Assessment Strategic Review Committee (CASRC), who will meet regularly to monitor and drive progress, and supported by the secondment of three members of staff for a two-year period. We are confident that with these measures in place we can complete the HCR according to the agreed timetable. The HCR sits alongside existing measures that demonstrate autonomy over the entire curriculum. Through the MVST Part I Committee, the Department works with others in the School of Biological Sciences to tailor teaching and assessment to the needs of veterinary students. Additionally, the VEC has been reworked and strengthened to ensure a robust programme-level approach.
Recommendation: The department must develop a strategy to sustain the programme and implement a financial plan to demonstrate financial sustainability. (3.4. Standard partially met)
Please see our response to the recommendation against standard 2.1.
Recommendation: The Department must work with the Colleges to implement a selection process that is equitable and transparent. (3.6. Standard partially met)
Details of the selection process and the criteria used for selection of students to the veterinary medicine programme are outlined on the University and Vet School admission websites. The latter has recently been updated to include additional details regarding the workings of the intercollegiate admissions pool to ensure transparency for potential applicants. To ensure continued unbiased recruitment of students to the veterinary programme, the transparency and equity of the selection process will be reviewed annually by the Admissions Subcommittee of the Veterinary Education Committee (VEC; May/June meeting). To facilitate this review, various data indicating the admissions success of different applicants from different backgrounds will be considered (e.g. data from University, HEAT, HESA etc.). The outcome of these reviews, including any recommendations for change, will subsequently be considered by the VEC. Depending on the nature of any recommendations, these will be escalated to other relevant University/College committees. In addition to veterinary-specific admissions processes, the University Admissions Committee recently initiated a review of admissions processes across the wider University, with a view to improving consistency and practice across the Collegiate University (October, 2025). The veterinary medicine programme will contribute to and benefit from the review. Going forward, we will continue to contribute to the expansion and enhancement of the Vet Schools Council admissions guidance document, to ensure transparency of the admissions process across all student-facing resources.
Recommendation: The Department must formalise a process, through the Veterinary Education Committee (VEC), to evaluate the performance, progression and outcomes of students with respect to Equality, Diversity and Inclusion (EDI) characteristics and admissions/selection criteria. (3.10. Standard partially met) (3.12. Standard partially met)

At its October 2025 meeting, the Veterinary Education Committee (VEC) agreed the process by which we will obtain student data to perform awarding gap and progression analysis of different groups of students, including for EDI, WP and disability characteristics. These analyses will be scrutinised at the VEC Assessment Operation subcommittee and at the VEC Admissions subcommittee annually to determine if any group is being disadvantaged by assessment or admissions processes. The first report, considering data up to and including AY 2024-2025, will be presented for discussion at the November 2025 VEC meeting.
Recommendation: The Department must ensure formal arrangements are in place with partner sites involved in the delivery of core teaching, to provide assurance on sustainability and mitigate risks to the programme. (3.13 Standard not met)
Please see our response to the recommendation against standard 2.2.

Domain 4: Supporting Students

Suggestion: The department should develop its own Widening Participation (WP) strategy and targets. (4.2 Standard met)
The Department is committed to continual review of student recruitment processes to ensure that academically gifted students from all backgrounds are recognised and have the opportunity to study Veterinary Medicine at Cambridge. To facilitate this goal, the Department will regularly consider our WP targets and refine our recruitment strategy as required to ensure targets are met, or exceeded, as follows: 1. **Tracking of students**: Students fulfilling WP criteria are tracked through the admissions process, and these data will be scrutinised annually by the Veterinary Education Committee (via the Admissions Subcommittee) to assess the effectiveness of the recruitment process (Easter Term meeting – May/June). These data will be used to inform any changes to the WP strategy employed in the Vet School. 2. **Recruitment of WP students:** HEAT data will continue to be used to determine whether the vet-specific outreach activities facilitated by both the Vet School and Cambridge Admissions Office are effective in recruiting WP students. These include the annual Sutton Trust Outreach Summer School, Apply:Cambridge, and STEM SMART. If there are any indications that individual programmes are consistently not performing well, changes to those programmes will be made, and new activities will be developed to maximise recruitment of WP students. 3. **Recruitment materials**: We will continue to review and develop subject-specific guidance for the collegiate University's Schools Liaison Officers, as well as information for prospective students on departmental and University websites. 4. **Resources**: additional departmental funds will be ringfenced to support WP students, as required, to ensure equitable access to core educational opportunities e.g. travel for exam resits allowed in extenuating circumstances, in line with new

University assessment policy. Funding for the Cambridge chapter of Animal Aspirations will be reviewed annually by the Veterinary Education Committee.

In addition to initiatives to ensure enhanced recruitment of WP students, the Admissions Subject Convenor will liaise with local advisors to establish whether there is a rationale for the Vet School to deviate from the University's data-driven and ambitious targets agreed with the Office for Students and submit the findings to the Admissions Subcommittee of the VEC (May/June meeting, 2026). If indicated, the WP strategy will be reviewed in light of the outcomes of these discussions.

Suggestion: The department should work with the Colleges to ensure consistency of interview experience across Colleges. (4.4 Standard met)

All academic staff involved in the admission of veterinary students are required to undertake subject-specific training, facilitated by the Admissions Convenor for Veterinary Medicine. To ensure consistency of interview experience across Colleges, the following points will be emphasised in training (November 2025):

1. **The importance of consistency between interview teams**. Specific details regarding the interview format and the design of interview tasks will be outlined to support this approach.
2. **Guidance**: The Subject Convenor's written guidance to interview panels (which will include details on interview structure and task design) will be approved annually by the Admissions Subcommittee of the Veterinary Education Committee (VEC; October/early November meeting).
3. **Interview panels**: information regarding membership of veterinary admissions interview panels will be approved annually by the Admissions Subcommittee of the VEC (October/early November meeting). The Admissions Subcommittee will consider composition of panels (including MRCVS representation, gender balance). Where possible, interviewers will be encouraged to contribute to interview panels for more than one College.

Suggestion: The department should ensure feedback is available, to students who have failed examinations, across the entire programme. (4.11 Standard met)

We are committed to supporting our students through the timely provision of meaningful feedback, recognising its vital role in academic and professional development. Students who have failed examinations are offered the opportunity to discuss their performance and receive feedback with their Director of Studies, who oversees their academic progress. Where appropriate, additional input and remedial support is provided by the relevant teaching Department and the student's College.

For written examinations, students may formally request to view any comments or mark indications on their scripts. This is in line with the University policy on examination data.

In assessments of practical/professional skills—such as OSCEs, DOPS, and clinical rotations—students may discuss feedback with their VSCS, who supports their professional development. Feedback includes free-text comments from assessors, which

are available for students to review with their VSCS, and remedial support is offered to support progression where required. We are committed to continuously improving the consistency of feedback, and to identifying and removing any barriers that may prevent students from accessing it. This matter is monitored by the MVST Part I and DVM Teaching Committees.

Domain 5: Supporting Educators

Recommendation: The department must ensure that all educators across all years of the programme have completed or are working towards completion of relevant teacher training. (5.1. Standard partially met)
The Department recognises the need for ensuring that staff teaching on all years of the veterinary programme undergo assured teacher training. In addition to existing training opportunities available internally and externally, educators teaching on the vet programme will have the opportunity to attend the veterinary-specific teacher training course offered by the Cambridge Centre for Teaching and Learning (CCTL). The Department has worked with CCTL to build on the successful pilot of a veterinary teaching training course delivered in AY2024-25, and two cohorts of the course are being offered in AY2025-26. The Department keeps records as to whether educators teaching on all years of the programme have undertaken relevant teaching training, and has initiated a discussion with the Council of the School of Biological Sciences (CSBS) as to options for ensuring all educators have completed - or are working towards completion of - relevant teaching training. An agenda item has been tabled for the October 2025 meeting of CSBS.
Recommendation: The department must ensure all Members of The Royal College of Veterinary Surgeons (MRCVS) and Registered Veterinary Nurses (RVN) involved in teaching are compliant with the RCVS Continuing Professional Development (CPD) requirements. (5.2. Standard partially met)
The Department of Veterinary Medicine has implemented a CPD Compliance Monitoring Framework to ensure all MRCVSs (including Junior and Senior Training Scholars) and RVNs involved in teaching remain compliant with RCVS CPD requirements. The framework applies consistently across all relevant individuals, with parallel processes for staff under line management and Scholars under academic supervision. The framework includes: · Biannual progress reviews conducted each July and November by line managers for staff and by academic supervisors for Scholars. These meetings confirm CPD progress, identify barriers, and agree any necessary support actions. A brief email summary is retained to provide an informal audit trail. · A central CPD register maintained by HR, recording completion data for all MRCVSs and RVNs, updated from annual appraisal (SRD) forms and year-end CPD submissions. · A final annual audit each February, during which HR verifies compliance, follows up with line managers or supervisors of any non-compliant individuals, and confirms final compliance status by 1 March.

- A communications plan with reminders issued in November (for activity completion before the 31 December deadline) and January (for submission of records by 1 February).

This framework ensures that all MRCVSs, and RVNs maintain full compliance with RCVS CPD requirements through proactive monitoring, supervision, and central oversight by HR and departmental leadership.

Domain 6: Curriculum and Assessment

Recommendation: The department must continue to review the constructive alignment of the curriculum to ensure assessment is appropriate and manageable. (6.3. Standard partially met)
The Holistic Curriculum Review (HCR) is designed to review the constructive alignment between the learning objectives, methods of teaching, and methods of assessment across the entire curriculum to ensure that these are appropriate for the acquisition and evidence of attainment of the RCVS Day One Competences. The HCR is taking a learner-centred approach and will be aligned with the University's Teaching Review, which requires Departments to consider assessment load and its impact. Recommendations for any necessary changes to the curriculum and assessment are expected by April 2026 and will then be integrated into the curriculum redesign phase of the HCR (Phase 7). Further details of the HCR timetable and approach can be found in the response to the recommendation pertaining to Standard 3.1.
Recommendation: The Department must continue to implement the assessment strategy across all 6 years of the curriculum. (6.14. Standard partially met)
Implementation of the programme assessment strategy is being taken forward by the MVST Part I Committee and Department of Veterinary Medicine Assessment subgroup of its Teaching Committee. The strategy will be reviewed yearly by the VEC Assessment Operations subcommittee going forward. Oversight through VEC and its assessment sub-committee will ensure a programme-level view. The Holistic Curriculum Review is considering assessment matters and any changes instigated by the review will be incorporated into the strategy via the VEC Assessment Operations subcommittee.
Recommendation: The Department must ensure that content validity is demonstrated across all assessments in the programme. (6.15. Standard partially met)
The Cambridge Veterinary Programme is committed to appropriate and valid assessment. We will continue to test content validity across all the assessments in the programme, using input from teaching staff, external stakeholders, students and graduates.

The rollout of standard setting across all elements of the programme will support construct and content validity. Standard setting is in place for the majority of written examinations and will be in place for all by AY 2026-27. The Holistic Curriculum Review will also consider assessment validity and review the constructive alignment of teaching content and assessment, including relevance to the acquisition of D1Cs. Recommendations are due by April 2026 to enable the implementation phase from July 2026.
Recommendation: The Department must develop strategies to improve the reliability of assessment where appropriate in line with best practice. (6.15. Standard partially met)
The new Veterinary Education Committee Assessment Operations subcommittee will scrutinise examination data for all years of the programme (at the October 2025 meeting, in the first instance). This will include consideration of feedback from standard setting and review of questions/papers by examiners, as well as ensuring constructive alignment of assessment content to PLOs and ILOs. The subcommittee will lead on any intervention identified that would improve reliability of assessment across the programme. We will continue to provide training to staff and internal examiners in question writing and best practice in question design.
Recommendation: The Department must continue to implement the changes to standard setting across the programme. (6.16. Standard partially met)
The Department is committed to rolling out standard setting across the programme according to the timetable presented to panel members during the visit. Standard setting is in place for many examinations, and all examinations will be standard set by AY 2026-27. The Medical and Veterinary Medicine Curriculum Review Steering Group (MVMCR) and the MVST Part I Committee together with the assessment subgroup of the DVM Teaching Committee will continue to oversee the rollout and consider where it may be possible to bring forward implementation.
Recommendation: The Department must continue to review assessment load as part of the holistic curriculum review and implement changes to ensure alignment with institutional policy. (6.18. Standard partially met)
Considerations around assessment load inform the continuous review of the programme and recent incremental changes. Review of assessments, including assessment load, forms part of Phase 4 of the Holistic Curriculum Review (HCR) and any recommended changes will be incorporated into the curriculum redesign phase. The HCR reflects the principles set out in the University Teaching Review and its requirement for all Departments to ensure assessment is appropriate and manageable for students. Discussions are already underway regarding potential changes to assessment that would reduce duplication and/or spread the assessment load, and proposals will be incorporated into the HCR for wider stakeholder input. Recommendations are expected by April 2026.

Further information about the HCR can be found in the response to recommendations related to standard 3.1.
Recommendation: The Department must ensure the university policy on moderation and external examiners is implemented in full. (6.19. Standard partially met)
External examiners play a vital role in maintaining academic standards and enhancing the quality and credibility of assessment processes. The relevant committees will ensure that the university policy on moderation and external examiners is followed in full. The policy will be reviewed at the first committee meetings of the academic year, and Chairs of Examiners will be reminded of the policy in advance of examining.

Action Plan

Standard	Recommendation/Suggestion	Action	Expected Date of Completion
1.2/1.9	The Department must reconfigure the organisation of the three zones within the isolation facilities to ensure the red zone is separate from the amber and green zones. *(Recommendation).*	Add benches to equine isolation unit Rewrite equine isolation unit SOP Update signage and procedural guidance	Completed Completed December 2025
1.2/1.9	The Department must demonstrate the provision of safe facilities for examination and treatment of large animals in isolation where necessary. *(Recommendation).*	Update Farm Biosecurity Manual	December 2025
1.4	The Department must set metrics to prevent overuse of animals and formalise the reporting mechanism following the audit process. *(Recommendation).*	Establish Teaching Animal Husbandry and Welfare Oversight Group Agree metrics for animal use	December 2025 December 2025
1.2	The Department should develop a policy on Personal Protective Equipment (PPE) in non-clinical areas. *(Suggestion).*	Review and update PPE policy	January 2026
1.3	The Department should continue to implement Teaching Venue Inspection Visit (TVIV) inspections for off-site learning environments on an annual basis. *(Suggestion).*	Revise TVIV process to ensure annual visits for off-site learning environments	Completed

1.6	The Department should continue to expand the range of farm animal simulation models they have available. *(Suggestion).*	Procure additional models Continue to review range of models	Completed Ongoing
1.11	The Department should consider strengthening IT security of pro-vet if used within public areas. *(Suggestion).*	Add additional security measures Annual completion of mandatory cybersecurity course Introduce Clinical Services Confidentiality Agreement	October 2025 Ongoing Completed
2.1	The Department must continue to progress with a plan for the sustainability of the programme. *(Recommendation).*	Agree model(s) to be worked up to full business plan Establish Implementation Plan and timetable	December 2025 July 2026
2.2	The Department must ensure the risk register is updated and complete, demonstrating effective and timely actions. *(Recommendation).*	Review existing strategic and programme-level risk registers Review Committee procedure to add at least termly full review of risk registers Add risk management as a standing item to all committees listed as "risk owners" Consider and implement recommendations from University's Governance and Compliance Division Review of risk management processes	December 2025 December 2025 December 2025 March 2026 September 2026

2.2	The Department must continue their progress to establish contracts with partner sites involved in the delivery of core teaching in order to mitigate risk. *(Recommendation).*	Convert MoUs to contracts Annual review of formal arrangements with partner sites	March 2026 Ongoing
3.1/3.11	The Department must complete the holistic curriculum review and implement the findings to demonstrate autonomy over the entire 6-year curriculum. *(Recommendation).*	Analyse data and finalise action plan Implement changes	July 2026 With effect from September 2027
3.4	The department must develop a strategy to sustain the programme and implement a financial plan to demonstrate financial sustainability. *(Recommendation).*	Agree model(s) to be worked up to full business plan Establish Implementation Plan and timetable	December 2025 July 2026
3.6	The Department must work with the Colleges to implement a selection process that is equitable and transparent. *(Recommendation).*	Update website to include additional details on the admissions pool Annual review of selection process Engage with university-level review of admissions processes Contribute to Vet Schools Council admissions guidance documentation	Completed June 2026 and ongoing From October 2025 Ongoing

3.10/3.12	The Department must formalise a process, through the Veterinary Education Committee (VEC), to evaluate the performance, progression and outcomes of students with respect to Equality, Diversity and Inclusion (EDI) characteristics and admissions/selection criteria. *(Recommendation).*	Agree process through VEC Committee review of data up to and including AY 2024-25	Completed November 2025
3.13	The Department must ensure formal arrangements are in place with partner sites involved in the delivery of core teaching, to provide assurance on sustainability and mitigate risks to the programme. *(Recommendation).*	Convert MoUs to contracts Annual review of formal arrangements with partner sites	March 2026 Ongoing
4.2	The department should develop its own Widening Participation (WP) strategy and targets. *(Suggestion).*	Track student data Review recruitment activity performance Review recruitment materials Review additional departmental funds for WP students and funding for Cambridge Animal Aspirations Consult with University's Widening Participation team and submit findings to VEC Admissions Subcommittee	Annually, May/June Ongoing Ongoing Ongoing/annually May/June 2026

4.4	The department should work with the Colleges to ensure consistency of interview experience across Colleges. *(Suggestion).*	Deliver refreshed training and guidance VEC Admissions Subcommittee approval of admissions interview panels	November 2025 November 2025
5.1	The department must ensure that all educators across all years of the programme have completed or are working towards completion of relevant teacher training. *(Recommendation).*	Delivery of two further cohorts of CCTL teacher training course Discussion of teacher training at CSBS	July 2026 October 2025
5.2	The department must ensure all Members of The Royal College of Veterinary Surgeons (MRCVS) and Registered Veterinary Nurses (RVN) involved in teaching are compliant with the RCVS Continuing Professional Development (CPD) requirements. *(Recommendation).*	Implement CPD Compliance Monitoring Framework Final compliance status review (in the first instance, then annual)	Completed March 2026
6.3	The department must continue to review the constructive alignment of the curriculum to ensure assessment is appropriate and manageable. *(Recommendation).*	Receipt of Holistic Curriculum Review report	April 2026
6.14	The Department must continue to implement the assessment strategy across all 6 years of the curriculum. *(Recommendation).*	Implementation of assessment strategy through related committees	Ongoing

6.15	The Department must ensure that content validity is demonstrated across all assessments in the programme. *(Recommendation)*.	Rollout of standard setting Receipt of Holistic Curriculum Review report	AY2026-27 April 2026
6.16	The Department must develop strategies to improve the reliability of assessment where appropriate in line with best practice. *(Recommendation).*	Review of examination data by VEC Assessment Operations Subcommittee Staff training on question writing and design	October 2025 Ongoing
6.18	The Department must continue to implement the changes to standard setting across the programme. *(Recommendation).*	Complete rollout	AY2026-27
6.18	The Department must continue to review assessment load as part of the holistic curriculum review and implement changes to ensure alignment with institutional policy. *(Recommendation).*	Receipt of Holistic Curriculum Review report	April 2026
6.19	The Department must ensure the university policy on moderation and external examiners is implemented in full. *(Recommendation).*	Review of policy by relevant committees Remind Chairs of Examiners of the policy	December 2025 December 2025

Sessions being held in **West Hub Room D (formerly West 2)** unless stated otherwise.

Time	**Meeting**	**Who is attending?/Comments from RCVS**	**People/Venue** *(chairs in **bold**)*
Sunday 7th September			
17:00 – 19:00	Panel Member Pre-Meet	Panel members only	
19:00	Dinner		
Monday 8th September			
08:00 – 08:20	Panel members travel to School	School to organise transport	
08:20 – 08:30	Panel member pre-meet	Private	
08:30 – 08:45	Welcome and Introductions	Senior Team	
08:45 – 10:00	Senior Team meeting	Senior Team (including a brief presentation)	
10:00 – 11:15	Finances	Senior Team and Vet School finance team (including central university representative)	
11:15 – 11:25	Comfort Break		
11:25 – 12:30	Tours	New facilities, isolation facilities (panel to split if necessary)	
12:30 – 13:00	Panel Private Lunch		
13:00 – 13:45	Showcase 1	Clinical skills	
13:45 – 14:30	Showcase 2	Research-led Teaching (incl. Yr 3 and Yr 6 student projects)	
14:30 - 14:40	Comfort break		
14:40 – 15:10	Facilities team		
15:10 – 15:40	Private panel meeting		
15:40 – 16:10	Senior Team Mop up Session	Senior Team	

Time	Meeting	Who is attending?/Comments from RCVS	People/Venue *(chairs in **bold**)*
16:10 – 17:30	Preclinical students		**HYBRID MEETING**
17:30 – 18:50	Clinical students		**HYBRID MEETING**
18:50 – 19:00	Panel travel back to hotel		
19:00 – 20:30	Private panel meeting		
20:30	Dinner		
Tuesday 9th September			
08:00 – 08:20	Panel Travel to School	School to organise transport	
08:20 – 08:35	Panel Private Meeting		
08:35 – 09:55	Curriculum Meeting	Staff involved in the curriculum review and Airtable. Vet Ed Committee. Presentation of progress of holistic curriculum review since Easter 2025. A short demo of AirTable and how it is used.	
09:55 – 11:10	Assessment meeting	Staff involved in the assessment subgroup and those involved with in the assessment triangulation plan. Presentation of overview of assessment across the programme including the process of assuring validity.	
11:10 – 11:20	Comfort Break		
11:20 – 12:05	Departmental Staff Partner Practices	Senior team – including those responsible for overseeing partner practices and TVIV group *NB: RCVS have clarified they mean where any teaching is delivered offsite*	
12:05 – 12:50	Partner Practice Staff	Staff from partner practices	**Online meeting**

Time	**Meeting**	**Who is attending?/Comments from RCVS**	**People/Venue** *(chairs in **bold**)*
12:50 – 13:20	Lunch	Panel members only	
13:20 – 13:50	Ambulatory Staff	Staff involved in the ambulatory rotations	
13:50 – 14:20	Farm teaching Staff		
14:20 – 14:50	Small animal hospital teaching staff		
14:50 – 15:00	Comfort Break		
15:00 – 15:30	Staff who support students with Provet	Short Provet demo of how students engage with it.	
15:30 – 16:00	Panel member private meeting		
16:00 – 16:30	Senior Team Mop Up	Senior Team	
16:30 – 16:50	Panel travel back to hotel	School to organise transport	
17:00 – 18:00	Panel private meeting		
18:00 – 18:30	Confidential sessions		
18:30 – 20:00	Panel Member Meeting		
20:00	Dinner		
Wednesday 10th September			
08:00 – 08:20	Panel travel to School	School to organise transport	
08:20 – 08:30	Panel Member meeting		
08:30 – 09:00	Staff who teach and/or assess animal handling	Include person responsible for auditing/collecting animal use data	
09:00 – 09:30	Staff overseeing the Epad rollout	Demo during this session please	
09:30 – 10:30	Staff providing Academic Support for Students	DoS & VSCS	
10:30 – 10:40	Comfort Break		
10:40 – 11:30	Student/Welfare Support Team (incl. College Tutors) and EDI representatives		

Time	**Meeting**	**Who is attending?/Comments from RCVS**	**People/Venue** *(chairs in **bold**)*
11:30 – 12:35	Admissions, progression and recruitment.	Admission staff and HR Reps. Presentation of overview of changes made to the admissions process since last visit.	
12:35 – 13:05	Lunch		
13:05 – 13:50	Pre-Clinical Staff	To include staff at all levels, including module leaders and senior teaching staff	
13:50 – 14:00	Comfort Break		
1400 – 14:45	Clinical Staff	To include staff at all levels, including module leaders and senior teaching staff	
14:45 – 15:15	Junior/Support Staff		
15:15 – 15:30	Health and Safety Staff		
15:30 – 16:00	Panel Member meeting		
16:00 – 16:30	Senior Team Mop Up		
16:30 – 16:50	Panel travel back to hotel		
17:00 – 18:00	Confidential Sessions		
18:00 – 20:00	Panel Member meeting		
20:15	Dinner		
Thursday 11th September			
08:10 – 08:30	Panel travel to School		
08:30 – 09:00	Panel Member Pre meeting		
09:00 – 10:00	EMS Staff		**HYBRID**
10:00 – 10:10	Comfort break		
10:10 – 10:50	Equine teaching staff		**HYBRID**
10:50 – 12:10	Panel Private Meeting		
12:10 – 13:00	Panel member lunch		

Time	Meeting	Who is attending?/Comments from RCVS	People/Venue *(chairs in **bold**)*
13:00 – 13:30	Additional Finance Meeting		
13:30 – 14:15	Additional Student Rep Meeting		**HYBRID MEETING**
13:30 – 17:30	Chance to revisit anything/report writing		
17:30 – 18:00	Senior Team Mop up		
18:00 – 18:20	Panel Travel back to hotel		
18:20 – 20:00	Confidential Sessions/Panel member meeting		
20:00	Dinner		
Friday 12th September			
09:00 – 09:20	Panel Travel to School		
09:30 – 09:40	Feedback to HOS	HOS can choose any staff to attend this meeting	**HYBRID**
09:40 – 09:45	Comfort Break		
09:45 – 10:00	Feedback to HOS and VC		
10:00	Panel Members Depart		