**COE Analysis and Responses to Feedback from Stakeholders**

The Council on Education (COE) gathered comments and information from stakeholders through a variety of avenues, collated and analyzed the data, and provides the following analysis, response, and also reports any actions taken.

**Data Collection**

The Council considered third party comments forwarded to the USDE, comments received via the COE@avma.org email address, and those received in response to AVMA@Work blog posts, and from proposed standard revisions. Transcripts of the 4 listening sessions conducted during 2015 were reviewed and comments collated and analyzed.

Further, the COE sent out a comprehensive survey to evaluate the reliability and validity of the component parts of each standard and to evaluate the standards as a whole in 2014. From a sample size of 10,444 surveys, the COE received 1,519 completed responses (14.5%). A similar survey was also available on line and 249 responses were received. Four additional questions designed to evaluate the standards as a whole were asked and the opportunity to comment provided.

These questions were:

1) “What aspects of quality education are not addressed by the standards?” (380 responses from both surveys);

2) “What aspects of the current standards or standard guidelines are redundant?” (69 responses);

3) “What aspects of the current standards or standard guidelines are not related to the quality of education?” (197 responses); and

4) “Please provide additional comments, if any, about the standards as a whole.” (502 responses).

The information and comments from all sources were collated and separated into: 1) general comments about accreditation policies and procedures; 2) comments about the standards; and 3) other comments or areas of concern. Some of the responses were not specifically related to the standards or the accreditation process, but rather were related to the organizational structure of the COE (which is governed by American Veterinary Medical Association [AVMA] bylaws), workforce issues, student debt, and the cost of education.

The principal topics identified were: 1) the distributive clinical education model; 2) conflict of interest/undue influence; 3) an independent Council on Education; 4) accreditation of foreign veterinary colleges; 5) workforce concerns; 6) student debt and tuition cost; 7) number of students enrolled; 8) for profit colleges; 9) general comments about the standards; and 10) comments with regard to specific standards.

**Distributive Clinical Education Model**

Comments and concerns focused on: 1) the belief that all veterinary medical education programs must have a veterinary teaching hospital; 2) that facilities at off-campus locations were inadequate and that requirements for these facilities were not the same standard as a veterinary teaching hospital; 3) concern over the level of student supervision; 4) educational experience of students; 5) evaluation of faculty at these locations; 6) statements that not all sites are inspected; and 7) allegations that graduates of programs using this model of clinical education are in some way “substandard”.

The comments generally reflect lack of understanding of the efficacy of different delivery methods for clinical education; lack of familiarity with the readily accessible [policies and procedures](https://www.avma.org/ProfessionalDevelopment/Education/Accreditation/Colleges/Pages/coe-pp.aspx) of the Council; and lack of awareness of the established practices of the Council for evaluating all clinical training sites, including off-campus sites (p 45 [Tables D &E] and pp 94-99 [21.4 Appendix F - Distributive Model: Offsite Inspection Guide).

The Council is unaware of any objective evidence to substantiate the claim that graduates of programs using a distributive clinical model are “substandard”. To the contrary, graduates of the two colleges that use the distributive model have consistently performed at or above the national average for all graduating seniors from accredited schools on the North American Veterinary Licensing Examination (NAVLE), an outcome measure of entry level veterinary knowledge and preparation for veterinary practice. Further, a recent AVMA/American Association of Veterinary Medical Colleges (AAVMC) survey demonstrates that graduates of these 2 colleges compete successfully for internships and residencies at other accredited veterinary schools. There is no indication that graduates from these two programs entering clinical practice have received a disproportionate number of complaints from any state veterinary licensing board.

A completely distributed model of veterinary clinical education has been used in the United States for almost a decade and has been extensively evaluated by the Council. Notwithstanding the two accredited colleges (one in the United States and one in Canada) that have completely distributed clinical training models, almost all veterinary colleges in North America use off-campus clinical sites to supplement and complement academic teaching hospital based clinical training. In some programs this distributed clinical training represents up to one-third of the clinical year training. The Council requires that all core off-campus clinical sites and all clinical sites attended by at least 20% of students over a 2 year period are inspected and meet the requirements detailed in 21.4 Appendix F.

The Council considers that in lieu of a traditional academic veterinary teaching hospital, the distributive clinical training model is a valid educational method to achieve entry level experiential clinical training. Further, the Council has developed, and continues to review and refine, appropriate controls and guidelines to ensure a quality clinical education for veterinary medical students.

As noted, the Council has placed rigorous requirements on the use of the distributive model of clinical education since inception. A special set of [requirements](https://www.avma.org/ProfessionalDevelopment/Education/Accreditation/Colleges/Pages/coe-pp-off-campus-and-distributive-sites.aspx) for colleges that use the distributive clinical model, with or without a veterinary teaching hospital on site, have been developed by the COE. It is the responsibility of the college faculty to establish learning objectives, appropriate assessment rubrics, and acceptable levels of student achievement for all core clinical rotations and these requirements are evaluated thoroughly by the Council and site visit teams. Practicing veterinarians supervising clinical training must receive appropriate training in clinical education and assessment, and student progress must be monitored closely during each core (required) clinical rotation.  Students are involved in clinical rounds on-site and/or virtual rounds with a veterinary faculty member. Each student must demonstrate an acceptable level of progress in meeting the specific learning objectives established for the rotation.  Colleges must have a system in place to monitor/supervise student instructional activities at each clinical site. Examples of this would be college faculty who also perform clinical work at the core clinical sites when students are there or a faculty member who visits each core clinical site during every core rotation.  Facilities are also routinely inspected by each college to ensure the quality of each core clinical site is maintained.

Each college using a distributive model of veterinary clinical education must designate which sites are “core clinical sites”, selected on the basis of specific criteria and identify the specific discipline(s) in which instruction occurs at these sites. These sites are considered equivalent to an on-campus veterinary teaching hospital. Practices used as core clinical training sites must meet the requirements established for an on-campus teaching hospital. Many of the core clinical sites are specialty practices. COE site teams visit each core site (currently 51 for Western University; 28 for the University of Calgary) during each [comprehensive site visit](https://www.avma.org/ProfessionalDevelopment/Education/Accreditation/Colleges/Pages/coe-pp-site-visit-agenda.aspx), which occurs at the beginning of each accreditation cycle (7 years, if fully compliant) and evaluate the facilities using a [standardized form](https://www.avma.org/ProfessionalDevelopment/Education/Accreditation/Colleges/Documents/coe_pp_appendix_f.pdf).

The sustainability of any educational model, including clinical training, is a central focus of the Council and each accredited college is monitored and must report how it continues to meet each standard at least annually. Colleges with non-university owned clinical training sites are required to have a contractual arrangement with the clinical training entity. Any college using a distributive model must demonstrate that there are adequate numbers of clinical sites to provide an appropriate clinical educational experience for all enrolled students. Further, colleges are required to provide appropriate administrative and faculty oversight, student support, and regular review of the adequacy of these sites to achieve student learning objectives, and assure that sites meet required facility resource requirements. Any college planning a substantive change in its curriculum and clinical training program must receive Council approval before implementing the change. This includes changing core clinical training sites. If the Council has concerns on compliance with the standards, a focused site visit may occur.

Summarily, the Council has established requirements for off-campus core clinical training sites and for completely distributed clinical training programs that is regulated through regular review and assessment. These processes ensure integration of defined clinical learning outcomes, with an appropriate case load, contemporary and safe facilities and diagnostic equipment, direct supervision of student learning including active participation in client interaction and case management, and direct assessment of student competency, with regular institutional monitoring of program quality and training of supervising clinical instructors. The Council monitors the quality of clinical training programs through annual interim reports, regular accreditation site visits, and when indicated through focused site visits. As part of the Council’s commitment to continuous quality assurance, a subcommittee of the Council continues to review the requirements for the distributive clinical model to assure continued reliability and validity of this educational approach to clinical training. Finally, as stated, the Council is unaware of any objective evidence that would substantiate the claim that this educational approach to clinical training results in ‘substandard’ preparation of a veterinary graduate.

**Conflict of Interest/Undue Influence**

Some third party-commenters, listening session attendees, and a small number of survey respondents alleged that the AVMA Board of Directors influences the decisions of the COE.

Review of the Council’s Policies and Procedures and the AVMA bylaws clearly delineate the Council’s authority and governance and its autonomy within the AVMA. Importantly, these policies and by-laws explicitly define the Council’s independence from the AVMA related to the Council’s decision making in the accreditation of veterinary colleges. The Council has and will continue to make accreditation decisions based on the college’s compliance with the standards based on the evidence collected and not based on influence from any other entity.

Notwithstanding this authority and autonomy, the Council in response to stakeholder input took additional steps to reduce *perceived* conflicts of interest. These were:

* Requesting that the AVMA Board of Directors discontinue its non-voting liaison position on the Council. The Board approved this request at its April 2015 meeting, effective immediately;
* The Council voted at its March 2015 meeting to discontinue, effective immediately, the opportunity for a Board member to participate as a non-voting observer on site visits; and
* The Council appointed independent legal counsel in September 2015.

The AVMA Board of Directors also responded by taking steps to reduce *perceived* conflicts of interest relative to the Council. Specifically, in addition to approving discontinuation of the Board liaison to the Council, the Board modified the membership of the AVMA COE Selection Committee by removing representation from the Board and the House of Delegates on the COE Selection Committee. The current makeup of the committee is two former COE members and three at-large members. This committee is charged with the appointment of eight specific COE members as described in the AVMA by-laws.

There were a few comments stating that the COE has an agenda. The charge of the Council (Section 4.3) is to accredit veterinary medical educational programs that produce competent entry-level graduates who will continue to meet the needs of the profession and society and will advance veterinary medicine. Thus as mandated in its policies and procedures, the ‘agenda’ of the Council is ensure through systematic regular comprehensive review and annual monitoring that accredited colleges provide quality veterinary medical education such that program graduates have attained entry level competency. Further the Council regularly reviews its standards for accreditation with consideration of broad stakeholder input to ensure that they are aligned with contemporary educational methodologies and societal and professional needs. Finally, the Council has processes to guide both developing colleges of veterinary medicine and established colleges of veterinary medicine toward achieving accreditation.

**Independent Council on Education**

A number of third-party commenters, listening session attendees, and a few survey respondents expressed concerns that the COE needs to be an independent body.

The COE is an autonomous, independently governed, entity housed within its parent professional organization similar to the Commission on Dental Accreditation (CODA) and other professional accreditors. The Council in a fair and in an unbiased manner evaluates veterinary medical educational programs and continues to meet the needs of the profession under its current organizational structure. Further, four proposed resolutions in the AVMA House of Delegates to change the structure and governance of the Council, were defeated by strong majority vote (71-95%) in July 2015, clearly indicating that the profession in general accepts the current organizational structure and function of the Council. The Council continues to be committed to its mission and continuous quality assurance in the processes of accreditation of veterinary medical colleges.

**Accreditation of Foreign Colleges**

The Council received comments from third-party commenters, listening session attendees, and survey respondents expressing the belief that the COE should not be accrediting foreign colleges as well as one comment that there should be more foreign colleges accredited. Included in those comments were concerns that the colleges were located in countries in which English was not the primary language; that foreign colleges did not have many, or any, senior students sit for the NAVLE; and that the degree offered was a BVSc, not a DVM.

Accreditation of foreign colleges (those not located in the United States or Canada) is a voluntary process and the COE does not solicit colleges to seek accreditation. The Council limits accreditation site visits to 12 per year, so not all requests for consultative or comprehensive visits are granted when requested. Further, the Council reserves the right to cancel a consultative visit if the self-study indicates that the college has not provided evidence that is ready for accreditation. Colleges regardless of geographic location are evaluated using the same US-based standards.

The Council requires that all site visits are conducted in English and that all written material provided as evidence of compliance with the standards are provided in English. Interpreters, if needed are provided at the discretion of the college and at its expense. Two officials from the country of origin participate in the site visit to ensure full understanding of the requirements for licensure to practice veterinary medicine in that country.

The Council uses a number of assessment measures to review the outcomes of a veterinary medical college, one of which is the NAVLE. Colleges that do not have any graduating senior students taking the NAVLE are assessed on all of the other outcomes assessment measures, including attainment of the nine clinical competencies. In response to comments regarding the NAVLE and foreign schools, the Council added specific language to Standard 11, Outcomes Assessment, to clarify how colleges without senior students taking the NAVLE will be assessed.

The Council only accredits colleges that grant the DVM or equivalent degree. The Council recognizes that universities decide the actual degree name and evaluates each veterinary medical program to ensure that it meets accreditation standards regardless of the actual veterinary degree awarded. There is no evidence to suggest that graduates of COE-accredited foreign schools are of a higher or lower quality than graduates of US colleges.

**Workforce Concerns**

Approximately 50 survey respondents commented on the number of veterinarians in the workplace and workforce concerns in general. Comments were also generated at the listening session and received from third-party commenters.

The Council is cognizant of the economic stresses, particularly the global financial crisis, that have affected veterinary practices. The purpose of academic accreditation in the US is to assure educational quality. Accrediting agencies are not allowed to use accreditation to control the workforce; the mandate of accreditation is limited to the quality of education. Accreditation decisions must be made with regard to compliance with the standards and cannot be made to limit the number of colleges or graduates, as long as the quality of education is maintained.

**Student Debt and Tuition Cost**

The Council received comments from third-party commenters, listening session attendees, and survey respondents expressing concerns about the cost of a veterinary medical education and the rising debt load of some graduates.

The challenges that veterinary students face are part of the rationale for the revision to Standard 6, Students which was made in 2014 when language was added that colleges must include appropriate services to support student wellness and to assist with meeting the academic and personal challenges (which includes debt load) of the DVM program. Further, Standard 6 requires that all colleges must provide accurate information to students about tuition and fees as well as information on financial aid programs. Site teams review available printed and electronic information to ensure compliance with this requirement of the standard. Standard 9, Curriculum requires that the curriculum must provide opportunities throughout the curriculum for students to gain an understanding of personal and business finance and management skills.

The Council will be reviewing Standard 6 during 2015-16 as part of its regular review of standards and will consider comments offered to date, as well as input solicited from stakeholders during the subsequent standard review to determine if further revision of this standard is indicated.

**Number of Students Enrolled and Number of Colleges**

Concerns were expressed about the number of accredited colleges and the class size at existing veterinary medical colleges.

The Council is not prescriptive about the number of students enrolled in a veterinary medical educational program; however, colleges must document that they have the appropriate facilities, space, caseload, finances, number of faculty and staff to meet the educational training needs of those students enrolled. Any college that plans to increase class size by more than 10% must submit a substantive change report to the Council for review and approval before such change can be implemented. The college must provide evidence that it has resources necessary to meet the needs of the planned increase in enrolment before the Council will approve a change. Depending on the evidence provided, the Council may determine that a focused site visit is needed to validate that a college has the resources need to support increased enrolment and maintain educational quality.

The Council cannot limit the number of veterinary medical colleges in the United States, nor can it limit the number of US citizens enrolled in foreign veterinary medical colleges, whether accredited or not. Any college in the United States and Canada that meets the eligibility requirements for accreditation defined in the Policies and Procedures of the Council can seek accreditation and initiate the process by requesting a comprehensive visit to determine if a Letter of Reasonable Assurance will be granted. The Council will grant the visit, contingent on the availability of time to schedule a site visit (as noted earlier, the COE has a limit of 12 site visits a year). The college must provide evidence that there is a plan in place that documents how the college will ensure that it will come into compliance with all standards. The plan must be one that is reasonable and could feasibly be accomplished in the time frame required. A Letter of Reasonable Assurance is not a pre-accreditation status nor does it convey any accreditation status. Receiving a Letter of Reasonable Assurance does not guarantee that a college will eventually become accredited.

**For-Profit Colleges**

A few commenters raised concerns about for-profit colleges. The Council requires compliance with the standards to accredit a college regardless of its private or public, for-profit or not-for-profit classification.

 **General Comments Regarding the Standards**

A larger number of comments received both from third-party commenters and survey respondents (>100) voiced a belief that the standards are open to interpretation and that the Council is inconsistent in its application of the standards. Some comments stated a need for more detail in the standards (e.g. faculty student ratios). The Council also received approximately 75 comments voicing support for the standards.

The COE disagrees with the premise that standards have been inconsistently applied. Standards are applied in the context of the college’s mission, and it is not the intent of the standards that all institutions look alike. The diversity of Council membership representing the profession and the public brings a broad perspective to Council decisions and assurance that many viewpoints are reviewed are considered in defining and applying the standards.

To further ensure consistent application of the Standards of Accreditation, a site visit [evaluation rubric](https://www.avma.org/ProfessionalDevelopment/Education/Accreditation/Colleges/Documents/coe_pp_appendix_i.pdf) was developed and implemented in 2013 that parses each standard into its component parts and provides specific guidance on compliance for each component. Each standard includes a statement regarding the intent of the standard and the evidence required to demonstrate compliance. Site visitors must complete an intensive, two and one half day, training course developed by the Council before participating in a site visit. Site visitors are instructed to clearly describe the nature of any deficiencies identified (minor or major), provide a commentary (analysis) of each deficiency, and a directive that outlines corrective action the college must take to come into compliance within two years or less. Examples of major and minor deficiencies for various standards are provided to site visitors. All of this information is discussed and practiced in the COE site visitor training program. Further, the Council assigns two COE members as reviewers to conduct a pre-review of each college self-study and to submit a list of questions/concerns relative to compliance to the site team chair three weeks before each site visit.

The COE reviews the site visit report and may or may not concur with the site team assessment and recommendation. This deliberative process allows for review by a diverse population of professional and public members of the Council.

The accreditation process is designed to evaluate the quality of veterinary medical educational programs and the standards are designed to allow for flexibility and innovation in the delivery of veterinary medical educational programs by individual colleges. A requirement for minimum caseloads or specific faculty to student ratios would not necessarily guarantee a quality educational program. Too high or too low a caseload may result in the delivery of the educational program in a less than effective manner. The type of cases and how those cases are used can also influence the teaching value and experiential learning. A college may achieve faculty to student ratios, but if there is not the appropriate mix of expertise on a faculty, the educational experience of students may suffer. Veterinarians use their professional judgement in clinical practice on a daily basis to determine the treatment needs of their patients as there is not always a one treatment fits all. In the same manner the COE must use its professional judgement in the evaluation of veterinary medical educational programs.

**Related to Specific Standards** (survey responses)

**Organization**

The COE received a few comments (< 25) with no more than 1-4 comments on each topic related to Standard 1, Organization. Comments ranged from veterinary medical educational programs should be in a major university to inclusion in a major university is not related to the quality of education. The make-up of the administration was also not considered to be related to educational quality and a couple of comments stated that it was not necessary for the Dean or the officer responsible for the teaching hospital to be a veterinarian.

The Council reviewed Standard 1 in 2015 as part of the cyclical review of standards and notified stakeholders that no changes were being considered. Following the period of public comment the Council retained the currently worded standard.

**Finances**

The COE received 10 comments related to Standard 2, Finances that indicated that the standard was redundant or was not related to the quality of education.

The Council affirms that it is essential that a college have adequate, sustainable fiscal resources to meet its teaching, research, and service mission.

The Council reviewed Standard 2 in 2015 as part of the cyclical review of standards and notified stakeholders that no changes were being considered. After the period of public comment the Council retained the current standard.

**Physical Facilities**

The COE received 113 comments related to Standard 3, Physical Facilities. The majority of the commenters believed that all colleges should have a veterinary teaching hospital or raised concerns regarding private clinical settings. There were a small number of comments that indicated that facilities are redundant or are not related to the quality of education.

The Council is convinced that the distributive model of veterinary clinical education is a valid educational model and as described previously concludes that there are appropriate requirements in place to ensure a quality clinical educational experience for students. As part of the Council’s commitment to continuous quality assurance, a subcommittee of the Council continues to review the requirements for the distributive clinical model to assure continued reliability and validity of this educational approach to clinical training.

**Clinical Resources**

The COE received 8 comments related to Standard 4, Clinical Resources. Half of the comments indicated that caseload was not related to the quality of education or that the Clinical Resources standard was redundant. The remaining comments primarily expressed a desire for a minimum number of cases per student.

The Council requires colleges to provide clinical resources in both the pre-clinical and clinical components of the curriculum. While adequate numbers are needed, the appropriate types of patients must also be available. It is possible that too low a caseload or too few of one specific species may affect the educational program, but too many cases can also affect the quality of the teaching that occurs in the clinical setting.

**Information Resources**

The COE received 4 comments related to Standard 5, Information Resources. The commenters believed that this standard was redundant or not related to the quality of education.

The Council affirms that access to information in a timely manner and to information professionals is essential to a quality veterinary medical educational program.

**Students**

The COE received 44 comments related to Standard 6, Students. Approximately one-quarter of the commenters expressed concerns regarding class size. Other areas addressed were concerns regarding wellness and student services, student workload, and comments related to interns and residents.

The Council does not prescribe the size of a class, but colleges must demonstrate that adequate finances, clinical resources, space, faculty and staff are available to deliver the educational program. Standard 6 requires that the number of veterinary students (DVM or equivalent) must be consistent with the mission of the college and the available resources. In March of 2014, the Council revised Standard 6 to delineate the expectations of what student services must include, but did not limit colleges to just those services. Services must be available to assist students not only with academic challenges, but also the personal challenges students face in the DVM program. Site teams interview students and student service personnel to assure that those services are readily available and adequate. In addition, each site visit has time built into it to allow students to meet with the site team at a location where student confidentiality can be maintained and express any concerns they may have.

**Admissions**

The COE received 31 comments related to Standard 7, Admissions. The commenters primarily addressed the process of admissions and the prerequisites for entry in the program. Commenters believed that the prerequisites should require hands on experience, be strengthened, or the COE should require the same prerequisites for each college. Concerns with the process were that it is faulty and that the criteria for admissions have been lowered. There were 5 commenters who believed that this standard is not related to the quality of education.

The Council believes that not all colleges need to be exactly alike in order to produce quality entry-level veterinarians. The Council is not prescriptive to colleges with regard to the prerequisites for admissions into each veterinary medical college. Prerequisites must provide a broad foundation that will prepare the student for the veterinary curriculum. Similarly the Council does not prescribe what the admissions criteria are other than they must include non-academic factors. Veterinarians, in order to be effective, need other skills in addition to academic performance (e.g. leadership skills and effective interpersonal skills). The Council does require that a college’s admission process is fair and unbiased and readily available to prospective students.

**Faculty**

The COE received 131 comments related to Standard 8, Faculty. Over one half of the comments were related to a concern that faculty may be excellent researchers or clinicians but it does not necessarily mean that they are excellent educators. Commenters expressed a desire for a specific faculty to student ratio as well. There were a number of single comments such as technical staff teaching, the need to include technical staff in faculty, teaching should be rewarded, and that faculty retention, staffing requirements, and academic opportunities for faculty are not related to quality of education.

The Council is convinced that colleges need to have a cohort of faculty members with time and qualifications to deliver the curriculum. Specific numbers of faculty would not necessarily provide the breadth and depth of knowledge that should be in a veterinary curriculum. Professional development for faculty members, including development of teaching effectiveness, is expected. Site teams interview faculty and students during site visit to document faculty teaching effectiveness and that appropriate weight is assigned to teaching for career advancement. Site teams also interview interns, residents, and graduate students to determine that there is appropriate mentoring for effective teaching if teaching is required of interns, resident, or graduate students.

**Curriculum**

The COE received 308 comments related to Standard 9, Curriculum. The majority (203) of the comments were in response to the question “What aspects of quality education are not addressed by the standards?” The major concerns raised or that commenters felt were not addressed in the standards were financial skills/business management skills (60 comments), exposure to all specialties or species (20 comments), diversity (13 comments), decision making (10 comments), leadership and communications (15 comments), and the quality of clinical education or hands on experience (34 comments). Twenty-three commenters believe some aspect of the standard was redundant and 21 commenters believe that either one of the subject areas required in the curriculum or other aspects (e.g. length of curriculum, curriculum, and social issues) were not related to quality education. The remaining comments were general comments on the standard (1-3 commenters) or comments from 1-5 commenters regarding a specific item that should be included in the curriculum. Overall survey respondents believed that the standard was valid.

The Council is of the strong opinion that the curricular requirement provides veterinary medical students with the skills necessary to enter the profession as an entry-level veterinarian. Many of the items cited as not being addressed are included in the curricular requirements. For example, there must be opportunities for students to understand ethics; to understand personal and business finance and management skills; to learn how to effectively communicate with clients; and to have instruction in both the theory and the practice of veterinary medicine and surgery. As part of the cyclical review of the standards, the Council will review the curriculum standard to ensure it remains valid.

**Research Programs**

The COE received 132 comments related to Standard 10, Research Programs. Ninety-six of those comments indicated that research is not related to the quality of the education or that research should be secondary to teaching. Twenty commenters raised concerns that the standard is too vague or inconsistently applied. Four commenters indicated that the standard was redundant. Four commenters said research is an economic choice for colleges, and the remaining comments were comments on clinical research; no college should be accredited without a robust research program; and faculty should not be required to participate in research. In addition the COE received a number of third-party comments that the standard is unevenly applied or too vague.

The intent of the research standard is to ensure students are exposed to research and the ability to acquire, evaluate and use new knowledge. Standards are designed as minimum requirements and some colleges may meet the standard and some may far exceed the standard. The Council as part of the cyclical review of each standard reviewed this standard and proposed changes to the research standard. Following a period of public comment, the Council modified the proposed revision of the standard based on the comments received. The Council believes that the research standard as it is now written conveys the expectation that veterinary medical students will learn how new knowledge is developed and disseminated and have the ability to critically evaluate that new knowledge. In addition, students should have access to career development in research.

**Outcomes Assessment**

The COE received 126 comments related to Standard 11, Outcomes Assessment. Concerns were raised that outcomes assessment does not ensure a quality graduate or there is no overall assessment of graduates (32 comments) and that the NAVLE is not an appropriate metric for graduate quality (15 comments); job placement rates (12 comments); and the outcomes assessment standard was challenging to meet (6 comments). There were comments from 1-2 commenters (54 comments total) that specific items were not addressed in the standard, such as documentation of student achievement, input from different stakeholders (college, students, employers, and alumni); and completion rates. There were general comments (7 comments) regarding outcomes assessment and those outcome assessments, including the clinical competencies, are not related to the quality of education. Twelve commenters believed that the standard was redundant.

The Council does not use one single metric in assessing the outcomes of a veterinary medical education al program. Colleges are expected to measure, analyze, and act on data collected from numerous sources to improve the program. The Council as part of the cyclical review of each standard in 2015 reviewed the standard and proposed changes to the outcome assessment standard. Following a period of public comment and based on the comments received, the Council in 2015 modified the proposed revision of the standard. These proposed revisions are designed to further clarify the expectations regarding the use of outcome assessments. Student assessment must be done in a timely manner and outcomes must be used to improve the veterinary medical educational program as well as to remediate those students who have not attained the requisite competencies.