

Student American Veterinary Medical Association (SAVMA) COE Listening Session

March 20, 2015

The session was transcribed word for word by an independent company. The audio is transcribed without editing/changing grammatical errors to preserve the session's authenticity. Filler words such as "uhh" and "umm" are removed to best represent the integrity of the recording.

Dr. Pascoe: [AVMA note: the beginning of Dr. Pascoe's introduction was missing from the recording]...equine surgery. I have a couple of colleagues here, and I'll let them introduce themselves.

Dr. Gill: It works. My name is Dr. Ronald Gill. I'm a mixed animal practitioner, Southern Illinois. Member of the council representing private mixed clinical practice, and about 2 months away from celebrating 40 years since I graduated, 40 years of practice, and still working every day.

Dr. Root: I'm Peggy Root, and I'm a former member of the Council on Education, so I just finished my time on the council, and I'm from here at the University of Minnesota. And so I was here anyway, and that's how they ask me to come along.

Dr. Pascoe: Peggy actually will cover this in a little bit. Peggy actually serves as a site visitor for the council as well. She served 6 years on the council and now she is functioning as one of the folks that go around and evaluate programs as well. I'm going to introduce Karen. She's the director for education and research for the AVMA. She's the primary staff person for the Council on Education. Not sure why you guys are here, but maybe you can tell us a little bit later on.

Welcome. He's going to turn the volume down a little bit. We are going to record this session. We've done a couple of other listening session at the 2 major professional education meetings at NAVC and Western. We wanted a chance to get some student input on accreditation as well. At the other sessions, we have asked people to identify themselves and where they're from. We're going to make that optional for you guys this afternoon, but we are going to record all of this because we want a transcript of it, and we want an opportunity for the rest of the Council of Education, there's 20 people that sit on the council, to be able to hear the full transcript.

I think since it's a small group, we'll keep it relatively informal. I was just going to go through briefly what accreditation is about. If something doesn't make sense, feel free to interrupt.

[no audible sound 6:24 to 7:43]

Otherwise, be able to get to, and we'll touch on that a little bit later. Then the other thing is that it allows you to take the NAVLE Exam without doing anything else. From a licensing perspective, coming from an accredited school is an advantage. The primary

purpose of accreditation is it's a peer review process. Its veterinarians and public members evaluate veterinary medical educational programs for 2 purposes. One is to assure the quality of education, so that you're getting the type of education that will prepare you for entry-level profession in the veterinary practice.

The other primary purpose of it is it's a continuous quality improvement process. During the process of accreditation and during the cycle, because we receive annual reports from each school or college of veterinary medicine that's accredited as well, it's an opportunity for a segment of the profession, through the council, to provide feedback to the schools on areas that they can improve their programs, or to inform schools about improvements in veterinary medical education in general, so that the overall quality of the programs can be improved.

It is specific to the DVM degree. You're probably familiar that some schools have RVT programs, but the council's interest is just in the DVM program or the equivalent of the DVM degree for those schools or colleges that give veterinary degrees that have a different set letters after them. The important thing is that this is a very structured process. The standards of accreditation, the things that determine whether a school meets the minimum standards in its educational program are defined by input from the practicing profession, from the schools themselves, and there is opportunity through the process that we have for veterinary students and members of the public as well to provide commentary on the standards.

These are the 11 standards that each school or college that's accredited is evaluated by. Each of these standards has to link back into the professional education. These aren't just random things. When we evaluate a school or a college, we're looking at how each element of this ties back into the quality of the program and how it enriches the professional program.

We're interested in organization of the college, and just really quickly some key elements. A veterinary school has to be part of an institution of higher learning that's accredited regionally. For example in California, the veterinary school is part of the University of California system, and the University of California system is accredited by the Western Association of Schools and Colleges. We could walk around the country; there are these larger regional groups that are recognized by the US Department of Education as accrediting the institution, which is important for federal financial aid for students, so you have to be at an accredited institution. Then beneath that, the veterinary schools are accredited by the Council on Education.

We're interested in that. Two of the other key elements of organization are that the dean of the veterinary school has to be a veterinarian and the chief academic officer or the director of the teaching hospital also has to be a veterinarian. These are two really key elements. Then we review the financial history of the college. It's not just 1 year, but looking at 5-year trends in the funding of a college to make sure that there's adequate funding to support the faculty and the staff, and the actual student enrollment at the college.

We look at the physical facilities and equipment to make sure that there's adequate space that the equipment that is available for instruction, whether it's in the pre-clinical sciences or in the clinics, is contemporary and it's consistent with the standard that we would expect in practice in the United States. We look at clinical resources, and that's looking at caseloads for the annual accession across the range of species, that the caseload is adequate for the number of students that are there, and that is consistent with the objectives of the educational program of each individual school and college.

Information resources as library. The student piece is looking at student services, so we're very concerned that there's appropriate support for students while they're enrolled in the veterinary program. That's everything from pre-vet through admissions through support when you're in the school; health services, security, club structure, counselling, everything that supports the student experience.

Then admission, we look at the admission process, what the prerequisites are, the number of students that apply, the numbers of positions that are offered, and then very specifically, that the admissions process is transparent, that it's published. It's readily accessible. People understand what's expected of them, what the steps in the admissions process are, and who makes the decisions on admission.

Faculty, we'll look at the quality of the faculty, the total number of faculty, their expertise, the number of veterinarians versus non-veterinarians, the number of specialists versus non-specialists, the number of residents and interns, the number of graduate students, how the residents and interns and the graduate students interact with the professional students, and how they contribute to the educational program. We look at curriculum. We don't tell colleges how to structure their curriculum, but if you read the standard on curriculum, it covers the broad range of topics and experiences that we expect in a comprehensive professional curriculum.

We look at the school's research programs. We ask them to identify 5 major areas of research. What we're specifically interested in is how those research programs or the collective research experience enriches the professional education, so that you're receiving instruction from people who are doing cutting-edge discovery, and that they're bringing that back into the curriculum so that you're getting the latest information. Then we're also looking for opportunities for students to get research experience. Not that everybody has to do it, but the opportunity has to be there for those who want to, to participate in research and learn more about it.

Then finally outcomes assessment. This is a standard that the US Department of Education, I'm sure you've heard this from things coming out of Washington, is very interested in making sure that any educational program is being constantly evaluated, constantly thought about, and that where there are gaps in the program, those are identified, and the program is continuously improved.

In our case of veterinary medicine, there is a variety of different metrics that we use. One of the ones that ... One group, one subset of those that are particularly important is your competencies to be a practicing veterinarian. There are nine of those that we look

at, and they span things from your ability to do physical exam, and history taking through pain management, and surgery, and all the way through the public health, and the research component. That's just a quick snapshot of those.

When we go to each school and college, there are all of the things that we're looking at to make sure that they're there, that they interdigitate, and integrate with each other, and that they are sufficiently comprehensive.

Okay. [Inaudible 00:16:24-00:16:28].

This is a multi-step process and it starts with each college. Accreditation is on a 7-year cycle normally with interim reports, so the college has to report annually any changes that have occurred during the preceding year. The major review occurs on a 7-year cycle typically, and it starts with each college preparing a self-study that provides a detailed assessment, a self-assessment, of each of those eleven standards that we just talked about. The intent of this is that everybody gets some input into it - administration, faculty, staff, and students - in the development of the self-study.

Then that's received by the council. It's evaluated by folks on the council, and a site visit team is charged with specific responsibility for being completely familiar with the self-study, any other information that's available on the college, on the web, or from other sources. Then that site team goes to that particular institution and typically spends about 3 and a half days engaged in observing the normal day-to-day function of the college or school, and then interviewing a variety of different stakeholders to verify that what's in the self-study is in fact correct.

These site visitors, as we mentioned, Dr. Root is now a site visitor. They go through a two-and-a-half day training period with annual retraining. The typical team is composed of folks that are selected off the site visitor pool, and currently we have 35, I think trained individuals and 13 Canadian representatives as well. The Council on Education is the accrediting body obviously for the US schools, but it's also the accrediting body for the Canadian schools as well.

Then these folks go to the colleges, as I said, and they spend typically three and a half days looking at the facilities and meeting with a variety of folks to verify that what's in the self-study is correct, and then to gather more information to report back to the full council about whether this particular school or college meets the standards for accreditation.

As I just said, there's an inspection of the facilities on campus, and then if a school or college has clinical facilities in particular that are remote from the main campus, where folks go to get some of their clinical training, then the site team goes and inspects those. Usually, we like to see students engaged in activities at those sites as well. You can see there's some sort of subset down there. Basically, anything that's part of the core training or anything that all students are required to be at. If it's a school that tracks - let's say all the equine students have to go to a particular facility - then we inspect that. If it's a site that at least 20% of the students spend time at, then we see that site as well.

You're probably familiar that there are several programs that have what's called a distributive model of clinical education. Instead of having an academic teaching hospital on the central campus, they used a variety of different clinical settings that meet different components of clinical training. In the instances for those schools that have that, the site team usually splits up, and at least two members of the site team visit each of those sites. We have standardized checklist or rubric that we go through to make sure that the facilities, the equipment, safety for the students, and the resources for a good clinical education are present in each of those sites.

Then a lot of the time is spent in interviewing groups of folks that are involved in the overall educational process. We interview faculty, we interview student groups, we interview alumni, we meet with the admissions committee, the curriculum committee, the folks involved in research and you can read the rest of it. Again, to triangulate or drill down on whether what's reported in the self-study is accurate, and that it meets the standards as we expect them to meet.

Then at the end of this process, we meet with the dean and give a summary of our findings, and then we meet with the university administration and do the same thing. At that stage, those observations, all those comments, are preliminary because the full council has to act on the information that the site team has accumulated over those three and half days. At the end of that process, the full council makes a decision about the accreditation status of an individual school or college.

The process that we use for that, it's a rubric; it's a checklist type approach. Each of the standards is broken out into very specific components. We go through those and make sure that we've gathered information to verify that all of those things are in fact being done.

Once the team has finalized its assessment, that's sent back to the school or college for them to look at, at that point, and make any factual corrections to it. Then it's returned to the council. At the council's next regular meeting, the entire council then deliberates on the findings, comparing the self-study with the site team evaluation. It votes on each of those standards, whether the school or college meets each of those eleven standards individually. Then at the end, it makes a decision about the length of time the program will be accredited. The maximum period is 7 years. If there are problems with the program it may be for shorter period of time.

There are basically four accreditation decisions. One is accredited, which mean the program is fully accredited. It meets every component of each of the standards. It can be accredited with minor deficiencies, meaning that there are some areas that need improvement, or need attention, but they're not things that materially affect the quality of education or affect, in any way, student safety during the four years of your education.

If those minor deficiencies, or there are major deficiencies identified, that are not corrected within a prescribed period of time, then the college can be put on probationary accreditation. It basically passed a define period of time, a year, to correct

those problems. There's possibility that, that could be extended for good cause. If they're not corrected at that point then the college is placed on terminal accreditation.

That basically means that at that point, the college has to go through a process where the students that are enrolled at that point have to finish their educational program. They do graduate from an accredited college, so they can still get licensed without having to go through the ECFVG exam or the other means to get licensed, but any student admitted after that time would be graduating from an unaccredited college. As I said before, there are some consequences to that especially in terms of access to loans.

I've mentioned a number of times that we monitor the in-between times with interim reports. Each year, like in the fall, each college has to submit an update of where it is and what changes have occurred on each of those eleven standards. Again, that's reviewed by members of the council and voted on by the full council, and the college's accreditation status can change in that interim period of time. You could be fully accredited, there may be some major change that's occurred that would then change your status to accredited with minor deficiencies or potentially even on probationary accreditation if something bad had happened in that period of time.

The other thing we require is that each school on college has to notify the council of any substantive changes in their program. There's a list of those. One of them is increasing enrollment by 10%. If there's a sudden change in enrollment, the college is supposed request permission to do that before the college can actually admit an additional ten or more percent of students.

Those kind of requests could trigger what we call a focused site visit. If we're not convinced as a council that the college has the resources or is going to have a deficiency in any of those particular standards, then the council reserves the right to actually go and do a focused site visit and make that evaluation, for the example that I used, before additional students are enrolled.

They mentioned a number of times, "Why is accreditation important to you?" It's important because it's a mechanism to try and assure you are ... or give you some guarantee of the quality of the education that you're getting, and then associated with that is access to the health profession student's loans, which about 12% I think of the students that are currently enrolled take advantage of that. It also gives you eligibility to take the NAVLE examination as well.

As I said in the beginning, it is a voluntary process to get access to those federal loans. You have to have an accrediting agency that's recognized by the US Department of Education. Since 1952, the Council of Education, as a standing council of the American Veterinary Medical Association, has been the recognized accreditor for veterinary programs in the United States. As I mentioned, it's also the council that the Canadian government recognizes as an accrediting agency for the Canadian schools.

Okay. Karen, I'm just ... There we go. This is the last slide. We also participate in another voluntary thing, which is the Council for Higher Education Accreditation. They're another

group nationally that set standards for accreditation across the whole spectrum of organizations, the health professions and other careers. They're a group that set the standards. They do their own continuous improvement, in terms of how accreditation should be conducted. The Council on Education is voluntarily recognized by these. We're recognized by 2 groups, the United States Department of Education and also by CHEA as well.

With that, that's just a background of what we do, quick run through, and then turn it over to you folks, and see if you have any questions, or comments, or things you like to ask. Don't be shy. Like I said, you can say who you are and what school you're from or you can be anonymous.

Student: Hello. Hi. My name is [AVMA note: name redacted], and I go to Western U. I was just wondering. I heard that there may be some changes in the ... I'm not sure if it's the accreditation process, or just the way that the COE is organizing and taking care of things. Is that accurate?

Dr. Pascoe: Close. Karen, correct me if I'm wrong. In 2008, the USDE implemented a number of changes in how accreditation was going to be done across the board, and so all of the agencies that are recognized by the USDE had to come into compliance with these new changes. Looking at it just from a local perspective than looking it from the 35,000-foot view, because of things that congress decided and USDE changed, those changes got passed down to the agencies that are recognized accreditors for the purpose of loans.

Each of the different professional groups that are accredited then had to come into compliance with these new changes. Just like the council accredits schools on a regular basis, the USDE goes through an accreditation process, or recognition process, for each of the agencies that have that authority under the US Department of Education, and it's a 5-year cycle for that.

We came up for that, and in the process of that, the USDE has staff analysts who are PhD education specialists. They've got a string of credential after their names, too. They identified things that where we, the council, weren't completely in compliance with their new directives. They do the same kind of peer reviews. They look at the reports of evaluation from selected colleges. They looked at our processes, and then they give you a certain amount of time, just like we do with the colleges, to come into compliance.

There's a hearing process that occurs where you not only have to provide written material, but you have to answer questions from a committee that's called NACIQI, which is the National Advisory Council on Institutional Quality and Integrity. NACIQI for short. Don't we love acronyms, right? At the end of that process in 2012, there was still a number of issues that they felt that the council needed to address. We've responded to those. We've made a number of changes. One of the major ones was how members of the council are selected. Previously, it was through an election process through the AVMA. We've now changed it where there's equal representation, if you will, selection of council members through the AVMA and through the Association of Veterinary Medical Colleges. That's a change. Let me just stop there for one second.

The council is 20 sitting members, 3 members are members of the public that can have no affiliation with the veterinary school or have somebody who's a veterinarian in their family or any other perceived conflict of interest. I have to tell you, the folks - there's been a number of them on the five years I've been on the council - who have just been absolutely outstanding people. Lawyers, we have a medical education specialist at the moment, social worker, nurses, just a range of people that believe in veterinary medicine, but they bring a whole another dimension to the discussion about the council's activities and veterinary education in general.

Then the rest of the folks that are sitting at the table, there's always a representative from Canada. Then the rest are veterinarians that represent different areas of practice. I represent post-graduate education. Ron represents private mixed clinical practice, and you can go on down the list. There's small animal practices. I think, Peggy, you were ... yeah. Small animal academic. That's how it's constructed.

That was a big change. Another big change was that to try and remove any potential conflict of interest or conflicts in general. The council historically had constructed its own site teams. Now we have this pool of trained site visitors, which Dr. Root is one of. We have 35 of those, plus the 13 Canadians that have been trained, and they are now the site visitors. So there's a separation between that group and the council, so they act independently, and then we evaluate what the site teams say. They were some of the really big changes. There are a lot of little changes that happened as well.

One of the reasons why this is topical at the moment is there's a small sub-segment of the profession that's been fairly vocal about the relationship between the council and the AVMA. Historically, there were really, really good reasons why the Council on Education and whatever its name was before that, going way back in history, existed. It was actually the profession trying to self-regulate the quality of education. If you know anything about the history of veterinary medical education in the world, but even in this country in particular, in the 1800s and actually well into the early 1900s, there were veterinary colleges everywhere, and there was no real...some of them were there for four or five years and vanished. In fact the predecessor of UC Davis started at UC San Francisco, but didn't last 5 years.

This was an attempt by the profession back in history to actually assure the quality of education and assure the pet-owning or the animal-owning public that the veterinarians are coming out veterinary colleges were actually competent in what they were doing. What's happened over time is, if you look at different - and we'll just focus on health professions - there were different models out there. In the case of human medicine, at some point in the history, they have a separate organization, which is sponsored by the American Association of Medical Colleges, so that's the parallel to our Association of Veterinary Medical Colleges, and the American Medical Association.

Both of those organizations contribute money into it, but it's a standalone entity that's, for all intents and purposes, separate from the professional body. Many of the others in the industry, the therapies and so on, you can go down the list, all had slightly different models. There is no requirement by the US Department of Education for the accrediting

body, like we are, to be separate and independent from the professional organization. However, there's a subset of our profession that feel that it should be, and they're making noise about this at the moment, so it's putting increased scrutiny on the council.

One of the other issues that is ... well, there are two other issues. There's a lot of little issues. The two of the other big issues that are topical at the moment are workforce issues in veterinary medicine in the United States, and there's a misunderstanding about the role of accreditation and workforce. As I said at the outset of this, the purpose of accreditation is peer review of the quality of education, continually improving veterinary medical education. It's not about limiting the number of people that can be educated as veterinarians, and that falls into restriction of trade practices. That's not legal, so we couldn't do it, and it's not even a mandate from the US Department of Education.

We're in one of those cyclic periods in the history of veterinary medicine. If you go back and you start in the middle 1800s –actually, the early middle 1800s -when the predecessor of JAVMA, the North American Veterinary Review, or the predecessor for the Vet Record in England, and then you go through, you see these periods where there are too many veterinarians, not enough veterinarians, too many veterinarians, not enough. They're tied to major economic changes in the world that changed; they're tied to the first World War...

After the First World War, horses suddenly were in the big part of veterinary practice and so on. We went through ... we are in a period ... well, hopefully coming out of a period where immediate prior to the recession, there weren't enough veterinarians being graduated in the United States to meet the job demand. There was a lot of noise about why aren't more being trained. We hit the recession, and one of the consequences of the recession, since a lot of veterinary care is disposable income, is suddenly people weren't spending, suddenly there weren't enough jobs. Then there's a lot of criticism about we're training too many veterinarians.

The other side of the story that doesn't get told very often is the number of US citizens that get trained off shore. When I first came to this country to do my internship in the 1970s - I actually didn't know this, coming from Australia - how many US citizens were in veterinary school in the Philippines and Italy, a variety of schools in Italy, because they couldn't get seats to get trained in the US. What's happened over time now is that, that's shifted to the Caribbean schools and to the other international schools.

There's been criticism from elements in the profession that the Council on Education shouldn't be accrediting offshore schools, international schools. The reality is some of those schools that are accredited - Utrecht in Holland was actually the first international school that was credited in 1972. It's actually been accredited since 1972, and is being continuously accredited over that period of time. Then more recently, a variety of different schools, mostly in the western countries, the UK, Australia, New Zealand, Ireland. We've now got another European school, and then we now have two Caribbean schools that are accredited.

Being accredited for different reasons, but the primary reason is because they're benchmarking their educational program against the US and the Canadian schools. A number of those schools don't take US citizens, for a variety of different reasons, into their programs, but other ones do. That's being another focal point, if you will, for some folks in the profession. It's such a very long-winded answer. It's a very complicated issue at the moment.

The council is very dedicated to meeting these changes that the US Department of Education has put in. Just like any other organization, you guys know this from your own experiences, when you have 20 people sit around the table, it's like herding cats. You never know quite what decision is going to come out of the discussion. Nevertheless, there had been a lot of substantive changes made, a lot of things that we actually believe are good things that have happened out of this process, but we're still under review by the US Department of Education. We've still got a few things to tidy up. We're in that journey at the moment. Hopefully, at the next go around, that'll be behind us and then we'll be back in his continuous review process, just like the schools and colleges go through.

On the other piece I said, the other piece that's a focal point is the distributive model. You mentioned Western. Western has a distributive model. There's a lot of elements of human medical education that are distributive clinical models. The med students have found out, most medical schools have an academic teaching hospital, but the students are sent out to a variety of different sites to receive their training. Actually, if you look at the traditional land-grant colleges of veterinary medicine, most of them have elements of their program, different numbers of weeks where students get their clinical experience, in other sites. Anything else? Any other questions?

Dr. Gill: As far as workforce issues, you should understand that if a school wants to increase the size of their class, that request needs to come to the Council on Education. The Council on Education reviews everything connected to that increase: faculty, clinical facilities, caseload, all of those aspects of the standards that we already have in place are evaluated to make sure that they have the capability of adding 10 students, or 12 students, or whatever that is. It's not a given that they can automatically add to the size of their class. It does need to come before the council and be reviewed by the full council to make sure that they can do that and still maintain their standards.

Student: Do they have to submit the same request for changing the proportion of in-state and out-of-state students they accept? For example, if they want to accept more out-of-state students.

Dr. Pascoe: No. It's just based on the actual number. Just to answer that question a little bit more. One of the challenges is that there's a finite number of schools for the population. When you think about it, until a few years ago, California had one veterinary school with 128 seats for population of 33 million people. Least opportunity of any state in the country to get a veterinary medical education. Actually, if you look at the demographics, most veterinary schools in the US have California residents in them, because there aren't enough seats, even with Western, to meet the population's need.

Some states have added ... the legislature has actually increased class size recently, because it's recognized that there isn't sufficient opportunity in that state for the residents of that state. However, that's not universally true, because as you know, in the US and most of the western world, there's been a several decades-long disinvestment in higher education. Veterinary medicine is part of that, and we're also expensive. It's expensive to train veterinarians, and so there's not been a lot of growth in terms of the land-grant colleges. The last major change for land-grant colleges was in the mid-70s when Wisconsin, and Florida and ... who else came?

There was the initial group. There was a bunch of schools that the federal government funded in the 70s. Actually, there have been efforts more recently, not really recently, but within the last decade, to get the federal government to reinvest in veterinary medicine, but that hasn't happened for a variety of different reasons, mostly economic.

Student: I just lost my train of thought with my question, and I'm not super educated on this topic, so I apologize if this is something you've already gone over. Is the Council of Education concerned with ... I know it's rumored that accreditation is kind of affected by the marketplace. I don't know if that's totally rumor or not. Is it something you guys are concerned about?

Dr. Pascoe: Try that again. What's your specific question?

Student: I guess my specific question is ... there's rumors that Western or some of the other schools aren't being ... people don't want them to be accredited because of the marketplace, because there's not jobs. I guess I'm asking if that's something that you guys are concerned about and/or have you tried to control that to some degree.

Dr. Pascoe: No. We're concerned, however, as I said before, the role of the council is not to limit workforce. If you think about it, and I don't remember the exact number, but there's been something like 44 new medical schools in this country, over the last couple of decades. The accreditation process is focused strictly on the quality of the education. If the market place, if the educational market place will bear more seats, that's going to happen. If an institution wants to start a veterinary school, they can do it in one of two ways. They can start it, and it could be a non-accredited program, and then the graduates of that program would not be eligible for those loans that we talked about, and they would have to take extra steps to get licensed.

Does that mean that quality of their education is going to be less than somewhere else? Who knows? They wouldn't be evaluated. But you can't stop that process. Any new program that's starting is going to want to be accredited, because they would want to be benchmarked with their peers and they would want the students that they enroll to have equal opportunity to the students graduating from other colleges. The council's responsibility then is when a new school is formed, there's an entire process, which I didn't go through. It's basically an expanded process of what I just described, where the school beings a journey down this pathway.

Historically, schools took at least ten years to get through that process. Even this group, this cohort that I just talked about that came up in the 70s, it was quite a journey to get to the point where their programs met those standards. Under the new guidelines, that timeline is a lot shorter, so that schools ... there's pre-planning process. They've got to get a lot of things in line early on, because the window of time to meet the standards is a lot more constrained that it used to be. We can't restrict the number of schools. All we can say is if you request to be considered for accreditation and you meet those standards, then you will be accredited. If you don't meet them, you won't be accredited.

As I've said before, it's a complex process because it's trying to evaluate all of these factors with the ultimate end goal that you're training an entry-level veterinarian and you're providing an educational program, a quality that's commensurate with the resources of any particular school or college.

Student: Do you know where the concern comes from that the accreditation process is trying to control the market place?

Dr. Root: The concern is that people would like the accreditation process to control that marketplace. That is absolutely the wrong-

Student: Yeah. In effort that there's rumors that, that is the case with Western having trouble with accreditation, or the Caribbean schools having trouble with accreditation. I've heard and read things regarding the fact that they're worried that the Council of Education is using accreditation to try to control the marketplace.

Dr. Root: No. The Council on Education has certain standards that schools have to meet. I think the bigger concern has been...you know, if you're a school like Minnesota, [joking] clearly the best veterinary school. We've been around for a long time. We've got a robust research program. We've got well-proven facilities. We know what we're doing; we've been here for a long time. People compare us, just something like one of the Caribbean schools that has a much smaller research program, for example. And it's hard to see how could those be accredited schools. The truth of the matter is one of the schools is hitting the bar, one of those schools is way over the bar. Everybody has to hit the bar.

I think the problem is people are trying to compare schools to each other, and the council does not do that. The council compares every school to those standards. I think the concern comes from those more established schools who find it hard to imagine how are those other schools similar to us. The council has never said that they're the same. The council has said you all meet those standards.

Dr. Pascoe: It's similar to the NAVLE exam. There are some people that get close to 100%, and there are some people that just hit the pass mark, but that doesn't mean that one is better than the other. You've met the standard. Once you've meet the standard, then you're licensed.

Dr. Gill: I'd draw an analogy on workforce issues to say certainly the council is aware of the literature and the publications and the writings, and all this kind of stuff. I bet my practice, my building facility is 32 or 33 years old now. I could do nothing to prevent you from building a practice across the street from my practice and opening up. That would be illegal. If I put any kind of undue effort on you to say you can't open up a practice. "I've been here 33 years, you can't do that." I think that's the way I look at the workforce issue is that we're concerned about the quality, we're concerned about the education you receive, all those kind of things, but we really cannot say, "You can't have those students, you can't have that many students or whatever."

Student: I have a somewhat related question. In your evaluation, do you take into consideration at all financial burden on the students? If so, how? If not, why not? So, like, the financial burden placed on students for their education.

Dr. Pascoe: The simple answer to that is yes. What can we do about it? Not a great deal, because that's not a specific metric of the quality of a program. What we do is we encourage schools to try and develop more robust scholarships, to be aware of it. We, on the curriculum side, we make sure that there's some level of training in the financial aspects. We'd like to see that at the beginning of the curriculum that you understand what loans are, and how you service the loans, what debt is, all that type of stuff. That's been another major shift over our careers as we've seen the cost of education go up.

Part of what the council views as its responsibility in that is to make that resources that comes under students, and the students that comes under curriculum, that there are adequate resources to try and educate, if you will. We ask questions on the site visits. We're a little bit of an anachronism now, because we don't get to go on the site visits with the change. I can talk, and Dr. Root can talk from her previous and current experience.

When we meet with alumni, we ask those questions. We ask the students general questions about their level of indebtedness. There's all sorts of data out there now. The AVMA, independent of the COE, has got its economic task force, and is trying to look at different ways to deal with that issue. From a council perspective, we do ask. We ask alumni, so we get a sense of how people ... there's no metric that says you can't charge more than this or education can't cost more than that. As you know, at the school level, that's at a control of almost every school.

That's set at the state level. Not for the non-land-grant ones, but for the land-grant schools, it's all determined by state legislatures and the universities. It's usually at levels way above the vet schools themselves.

Dr. Gill: When they make the site team visits, that's one of the questions they ask about: if the students have received information education through the admissions process, what your tuition cost are going to be, what the possibility of your debt is going to be at the end of your career, what's your payback is going to be, how long it's going to you to pay it back, and so forth. That's one of the areas of emphasis that the council has been

looking at. Not that we're trying to set numbers, but we're trying to make sure that you're educated to what your eventual cost of your education is going to be.

Dr. Pascoe To give you an example of the peer feedback on that. If a site team was at a particular college, and in the site team's opinion, that was not being done at some level - for purpose of discussion, say, it wasn't being done. That would go into the report and that would go to the full council. Again, based on my experience, there'd be a directive back that school of college saying that "We believe you must do this." The expectation is that, that would be incorporated into the different parts of the education program. We don't tell a school of college how to do it, but we tell them they have to do it.

So College A might decide to do a whole 1 unit course, and college B might have barbecue and beer and do it that way. We're not prescriptive in that sense.

Student: I have a different question, if that's all right.

Dr. Pascoe: Go for it.

Student: You mentioned that the 11 criteria, the last one is outcomes. I was wondering if you could speak a little bit more specifically about what the outcomes are, how they're measured. Is that something that's-

Dr. Pascoe: I'm just going to ... You don't ...

Dr. Root: There are a couple of different ways that outcomes are looked at through the outcomes assessment standard. It isn't just the outcomes of the students, it's also the outcomes of the college. There are some very standardized things that we ask the school to provide, like exit surveys of the students as they leave, looking back on their education, alumni surveys, employer surveys, to try to get an idea of whether or not those students really were entry-level veterinarian when they left the program. Some of that data is really hard for the schools to get, but we do ask them, because it really is the best reflection of whether or not you were prepared when you left. Some of them are those very specific things.

On the student side, we ask very specifically for how the school tracks those nine clinical competencies that Dr. Pascoe mentioned, and also are very well delineated for the school, what specific things we're looking for. We expect the schools to be very rigorous about that. It isn't just they take rotations and if they pass the rotations, they're good. No, they need to show us where do they demonstrate their medical skills, where do they demonstrate their surgical skills. Each of those specific things, and not just that they pass rotations that covered them. Also, if they didn't pass them, how do you track that and how do you help them remediate.

We really want to make sure every student leaves able to check off, "I can do all these various nine clinical competencies". If they can't, how does the school track that, and how do they provide a way for you to capture that competency before you leave. We ask the school, as they gather all that survey information, what do you do with it? We

want evidence of how they actually use it. If you take your employer surveys, and you get back on your employer surveys, year after year, after year, the students don't know how to read radiographs, we expect you to show us what you did to help your students learn how to read radiographs. We want to see not just that you're collecting this, but that you're using it to close that loop. That's the goal.

Then finally we ask the school, "How do you basically benchmark yourself against other institutions?" The school is expected to be looking at things like, "How does our tuition compare to other land-grant institutions, if you're a land-grant institution? How do we compare as far as the number of cases that our students see in our teaching hospital. That sort of information is available through the American Association of Veterinary Medical Colleges, and that's how most of the schools do it. Again, we want to see, "Okay, we are Minnesota, this is maybe something where we have, let's say, more cases than Wisconsin, but they're all dog cases. We don't have as many horse cases. Are worried about it?" We want evidence as a council that they are looking at it, they're deciding if it's impacting the education. If it is, what are you doing to fix that problem?

That standard is really about those cycles: identification, remediation, evaluating, how that worked, starting over again. That's really what we want to see is how are they closing are those loops.

Dr. Pascoe: The other part of the survey process, is the exit interviews with the seniors, we try and have ... everybody is supposed to do a 1-year post-graduation feedback. Then they can pick a point, 3 to 5 years out. The idea is that when you reflect back on your education at a year, and you reflect back on it again, 3 to 5 years, your perception of what you were prepared for or not prepared for may have changed. The other thing that we ask for, and this has been challenging for the colleges, is employer feedback. The reason it's challenging is just that simply we just don't have robust databases, either nationally or collectively, individually, to gather that.

We as a council on annual basis, and very definitely on the comprehensive site visits, we look at that survey data to see whether what Dr. Root said is actually happening. Interestingly, what we see ... this is a generalization, but what we see is that employers tend to rate the competencies of their employees higher than the employees do. We tend to see ... I guess we're all overachievers, so we tend to grade ourselves down, whereas our employers... although there are areas, and they're not common to all schools, but this is why this continuous improvement process is ... you'll see where the graduates say, "I don't feel like was prepared in X", and the employers are saying, "I don't think this person was that well-prepared in X." Then we expect that the college will have done something in this curriculum or somewhere else in its program to address that. If they don't, then we put them on notice for it. Then they have a defined period of time to respond to that. We, again, don't tell them how to do it, but we tell them that they've got to do it.

Dr. Gill: If they tell us that they can only contact 1% of the employers of the graduates, we say, "That's not good enough. We got to have more. You're going to have to make an effort to get more people involved and to get to more employer surveys back."

Dr. Pascoe: One of the nice things that may not have been apparent is that I do think it's really good, and I think it's really powerful that the council is made up of, as I mentioned, the public members who bring a unique perspective, but is made up of practicing professional and academics. You get very different perspectives in just like most things, there's a consensus at the end of the day on the direction. Each of those, depending on what people's primary professional experience, whether it's in academia or whether it's in practice or industry, they bring a different perspective. It just keeps improving the whole process.

Dr. Gill: I think we should thank you guys for coming. I don't know if anybody has done that yet. Obviously it's nice that you took time out of your day to come and that you showed an interest in accreditation and we do appreciate that. Not trying to stifle anymore discussion or anything like that, but I think we've gotten this far and not thanked you for your participation and attendance.

Student: Again, sorry if you've already addressed this. Do any of you have comments on the ... I guess people have been asking for AVMA and COE to separate. I don't know if that has actually been addressed or not. I was wondering if you could comment on it.

Dr. Pascoe: As I said, there's been commentary both in print and at hearings about that. There is not a requirement by the USDE for us to be separate and independent. In fact, if you look at the organizational structure of the AVMA, the COE is one of two councils that actually does not have a direct reporting requirement to the board of directors of the AVMA. The way that's referred to is that there's a firewall between the council and the leadership of the AVMA. I can tell you from my time on the council so far, and I suspect my colleagues would say the same, is that there's never been any interference from the leadership of the AVMA in the council's business. They don't overturn any of the decisions. They don't even give input in any of the decisions.

As I said before, there is a sub-segment of the profession that would like to see it separate. The reality is that it's not a requirement of the US Department of Education. The other reality is that it would make it a lot more expensive to do accreditation. That would be because you to have a whole separate structure. Whereas, the council at the moment take some advantage of other resources that AVMA as an organization has to support its activities.

Student: What kind of resources are those?

Dr. Pascoe: Access to staff, building, a place to have meetings, legal counsel, things like that. If we were an independent entity, we would have to lease space, we'd have to be incorporated, we'd have to have separate legal counsel, et cetera, et cetera, which would drive up the cost of accreditation substantially. The schools pay for accreditation. If the cost of accreditation goes up, and up, and up, it's getting it passed on to somewhere.

Dr. Gill: Other professions have similar operating peer review councils. We're not unique in that respect, that there's national organizations of "XYZ profession" that helps sponsor and provide housing and staff for their peer review group. We're not unique in this.

Student: Do you think 7 years is often...is a good frequency for reevaluation of accreditation, considering fluctuations in the economy and demand of veterinarians, changes being slightly more rapid, perhaps?

Dr. Gill: Well, it's not 7 years and you never talk to them again for 7 more years. We receive interim reports every year. We have specific questions that we ask every year, specific things they have to reply to every year. If we don't like the way things are going, we always have the ability to schedule a site visit earlier. We don't have to wait the full 7 years. We can say 3 years into this, "We're not satisfied with the way these reports are coming back. We're going to make a visit", and the council will go. It's not that we don't talk to each other for 7 years. We talk to each other a lot.

Dr. Root: I would say just speaking as somebody at a university, 7 years is fine. When you're site visit is coming up, it just consumes you. I just got back from a school, I did their site visit, and they all freely admitted that their regular work just didn't get done for a month before we came, and I know that's how it was for us at Minnesota. It was, for in particular, because I was a member of a council, so dean really relied on me to give him an idea of what to do, and it was ... I did nothing else. I taught my classes and I worked on us getting accredited,... a huge upheaval.

Then the second thing is it just takes time for some stuff to prove itself. For example, we just have a new curriculum that we're rolling it right now. It'll take us 4 years to roll it in, and then you need a couple of years for it to kind of cook for you to see how it's really working. They came right when we started rolling it, and which was perfect, because then by the time they come back, then we'll have been through enough iterations that we'll have a really clear idea of how we need to change things.

I think if we come too much more frequently than that, you're not giving a school an opportunity to really demonstrate how some of those big substantial changes they've made have impacted their program. A lot of those are going to be big things like curriculum revision or adding an outside clinic where students will always go for some of their clinical teaching. Some of these are big changes that just really take time to mature enough that you have an idea as an outside visitor what that has meant to the student's education.

For a lot of reasons, I think for a school that's doing well, that we have no concerns on the interim reports, I think 7 years is fine. Also, if they need to build a building, that takes, like, 12 years.

Dr. Pascoe: One part I didn't mention and should've mentioned is that under the student standard, there's a requirement that each school provides opportunities for students to anonymously comment on the standards for accreditation or anything else related to education that they want to. The schools have to report that, and they have to report to

us. They do it differently, but they report to us then on what steps they took to address those concerns. There's a feedback loop at that level as well. Having said that, there's not ... it varies by school, but there are a number of schools that the students don't comment that much, or maybe they've got a different structure where they're addressing that.

The reason that, that was in there, and there's a component on the site visits as well ... There are two confidential sessions, one for faculty, and one for students that are outside of the regular scheduled ones, where the site team will listen to student concerns or faculty concerns that may not have got heard through the rest of the process. We take those things very seriously. We also have a process where a student or students may complain about specific aspects of a program, and a council takes all that information. They respond back to the school. So, it's anonymous. I mean it's anonymous when we send it back to the school. We say we say, "We received this complaint and we believe that substantively this affects these standards. It affects students, it affect admissions, it affects curriculum or whatever it is that's in that complaint." We ask the administration of that school to respond and tell us whether there's factual truth in that or whether ... that if there is truth, how it's been addressed. We take that very seriously. Part of our obligation and responsibility again is you just keep coming back and thinking about the quality of education. It's your safety while you're in your school, your security.

As Dr. Gill said, it doesn't happen very often, but occasionally we've moved the site visit up, because of student commentary that we've received outside of the regular cycle. It's risen to a level that we say, "You know what? We're not comfortable with what we're being told, so we need some eyes on the ground to actually evaluate this and make sure that this is either correct or incorrect" and deal with it at that point.

It is a process that's very student-centric. Our decision a lot of times come back to what is the impact or the implication for students in this program? That's really what we, as a group of professional are focused on that, that you're getting a quality education.

Dr. Gill: I've got a couple of add-ons. On each site, we have a section, a time set aside to meet with just the students, and it's free-wheeling exchange, what everything they want to talk about and so forth. There's also a time for privately...we meet way away from the Dean's Office...and if you have concerns that you want to express anonymously to the council in private, you have that opportunity, faculty does as well. Then the third thing is that the "comment box," if you will, is to be placed somewhere out of the dean's purview or out of the administration's purview, so that you could put comments in and somebody wouldn't say, "Oh, she put a comment in today and let's go see what she said." It's all structured to try and be as anonymous as we can.

Dr. Pascoe: Just one other comment, just to give you an idea of the robustness of the process. Dr. Root and I would amplify this, having being on both sides of the equation, I mean from a schools perspective, it's anywhere from three to six months of preparation ahead of that comprehensive site visit. The annual interim reports, it's a good month of work, putting one of those things together properly. The council takes those things really

seriously that if they're not filled out or there's an insufficient information, we get into an iterative process or an interactive process with the school to get that information clarified to make sure that we truly understand what's going on.

Student: I know that you said that you don't compare schools to each other, but I was wondering for a school like the Western U, the non-traditional learning model. Do you have to do anything differently in order to assess how we're learning and that kind of environment versus another school that has a more traditional model of learning?

Dr. Gill: Yes. We look at the number of distributive sites that students go to. We look at the number percentage of students that go to a respective site. We have a threshold of, if 20% of the students go to that site, we are going to make visit there during our site team visit, or the site team visitors will make a visit there during their site visit. Then we may select other sites as well. There is a definite desire on the part of the council and the site team visitors to go out and see those sites where you are receiving education or training.

Dr. Root: We also look at NAVLE pass rates. That's not comparing schools to each other. There are certain levels that you have to hit. Then most recently, partly at the urging of the Department of Education, we've looked at employment rates. Every school has to either demonstrate that their students are all employed or that some are choosing not to be employed, or what they're doing to try to help students if there is a problem with employment. That is proof of the pudding, if you will. If you passed your NAVLE and you get a job, you're good.

Student: [inaudible 01:15:39]

Dr. Root: Right, I can tell you personally, the first time I had student from Western who came, it was very different for me, because the students at Minnesota, number 1, they got all their therio from me, so I pretty much know what's in their head. They have a lot of stuff in their head, so you can ask them a question, they can answer your question. That student I had from Western couldn't necessarily answer my question off the top of her head, but you give her a computer in the hall in five minutes, and she could answer anything I needed. Whereas, my Minnesota students were still looking.... they had no idea how to do that skill. Those two students had very different set of skills, but at the end of the day, everybody works through the case fine.

I think for us as a council, it's when you're looking at how did someone get educated, really what we need to know is, are they an entry-level veterinarian? You may get through that case differently, but as long as you are managing that animal properly, you're getting a job, you're making a living, that's the proof in the pudding.

Student: That's great. I really appreciate that. Thank you.

Dr. Pascoe: As Dr. Gill said, when we go to these distributive sites, they go through the same kind of checklist of things that a regular teaching hospital goes through. They have to have isolation facilities. They have to have protocols posted for them. They have to have ...

we get down in the weeds a little bit in terms of outdated drugs or outdated supplies, exactly the same as we do in regular teaching hospitals. We look at anesthetic machines, scavenging systems, everything. It's actually in the ... there's the P&P, which you can also download off the AVMA website, or you can just go COE P&P, and you can download a PDF of all this. There's a sheet in the back of this that's actually a check sheet for those distributive site clinics. It's all the things that they have to have and meet.

Dr. Root: That also includes who's responsible for you there? What are the learning objectives while you're there? How do we know they're meeting those learning objectives? Do you have access to literature? It's all those sorts of pieces as well.

Dr. Gill: Somebody has to sign off on your evaluation, that you're doing this procedure, you've learned this procedure, just as if you were in the clinic hospital at the university. Someone is responsible for you. And those evaluators are evaluated. There's an individual who has to go after that site and visit, and know that, that individual is qualified to evaluate you.

Speaker: I just wanted to ... If you could follow up on something. Dr. Root, you introduced it, but you then it also would affect you, Dr. Pascoe. You mentioned that you were on the COE at the time there was a site visit, and Dr. Pascoe is obviously on the COE, and he's at UC Davis. What is your role then? Are you involved in those discussions when COE talks? If you could just give a little more detail about what your role then is as a COE member, being at a school that is being visited.

Dr. Root: The COE keeps a running list of who you have a conflict of interest with. I had conflict of interest with Minnesota, because I work there, and with Penn, because I used to give lectures there and was paid to give those lectures. Whenever the council was discussing anything about Minnesota or Penn I had to leave the room. We all have that running list. You don't get to be present for any discussions about your own school.

Dr. Pascoe: The one you graduated from or if you had some relationship with the school. If you consulted for a school, then that's a conflict of interest. Basically any conflict, real or perceived, then you're out of the room for those discussions. You don't participate in them.

Dr. Root: I'm assisting Auburn with their strategic plan in a couple of weeks. That means I won't do a site visit to Auburn, because I will have given Auburn direct input on how I think they should function, which means I am now off the list for Auburn for the rest of time. I think we're overly stringent...I mean, I haven't taught at Penn in 10 years, but that makes it really, really clear that there's no conflict there.

Dr. Gill: There's a letter of confidentiality that we sign, or a statement of confidentiality that we sign. That we would not intervene in that way, or we would not cross that line, I think is what I'm trying to say.

Dr. Pascoe: You mean Conflict of Interest form. There are two forms.

Dr. Gill: Conflict of interest, there's an issue. Okay. Conflict of interest, there's a statement that we signed about a conflict of interest and a statement that we signed about confidentiality.

Dr. Root: Every school should have a faculty member that understands what happens for accreditation, because there's no question that it is good for your school to really understand accreditation and really understand what are the goals of accreditation. Then a lot of this sort of floating concern, you can just say to your dean, "That's not what they're worried about. They're worried about student safety." This is why that's in the standard. It's very helpful to have a really good understanding of accreditation.

Dr. Gill: Some of you spoke about rumors. You have to be very careful about rumors, because we work within the signed confidentiality and conflicts of interest and so forth. We take it very seriously. Anybody else out there can say anything they want to and often do, but we work very hard to maintain our confidentiality and our conflicts of interest. We are restricted on what we can and cannot say.

Student: [Inaudible]

Dr. Pascoe: There will be an opportunity. We're not sure where the next hearing will be scheduled, but likely probably December of this year. There is a public...that'll be announced. There is a public comment period for 30 days before that. If there are specific issues that you feel that it's important to get in front of the US Department of Education, then you have an opportunity as a member, as a student, but also as a member of the public in the broader context of having input into that.

The other thing is that we are trying, in part because it's very clear that - as I said - there's a segment of the profession that doesn't have a good understanding of this process trying to ... we've been conducting these listening sessions. We have another one planned in the summer, at the AVMA convention. We're trying to get more information out. As you know, we live in an information overload age, and so it's hard to know what people see, but we're trying to get more information out, so people are better informed.

What I specifically wanted to say is that the standards are reviewed regularly. We review usually three standards every year. They're put out for public comment. We get feedback. You as students have an opportunity to feed back into that process as well. What the council does is accumulate all those comments, and then it looks at them to see whether a standard should be changed. We precipitate that by suggesting changes to standards and getting feedback. It's an opportunity for every stakeholder to participate, so every aspect of veterinary medicine, certainly the practicing, professional students, and the public to say, "I don't agree with that" or "I agree with it. I think it should be more strict or less strict, or whatever."

Then as I said, typical of all these things, it's a consensus decision in the end. Once they're implemented, we expect the colleges to meet that standard. We update those on a regular basis. The importance of that is that done properly, and I believe it is done

properly, is that it changes in those standards reflect changes in education. For example, an easy one, standard 5 is now called "Information Resources" which used to be called "Library". You'll know that while we still have physical libraries out, interaction with knowledge is a lot different than it used to be. That standard went through a review process over a year or more, and the wording on it got changed to reflect the way that knowledge is acquired, distributed, and gained access to, and so on.

Other changes are more subtle. Two years ago I think it was, we introduced into curriculum just a small phrase that curriculum have to have a component that deals with multi-cultural competency. When you say "What is that?" that's a good question. We don't prescribe what it is, but we expect that within the curriculum that students are being exposed to a variety of things including dealing with how different cultures respect animals and how they engage in veterinary care and things like that. That's a very simplistic way. It's a much bigger topic than that.

There's going to be some more language I predict in the not too distant future, related to diversity. We actually do, do a lot of ... we do on site visits and in the materials, want to see, and we track underrepresented groups and their access to the profession, because we are a white profession basically. There's a concerted effort at a variety of different levels to try and diversify the profession more. I think that standard, that's going to get changed, will continue to be changed over time.

The other one that's undergoing a lot of discussion at the moment and is part of this conversation that's going on in the bigger world is the research standard that Dr. Root alluded to before. The council's position is it isn't about the size of the research program, because if that was like that, it's a big spectrum. It's how is research being integrated in enriching professional integration. We're grappling as a council and as a profession with the sort of metrics that we can put around that to standardize that more and make it so that people are clear on what the expectations are.

Dr. Gill: We're trying to grasp it at some way of measuring student involvement in research, whether you may not actually do it yourself, but you have been given the opportunity to engage in research or be involved in research.

Student: This maybe kind of a silly question. From, my knowledge I guess, all of the accredited schools have pretty high pass rates or definitely above what the I guess acceptable pass rate is for the NAVLE. If everyone is passing or has acceptable pass rates at the NAVLE. Why is there so much controversy right now? What's the problem with all this accreditation? To me, I guess, when I look at NAVLE pass rates, if people are passing the NAVLE, then to me, it seems like you guys are doing your job. I guess I don't understand what all the drama is about.

Dr. Pascoe: It's a really interesting comment, because at the hearing in Washington, there were some comments made that suggest that the NAVLE wasn't hard enough, because there were too many people passing it. The NACIQI Committee has got a list of credentials after those people's names and their positions that is humbling and impressive - there's provosts of universities, deans of law schools, or presidents of universities – and their

response was, "That's what it is." It is an entry-level exam. If your educational process...then the majority should be passing. It shouldn't be like the bar exam where...I don't know if any of you saw in today's paper, that's under terrible scrutiny again, which historically has had really low passage rates.

One of the US Department Education's missions is to make ... If you took a profession or a discipline that's bigger than veterinary medicine, and we're a relatively small profession, it's possible for groups to have more than one recognized accrediting agency. Let's just say that you're in a discipline X, and there's 500 schools that do that, then you're probably going to see more stratification in terms of pass rates and things like that, and student achievement, which is what we were talking about. Where the department gets concerned about that is if you've got schools that only 50% of the students are graduating from or getting afterwards, then that's an issue. Congress gets upset about things like that.

It's how quickly the people get through a program, are they employable afterwards. One of the challenges we've got as a profession is that our pass rates, we do have a high pass rate, but we set the bench mark pretty high, and we've got high employment rate, relatively speaking to a lot of other things. While there are challenges in certain parts of the country, and then certain aspects of veterinary medicine about availability of jobs. In reality, when you look across the profession as a whole, and the cohort of students that graduate into the profession every year, which is 3,000 something in the US, you got close to 90% or more that are employed within that first 6 months of graduation. It's not like we've got a stratification the other way.

Dr. Root: The other thing is that because there are so few schools, you guys are brilliant. We get to pick really great students, and so of course you guys pass NAVLE, because we don't have to ever enroll a student that we really feel is going to struggle in this curriculum. We have, every year, way more great students than we have spots to give to them. It's a lovely problem to have if you're a school - it's an unfortunate for all those great students who don't get one of those spots - but it automatically really skews your results, because we are a small profession, we have a lot of people who want to be in the profession, which means the students that we get to choose and enter the profession are great students. Of course you guys are going to pass NAVLE.

Dr. Gill: And it's an entry-level exam. It's not "10 years of experience in a specialty" type of exam, but a board certification exam. It's an entry level exam. The success rate pass rate is similar in other professions as well. It's that 90-95% as a common in other entry level examinations in other medical professions.

Dr. Pascoe: This may be too much information, but just back on the NAVLE for a minute. If the school falls below 80% or there's some other statistical metrics that I could go into, but aren't really germane, the council tracks all of that. The other thing that we look at is 5 year trends in NAVLE. If you're the school or a program where the NAVLE schools were going like this [*hand motion to indicate decreasing/falling scores*], we would want to know why, and we would want to know what the school is doing to mitigate that. As we said before, depending on that response, and what our comfort level with that

response, we may actually go do a focused site visit to try and figure out why that's happening.

The other thing we didn't touch on that sort of ties on to the same thing, it's another metric of student achievement, is we do pay attention to attrition rates...so what percentage of students aren't completing the program. If you look across the whole spectrum in the US, it's probably less than 1%, less than 2% anyway. Some people don't make it for academic reasons, and some people drop out for personal reasons. If we were to see an increase in that for a particular school or we some worrying trend, again, we would be asking, "Why is this happening? What are you doing about it?" If we weren't satisfied with the answers, we'd go check it out.

Dr. Gill: If at a later date you have questions or you go back to your SAVMA, schools and you have questions concerning accreditation, don't be afraid to contact Council on Education. Dr. Brandt has got an office and staff support in AVMA office in Schaumburg. I'm sure someone will respond to you, so don't be afraid to contact us.