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QUALITY MANUAL

According to the standard ISO 9001:2015

QUALITY MANUAL



**According to the Standard
ISO 9001 2015**

Date of issue: 6 September 2021



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Introduction



ISO (*International Organization for Standardization*) is the global federation of national standardisation bodies.

The international standard ISO 9001:2015 presents the requirements for quality assurance systems based on the process approach that includes the Deming circle (Plan-Do-Check-Act) for risk-based thinking.

The standard does not include specific requirements for other management systems, though it is compatible with other systems.

The process approach is based on the assumption that efficient functioning of an organisation requires determining its mutually connected actions (processes) and ensuring they are managed in a simple, efficient and effective manner.

Every organisation has a certain number of more or less connected processes which are ultimately essential for the quality of the product or service. Very often the result of one

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process is a direct input into the next process, so the systematic determination of processes and particularly their mutual actions and their management, is the fundamental goal of the process approach.

The principal of constant improvements is directly tied to and base on the process approach of organisational management, and it is based on the fact that constant improvements of the overall work abilities of the organisation is the ultimate goal of any organisation with an established quality management system.

The methodology is based on the previously applied process approach and that fact that the identified business processes take actions as described by the Deming cycle:

P - D - C - A

P (*plan*) – plan and establish goals and processes necessary to achieve results in accordance with customer demands and the organisational policy

D (*do*) – implement of those processes

C (*check*) – supervise and measure processes and products in relation to the set policies, goals and requirements

A (*act*) – take action to further improve processes

The interaction of the PDCA methodology and the process approach form the essence of the quality management system according to the standard ISO 9001. Ongoing repetitions of actions – plan, do, check and act – for each identified business process of an organisation create the prerequisites for achieving the ultimate goals, which is the constant improvement of the overall efficiency of the established system.

The figure below gives an overview of the quality management system, and the flow and mutual interactions of the process (Figure 1).

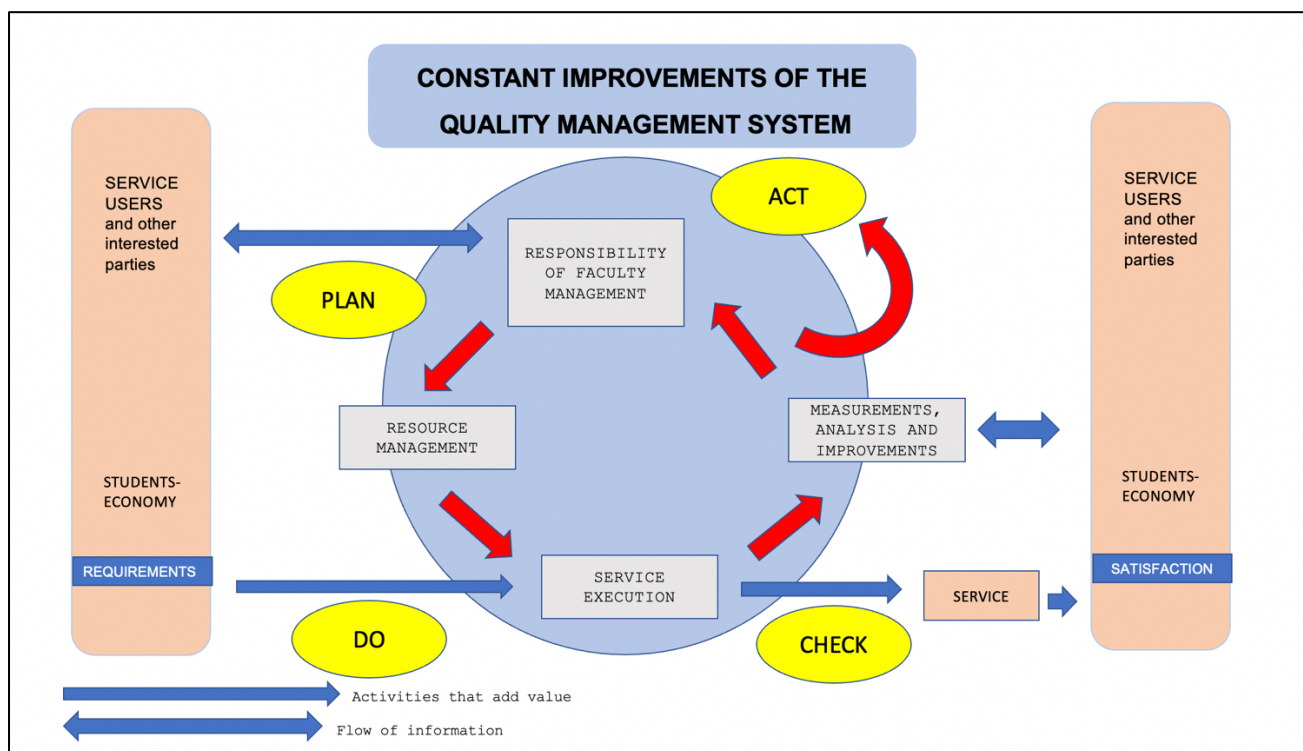




Figure 1. Overview of the quality management system, and flow and interaction of processes

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1. SCOPE

The quality management system (hereinafter: QMS) at the Faculty of Veterinary Medicine, University of Zagreb (hereinafter: Faculty) is a management system for all activities (teaching, scientific, research, professional and administrative/technical) that are implemented in operations according to the valid laws of the Republic of Croatia, international agreements and conventions, requirements of the international standard ISO 9001:2015 (hereinafter: ISO9001) and all internal specifications and standards of doing business.



The area of application of the QMS are the following Faculty activities:

- Higher education services (all levels)
- Scientific research and professional work
- Laboratory and diagnostic procedures
- Performance of other activities that service the core activities: legal tasks, accounting, and other support services (library, IT service, data processing, maintenance of faculty assets).

The scope of the activities can be summarised as: *Higher education, science and research, laboratory, diagnostic and clinical practice.*



2. STANDARD REFERENCE

ISO 9001:2015

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3. DEFINITION OF TERMS

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| <i>Quality</i> | Degree to which the collection of unique properties meets the requirements |
| <i>Quality management</i> | Aligned activities for directing and managing the organisation in terms of quality |
| <i>Upper management</i> | Person or group of people who direct or manage the organisation at the highest level |
| <i>Risk</i> | The influence of uncertainty on an expected result (may be a positive or negative derogation), risk is often expressed as a combination of event |
| <i>Process</i> | System of activities with established rules that use resources to transform inputs into outputs (inputs in the process are usually outputs of other processes) |
| <i>Competence</i> | The ability to apply knowledge and skills to achieve the intended results |
| <i>Documented information</i> | Information that the organisation has to control and maintain (regardless of the medium) |
| <i>Performance</i> | A measurable result (quantitative and qualitative finding, processes, |
| <i>Quality policy</i> | General focus of the organisation on managing quality (officially released by management) |
| <i>Audit</i> | Systematic, independent, objective and documented process of assessing and establishing that previously set criteria have been met, in order to determine the current state of the quality system in the organisation |
| <i>Compliance</i> | Fulfilment of requirements |
| <i>Corrective action</i> | An action taken to remove an existing non-compliance |
| <i>Permanent improvement</i> | Repeated action for improved performance (process of setting goals and finding opportunities for improvement, process that applies the audit findings and conclusions, data analysis, management reviews or using |
| <i>Infrastructure</i> | A system of structures, equipment and services needed for the functioning |
| <i>Design and development</i> | A collection of processes that transform requests for an object into detailed |
| <i>Work environment</i> | A collection of conditions in which work is performed |
| <i>Teaching quality</i> | The degree to which the collection of unique properties in teaching meet the user requirements |
| <i>Verification</i> | Certification, confirmation of correctness in formation (prior to |
| <i>Validation</i> | Proof of validity in application |

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| <i>Assessment</i> | Determination of the appropriateness, adequacy or efficacy of a subject for achieving the set goals (management assessment, assessment of design and development, consumer assessment, compliance assessment) |
| <i>Measurement equipment</i> | Measurement instrument, software, measurement standard, reference material or auxiliary device or combination thereof necessary to perform the measurement process |
| <i>User satisfaction</i> | The feeling of the user of the degree to which their requirements have been |
| <i>Organisational context</i> | Business environment, combination of internal and external factors and conditions that can influence the organisation's approach to their products, |

4. ORGANISATIONAL CONTEXT

4.1 External context



Determining the external context of the Faculty implies accepting all issues ensuing from the legal, technological, social, economic and market conditions or environment, which is why the external context is viewed through the regulation of the following acts, among others:

- Act on Scientific Activities and Higher Education (valid edition)
- Institutions Act (valid edition)
- State Budget Act (valid edition)
- State Budget Execution Act (valid edition)
- Fiscal Responsibility Act (valid edition)
- Compulsory Relations Act (valid edition)
- General Administrative Procedures Act (valid edition)
- Act on Archive Materials and Archives (valid edition)
- Libraries Act (valid edition)
- Public Procurement Act (valid edition)
- Other acts and regulations that govern the procedures in effect at the Faculty

Each of the cited acts include the implementing regulations (ordinances, instructions, decisions, internal acts and procedures) and their application is mandatory.

Further, the decisions adopted by the Government of Croatia are part of the external context that every Faculty must accept, consider and integrate into its strategic goals:

- Strategy of education, science and technology

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- Strategy of Government programmes
- Guidelines of economic and fiscal policy
- Decision of the Government of the Republic of Croatia on full subsidisation of regular students in the costs of studies and co-financing the material costs of public higher education institutions in the Republic of Croatia in the academic year.



The external context is also seen in the approach to operations (economic and legal) and informing the public (access to information and the use of new technologies in processes).

4.2 Internal context

The internal context are all matters of values, culture, knowledge and performance of the Faculty, and are viewed since its inception to the current state of affairs. The internal context includes the abundance of academic values, appropriate organisational structure that enables the implementation of processes, a culture of quality that is respected by both staff and students, and achieving the organisational knowledge that raises the level of success.

In order to ensure the consistent delivery of Faculty services, and the defined influence on processes, the following interested parties are defined as important for the scope of the faculty and the requirements significant for the QMS:

- a) employees
 - positive and proactive work environment with abundance of workers' rights
 - opportunity for advancement, acquiring new knowledge and skills
 - monitoring employee satisfaction
- b) students
 - acquiring the necessary knowledge, skills and competencies pursuant to the prescribed study programme, with a raising of the level of quality of higher education
 - monitoring student satisfaction with Faculty processes, opportunity to give feedback
- c) owners and legislators (University of Zagreb, Ministry of Science, etc.)
 - operations in compliance with the legal regulations and prescribed procedures
- d) suppliers
 - operations in compliance with the law, abiding by the prescribed deadlines
- e) employers
 - training of experts for the labour market
 - monitoring relevant and up-to-date information pertaining to the profession

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- f) different organisations, social community, business partners
- opportunity to access information, cooperation with society (promotion of science)

The Faculty monitors and examines information about all interested parties and their requirements via internal assessments, evaluations, monitoring the fulfilment of set goals, etc.

4.2.1. History and the present

Name of the faculty: University of Zagreb, Faculty of Veterinary Medicine



The Faculty of Veterinary Medicine is a legal person with the status of a public institution, a constituent of the University of Zagreb, and acts independently based on the principle of academic freedom and academic autonomy. The Faculty is registered with the court register of the Zagreb Commercial Court and in the Register of Higher Education Institutions and the Register of Scientific Research Entities.

A brief historical overview:

1919 – The High Veterinary School established in Zagreb with 12 departments:

- Department of Systematic and Topographic Anatomy
- Department of Physiology
- Department of Histology and Embryology
- Department of Pharmacology with Pharmacy
- Department of Livestock
- Department of General Pathology, Pathological Anatomy and Forensic Veterinary Medicine
- Department and Clinic for Special Pathology and Therapy of Internal Diseases of Domestic Animals
- Department of Infectious Diseases of Livestock and Livestock Hygiene, with Clinic for livestock infectious diseases
- Department and Clinic for Surgery
- Department and Clinic for Reproductive Health and Special Reproductive Pathology and Therapy
- Department of Animal Product Hygiene (meat and milk), Parasitology and Microbiology Polyclinic

13 November 1919 – First lecture held at the High Veterinary School in Zagreb. The study

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programme had a duration of eight semesters, and students enrolled in 21 mandatory courses. Upon passing all examinations, the student would earn the title of *Veterinarian*.

1920 – Department of Anatomy constructed

1922 – Department of Histology and Embryology, Department of Physiology, and Department of Infectious Diseases and Microbiology were opened, and in the 1922/23 academic year, the Clinic for Internal Diseases of Hoofed Animals and Carnivores, Surgical Clinic, and Polyclinic were opened.

1923 – The number of departments was increased, since the Department for Animal Product Hygiene (meat and milk), Parasitology and Microbiology was divided into the Department for Veterinary Hygiene and Microbiology and the Department for Livestock Product Hygiene, while the Department and Clinic for Domestic Animal Special Pathology and Therapy was divided into the Department and Clinic for Special Pathology and Therapy of Ungulates and Carnivores and the Department and Clinic for Special Pathology and Therapy of Ruminants, Swine and Poultry.

1923 – The number of compulsory classes was increased from 21 to 25.

1924 – The High Veterinary School was renamed to the Faculty of Veterinary Medicine, and the faculty began its operations in the 1925/26 academic year.

1936 – The number of compulsory courses was increased to 38, elective courses to 11, study duration was 5 years (10 semesters) while no significant changes were made to the requirements to attain the title of doctor of veterinary medicine.



1948 – The Act on Acquisition of the Title of Doctor of Science came into effect. By this law, the title of doctor of science (PhD) would be attained by any candidate completing the approved dissertation, passing the strict exam in the field of the dissertation, and defending the dissertation.

1952 – The Outpatient Clinic was established.

1959 – Institute for Morphology and Physiology, Institute for Infectious and Invasive Diseases, Institute for Zootechnics and Hygiene, and Institute for Pathology and Therapy established.

1965 – The four institutes integrated into a single Institute for Physiology and Pathology of Animal Production. This integrated institute aligned the research work at the Faculty and obtained the funding for this purpose.

1976 – Institute integrated with the Faculty

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1982 – The Club of Students and Employees of the Faculty of Veterinary Medicine established, for special student activities, and social and cultural events. On the Faculty premises, the cafeteria for students and employees opened.

After 1990, the fundamental political and economic changes resulted in changes to the education system and science, and the most significant change was the implementation of the Bologna Process.

4.2.2 Mission and vision

The **mission** of the Faculty of Veterinary Medicine, University of Zagreb, as the only scientific and teaching institution in the Republic of Croatia for the education of doctors of veterinary medicine, is excellence in the education of doctors of veterinary medicine, scientific research, professional work, life-long learning, and interinstitutional and international cooperation.

The **vision** of the Faculty of Veterinary medicine, University of Zagreb is to become an example of a comprehensive teaching and research centre of high standards for the 21st century. Work at the Faculty is based on the constant improvement of scientific, teaching and professional work, abidance of the highest ethical standards, and a cooperative and innovative environment.

4.2.3 Organisation, activities and operation



The Faculty is a public scientific and teaching institution whose activities are regulated primarily by the provisions of the Act on Scientific Activities and Higher Education, Act on Veterinary Medicine, Institutions Act, and the provisions of the Faculty Statute.

Faculty activities are prescribed by the Statute where they are listed. In addition to these activities, the Faculty may also perform other activities if they are not contrary to the relevant laws and if their performance is not at the detriment of the teaching and scientific work.



The Faculty activities are performed by the following organisational units of the Faculty: divisions, departments and clinics, teaching chairs, scientific teaching polygons, and the management with administrative support services.

1. Division for Fundamental, Natural and Preclinical Sciences

- Department of Anatomy, Histology and Embryology
- Department of Veterinary Biology
- Department of Physics
- Department of Physiology and Radiobiology

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- Department of Chemistry and Biochemistry
- Department of Pathophysiology
- Department of Social and Humanist Sciences
- 2. Division for Animal Production and Biotechnology**
 - Department of Animal Hygiene, Behaviour and Welfare
 - Department of Hunting and Wildlife
 - Department of Fish and Bee Biology and Pathology
 - Department of Animal Nutrition
 - Department of Animal Breeding and Livestock Production
- 3. Clinical Division of the Faculty of Veterinary Medicine**
 - Outpatient Clinic
 - Clinic for Surgery, Orthopaedics and Ophthalmology
 - Clinic for Gynaecology and Reproduction
 - Clinic for Internal Diseases
 - Department of Veterinary Pathology
 - Department of Radiology, Ultrasonic Diagnostics and Physical Therapy
 - Department of Forensic and Administrative Veterinary Medicine
- 4. Division of Veterinary Public Health and Food Safety**
 - Department of Pharmacology and Toxicology
 - Department of Food Hygiene, Technology and Safety
 - Department and Clinic of Microbiology and Infectious Diseases
 - Department and Clinic of Parasitology and Invasive Diseases
 - Department and Clinic of Poultry Diseases
 - Department of Veterinary Economics and Epidemiology
- 5. Teaching Chairs**
 - Chair for Physical and Health Culture
 - Chair for Foreign Languages
- 6. Scientific teaching polygons**
 - Fakultetsko dobro
 - Hunting and Teaching Polygon
- 7. Faculty Management**
 - 1) Dean's Office

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- Office of the Dean
- Office for International Cooperation
- Office for Students
- Office for Career Development, Academic and Psychological Counselling
- Office for EU projects
- Office for Quality Control

2) Secretariat

- Office of the Secretary
- Department of Legal Affairs and Human Resources
- Department of IT Services
- Department of Maintenance and Technical Affairs
- Department of Occupational Safety
- Central Faculty Archive and Registrar

3) Accounting

- Department of Bookkeeping
- Department of Accounting and Finance

4) Library

Important acts that are applied in Faculty operations are available on the website under the name of the act.



The Faculty cooperates with numerous institutions in Croatia and abroad.

4.2.4 Internal and implementing acts

By building the QMS, the Faculty secures the assumptions for successful management of business processes, and guarantees transparency and competitiveness for beneficiaries and other interested parties.

In addition to meeting the requirements for establishment of the QMS according to ISO 9001, the Faculty has taken other measures for quality assurance. Due to the clear commitment that the quality system should be a guarantee of the vision and strategic goals at the Faculty level, regulations and documents pertaining to the QMS are passed, such as the Ordinance on the quality assurance system at the Faculty of Veterinary Medicine, Rulebook for quality assurance, Development Strategy, action plans, and annual reports.

All valid legal acts and other documents of the QMS are drafted and distributed in line with the legal regulations and ISO 9001, and are available in hard copy and electronic copy on the

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Faculty website. Access to individual documents is possible via the AAI identify, while others are public. The list of internal and external documents is kept by the Secretary and QMO, and Faculty bodies, especially the Committees and Faculty Council are involved in the drafting of documents.

4.3 Needs and expectations of interested parties

The needs and expectations of interested parties (primarily social communities and students – the quality of study programmes and teaching, equipping of premises and infrastructure, accessibility, student standards) are covered through a range of acts, particularly the strategic documents of the Faculty.

The quality parameters are evaluated at the annual level, and the results of evaluation assist in improving the QMS and designing new activities to raise the level of quality.

The SWOT analysis is used as a method and manner of monitoring quality (as part of the Faculty's short-term strategy), together with self-analysis (for the needs of external assessment), annual reports on the fulfilment of action plans, and other internal and external assessments.

Following the implementation of the teaching programme, quality is measured by an assessment of student satisfaction (in surveys) and partial contact with students after they have earned their diploma.



4.4 Scope of the quality management system

The quality management system at the Faculty is a management system for teaching, scientific research, professional and administrative/technical activities, that has been implemented into operations under the valid laws of the Republic of Croatia, international agreements and conventions, requirements of the international standard ISO 9001, and internal specifications and standards for the execution of business processes.

The scope of the activities can be summarised as: *Higher education, science and research, laboratory, diagnostic and clinical practice.*

4.5 Quality management system and its processes

By building its own QMS, the Faculty secures the assumptions for successful management of business processes, and guarantees transparency and competitiveness for beneficiaries and other interested parties. It also ensures the mechanisms for the promoting and achieving the highest levels of quality in teaching, scientific research, professional, and administrative activities at the Faculty. The QMS is implemented at all levels of the Faculty, through the

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cooperation of internal and external stakeholders, in line with the principles of public interest, stimulating excellence and innovativeness, efficiency, and openness, and promoting a culture of quality, responsibility and cooperation.

In addition to meeting the requirements for the establishment of the QMS according to the ISO 9001 standard, other measures were also taken to ensure quality in compliance with the legislation in the area of higher education and science, with a special focus on ESG in the field of higher education.



The introduction, development and improvement of QMS at the Faculty is also aligned with, and is an integral part of the measures and activities for quality management in higher education in EHEA and Croatia.

The Faculty has adopted and released the following:

- Ordinance on quality assurance at the Faculty of Veterinary Medicine pursuant to the UNIZG Ordinance
- Quality Management Manual of the Faculty of Veterinary Medicine in compliance with the ESG and UNIZG Ordinance
- Quality Policy
- SWOT analysis
- Self-analysis

The Faculty business processes that significantly influence the level of quality of services is defined through the regulations of the ESG, EAEVE, and include:

- a) QMS process (quality assurance and control; ongoing monitoring and periodical revisions; informing the public; information management; periodical external and internal evaluations)
- b) Teaching process (developing, approving and monitoring study programmes; student-focused learning and teaching; enrolment and advancement through the study programme; teaching staff; learning resources and student support; library; IT support)
- c) Processes of scientific and professional work
- d) Processes of legal, human resources, and general affairs
- e) Process of finance and accounting tasks
- f) Process of technical tasks and maintenance

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The criteria and methods needed to ensure efficient separation and management of those processes is described within the documented procedure and other QMS documents.

4.5.1 Description of business processes and assessment of total risk exposure (ATRE)

Risk-based thinking allows the Faculty to establish timely activities that will prevent events from occurring that negatively influence the achievement of the set goals. Risk is an influence of uncertainty of an expected result, the possibility of occurrence of an event that negatively influences the achievement of goals (strategic and operational), as well as missed opportunities.

Every year, the Faculty is required to review the list of risks in an individual process and to establish in an internal audit whether the risks in the previous period will contribute to achieving or will threatened the business goals.

A detailed overview of the risks and opportunities by process is available in a separate document, and the risks and opportunities are part of the Management's assessment system.

In order to reduce the highest assessed risk, it is necessary to regularly monitor news, and to critically assess and implement the newest business achievements.

a) **QMS process** (quality assurance and control; ongoing monitoring and periodical revisions; informing the public; information management; periodical external and internal evaluations)



The QMS is built into all business processes and enables ongoing monitoring and improvements throughout the year. Quality assurance in teaching, scientific research and professional activities is a fundamental focus of the Faculty. Since quality control focuses more on the shortcomings and incompliances, and quality assurance on preventative measures, it is essential to combine both processes into a single quality management process.

Process steps:

1. QMS planning and goals
2. Assessment, reporting and subsequent monitoring of QMS
3. Internal and external evaluations

b) **Teaching process** (developing, approving and monitoring study programmes; student-focused learning and teaching; enrolment and advancement through the study programme; teaching staff; learning resources and student support; library; IT support)

The academic teaching process is performed at all levels (integrated undergraduate and graduate study, post-graduate university scientific (doctoral) study, post-graduate specialised study, life-long learning) with the aim of achieving highly educated and competent students.

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Process steps:

1. Analysis of requirements
2. Planning, preparing and delivering teaching
3. Teaching evaluation (student evaluations, reports by the committee, vice-dean and course leader)
4. Final actions (collection, processing and analysis of data, reporting on analysis results)

The library is an organisational unit of the Faculty with the purpose of securing the conditions for high quality delivery of teaching, scientific research and professional activities of the Faculty, through the accessibility of all types of information, in any form, by building an in-house collection of library materials and other sources of information.

The Faculty IT Department provides IT support, including the procurement of IT equipment, application of the principles of data security (processing and storing) and improving operations by taking advantage of the benefits of IT technology. The IT support tasks include all technical and IT tasks in teaching, technical aids, service and user computers, projectors and other peripheral equipment needed in teaching on the basis of the prescribed course content and the defined user requirements.



In addition to teaching support, the IT Department performs all tasks in its competence for the processes of scientific work and business function at the Faculty:

- Installation of user computers
- Resolving technical issues in the work of user computers
- Administration of user computers in the computer network
- Operational technical and technological preparation and implementation of the required IT education of all employees in line with education plans and organisation.

c) **Process of scientific and professional work**

The process of scientific research and professional work is carried out at all teaching levels, including life-long learning, and the course of daily work with clients (owners of patients), with the aim of achieving these process steps:

1. Performing scientific and expert research
2. Participating in scientific and expert projects in Croatia and abroad
3. Professional development of experts in all segments of the veterinary profession (life-long learning)
4. Monitoring client satisfaction with the provision of veterinary services.

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d) Process of legal, human resources, and general affairs

Professional legal, human resources and general affairs are performed by the expert services of the Secretariat, organised with the aim of implementing the legislative framework in operations, performing all administrative tasks to meet the needs of employees and students, and the unhindered unfolding of fundamental activities through these process steps:

1. Monitoring the application of the existing legislative acts pertaining to the operation of the Faculty
2. Ensuring the implementation of new legal provisions in the operation of the Faculty
3. Preparing proposals of general acts adopted by the Faculty Council
4. Proposing the adoption of general and other acts
5. Executing or ensuring the execution of general and other acts of the Faculty, and giving an opinion on the proposals of general acts submitted by other authorised proposers
6. Performing professional tasks for the Dean and the Faculty Council
7. Providing expert assistance in public procurement tasks
8. Performing professional tasks concerning the enrolment of students, defence of graduate theses, student graduation ceremonies, withdrawals from the Faculty, changes in academic titles, entry into the ISVU system, date, time and place of examinations, deadlines before the committee and entry of results of exam periods, printing forms, drafting tables and other statistical reports for the Ministry and University
9. Drawing up contracts
10. Keeping records on the expiry of mandates of teachers and mandate functions and notifying the competence bodies on the need to open competitions
11. Planning and implementing the competition procedure, keeping personal records, keeping work attendance records
12. Ensuring the implementation of the Regulation on office operations and the Act on Archive Materials and Archives.

e) Process of financial and accounting tasks

The financial and accounting tasks at the Faculty are performed by the Accounting service. Accounting is divided into two departments, Department for Bookkeeping and the Department for Accounting and Finance. Accounting evaluates, processes and releases information about the Faculty, and forwards them to a broad circle of users for the purpose of making business decisions.

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Prior to submission to bookkeeping, all incoming documents must be checked by the responsible and authorised persons of the Faculty and verified by their signature. In bookkeeping, new data may be entered only from the original bookkeeping document. Employees perform calculations and formal control of documents, and the certification of documents is performed by the Dean or person so authorised by the Dean.

The main book is a mandatory record. Booking ensures:

- The ability to control entered items, and whether the sum of the credit and debit sides of the order are identical
- That the balance sheet reflects the true state of the main book.

The concluded business books and annual business balance are stored and kept. Supervision over all procedures during accounting audits of economic activities are performed by the head of accounting, who notifies the Dean of all results. The head of accounting is also responsible for the legality of work.

f) **Process of technical tasks and maintenance**

The Department of Maintenance and Technical Affairs performs the following process steps:

1. Ensures maintenance of the building and all installations,
2. Responsible for the use of space in buildings,
3. Responsible for keeping and procuring resources in the field of work,
4. Responsible for inventory and cleaning,
5. Monitors and is responsible for tasks of occupational safety and waste management.



5. MANAGEMENT

5.1 Management and focus

5.1.1 General

By establishing and accepting responsibility for quality, the Faculty Dean ensures the quality of performance of all business activities and adopts the *Quality Policy* which proves the focus of its activity at the request of all interested parties and that their fulfilment is determined by the purpose and primary goal in process management. The Dean is responsible for raising awareness among all employees about quality and quality systems.

An effective quality system requires a stable structure comprised of strong organisational management and the active role of external stakeholders. Both internal and external stakeholders are actively involved in the quality assurance process.

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The Management Board plans and implements measures for the development, application and improvement of efficacy of the QMS (their execution is monitored using objective indicators and evidence):

- Raising awareness about the importance of respecting client requests, and the legal and standard requirements is performed through employee training
- *Quality Policy* is defined clearly and is feasible
- *Quality Policy* is the outcome of establishing the quality goals; all employees have the opportunity and responsibility to participate in their proposal, development and effective achievement
- Verification of the effectiveness and efficacy of the QMS and accompanying processes is performed through regular annual reports at meetings of the Management Board
- Resources needed for the application, maintenance and development of the QMS and accompanying processes are obtained on time

5.1.2 Focus on service users

Since the Faculty business policy, and the QMS, place service users (primarily students) at the forefront, the Management has ensured the monitoring and assessment of user satisfaction with services primarily through surveys, recognising demands and expectations, all with the aim of continuous improvements of the satisfaction of user services.



Interested parties whose demands, needs and expectations are identified in the QMS are:

- students – collection of information about the current and future needs and expectations and information on their satisfaction with services
- employees – methods developed for advancement, education, recognition, and more
- state – abidance of all laws, ordinances and other regulations, regular settlement of obligations, recruitment of new employees.

The satisfaction of all interested parties achieved is considered through the assessment of the Management.

Identification of the demands and expectations of **students and other external users** is performed by:

- analysing the results of evaluation of the teaching process at the Faculty of Veterinary Medicine in Zagreb,
- comparison with similar educational institutions in EU countries and in the region,
- cooperation with the relevant ministries,

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- analysing data from the labour market and connections with alumni and economic entities.

Internal users are all employees (in permanent positions), external associates who participate in certain processes, and employees on projects.

The identification of the demands and expectations of internal users is performed by:

- regular collection and analysis of data on the level of employee satisfaction, and proposals for improvements in the following areas:

- economic security,
- advancement at work,
- education and professional development,
- information, and
- interpersonal relations,

- annual determination of the expected and achieved profits (for the owner),

- annual determination, alignment or confirmation of the business policies of the Faculty of Veterinary Medicine in Zagreb.

Parallel users are suppliers and other business partners.

The identification of the demands and expectations of parallel users is performed by:



- regular contacts with suppliers and partners
- determining the requirements of suppliers and partners through business cooperation agreements.

5.1 Policy

5.1.1 Establishing the quality policy



The Faculty of Veterinary medicine actively and consistently strives for ongoing improvements in quality to its complete teaching, scientific research and professional work, in abidance with the national and international standards, connecting its experience and all its activities that have made it stand out to date as one of the leading higher education institutions in the Republic of Croatia.

Success indicators of the Faculty quality policy are assessed in internal and external evaluations, regular surveys of all stakeholders according to the Quality Assurance Manual, in accordance with the Faculty mission and vision. The quality assurance system is directed towards ongoing monitoring and assuring excellence of the teaching, scientific research and

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professional work, and towards students, employees, employers and entrepreneurs, and is executed by:

- Defining the mission, vision and strategic framework of development of the Faculty and the means to achieve them;
- Developing a quality assurance system based on the “Standards and guidelines for quality assurance in the European higher education area”, national, university and faculty standards, while promoting and stimulating an active role of all Faculty organisational units, and active stimulation of student engagement in the quality assurance system;
- Procedures of periodic internal and external independent review of the quality management system in accordance with the guidelines of the Agency for Science and Higher Education;
- Continued modernisation of the study programme based on innovative scientific findings at the Faculty, particularly with the goal of effective inclusion of young experts on the labour market and the opportunity of their response to dynamic requirements;
- Ongoing advancements in the knowledge of teachers and associates, by acquiring new and/or developing existing competencies and their transmission through the teaching process, and inclusion of students in research and projects;
- Ongoing and systematic strengthening of scientific research and professional work, and the publication of results of research and transmission of acquired knowledge, with the aim of advancing the status and reputation of the Faculty in the public eye;
- Responsible and clear financial affairs, directed exclusively towards the development of the Faculty and ongoing improvements of conditions for teaching, scientific research and professional activities;
- Ongoing advancements in the knowledge of teachers and associates, by acquiring new and/or developing existing competencies and their transmission through the teaching process, and inclusion of students in research and projects;
- Ongoing and systematic strengthening of scientific research and professional work, and the publication of results of research and transmission of acquired knowledge, with the aim of advancing the status and reputation of the Faculty in the public eye;

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- Responsible and clear financial affairs, directed exclusively towards the development of the Faculty and ongoing improvements of conditions for teaching, scientific research and professional activities;
- Cooperation with internal and external stakeholders: students, employees, academic community, economy, and the local and national social community.
- The Quality Policy is the fundamental framework for the implementation of the quality system, and is a public document to ensure that all employees, stakeholders and the public are familiar with it. The Faculty Management is responsible for securing and developing the necessary resources for implementation of the Quality Policy. The Faculty Quality Policy is regularly reviewed and revised in accordance with the needs and changes in the system.

5.2 Communicating the Quality Policy

The Quality Policy is published and is available on the Faculty website, in both Croatian and English.



5.3 Organisational roles, responsibilities and authorities

The Faculty Management determines the responsibilities and authorities in all segments of its operations in line with the established general acts of the Faculty and internal decisions. Responsibilities and authorities are clearly presented in writing to all Faculty employees (official Faculty documents – systematisation of work posts, labour contracts). Each employee is responsible for the quality of their work.

The organisational chart and list of Faculty organisational units are stipulated in the Faculty Statute.

The Faculty Management, via the Quality Officer (QO), independent of other tasks and duties, has the following responsibilities and authorities:

- Ensuring the conditions for establishing, conducting, maintaining and improving all processes needed for the functioning of the quality management system,
- Reporting to the Faculty Council on the current functioning of the quality management system, and all required improvements,
- Ensuring the conditions of awareness among all employees of the requirements and expectations of users and the importance of their fulfilment.

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6. PLANNING

6.1 Actions to process risks and opportunities

Proper planning and the clear definitions of goals are among the fundamental prerequisites for establishment of the Faculty QMS.

In the procedure to implement the QMS in line with the ISO 9001 standards, processes were determined that form the core activities and that are responsible for the successful achievement of the set goals.

The process leaders, who are also the responsible persons of the organisational units, highlighted at least three inherent risks, the likelihood of their occurrence and effect on business goals, i.e., the significance of the risk, for each of their processes.

Once a year, the defined inherent risks of each process are reviewed during the internal audit and the adoption of the Management's assessment of the state of the QMS.

6.2 Quality goals and planning to achieve them

The quality goals are set by the Management Board in line with the Strategy, established plans and programmes, and analysis of collected and processed data on the requirements and expectations of interested parties. Setting and achieving the quality goals is regularly monitored, with the appropriate records. The goals are defined in such a way so as to enable measurement of results and degree of achieving the goals, and are set in accordance with the Quality Policy and business goals.

The achievement of the quality goals is an integral part of the Management's assessment.

The Faculty Management secures the conditions for purposeful planning of the QMS, which will fully correspond to the needs of achieving the short-term and long-term quality goals.

In planning and implementing change within the QMS, the Management takes care of the need to ensure its integrity.

6.3 Planning change



The Faculty considers planning change at the highest level, in accordance with the legal and other requirements and their consequences, while considering the availability of resources, allocation of responsibilities and authorities, and integrity of the quality management system.

7. SUPPORT

7.1 Resources

7.1.1 General

The complete operations of the Faculty depend on the quality of the infrastructure and working

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environment, and effective management of human, material and financial resources. Securing resources and their management is an essential prerequisite to process management.

The unhindered execution of all Faculty processes in line with its policies and short- and long-term goals represents the purpose and aim of resource management, and is a part of the responsibilities of the Dean and Faculty Management.

The Dean and Faculty Management continuously ensure the necessary resources are secured on time, for the purpose of:

- Unhindered execution of all processes,
- Uninterrupted improvements of quality and efficacy of Faculty operations,
- Increasing the satisfaction of those using the Faculty services.



7.1.2 Personnel

In order to achieve ongoing improvements of service quality, the Faculty must secure the necessary human resources in its development, both in terms of sufficient numbers and in terms of the required expertise and knowledge. Employees and their expert and personal qualifications must meet the needs to ensure proper performance of their respective activities. The plan to ensure sufficient numbers of qualified staff is developed on the basis of legal provisions and requirements of the Ministry, and for the needs of the teaching process (engaging external associates) based on the procedures of the University and the Faculty.

In the case of unexpected circumstances (maternity leave, grave illness, termination of the labour relations, etc.), the plan is revised pursuant to the needs for the time in which the unexpected circumstances arose.

The Dean and Faculty Management ensure, in line with the current legal and in-house regulations:

- Necessary number of employees, aligning it with the needs of individual processes
- Delegating responsibilities and authorities to employees in each process
- Raising awareness of the common goals and need for each individual to contribute to achieving the defined goals
- Life-long learning and professional development for employee with the planned funds for these activities,
- Evaluation of results of professional development (evaluation of results of professional development in expert services is performed by the service head

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who notifies the Faculty Secretary; evaluation of results of professional development of scientific and teaching staff is performed by an expert committee by monitoring the results of student surveys and tracking teacher advancement through the selection procedure into a higher title),

- Archiving and keeping employee records on schooling, training, professional development, skills and experiences.

The Dean is responsible for the activities of planning education and professional development of human resources. The Dean and Vice-Deans are responsible for the execution, monitoring, control and analysis of success of work and further education of human resources.

The Ordinance on the organisation and systematisation of work posts governs the internal organisation of the Faculty, the authorities and competencies of organisational units, mutual relations of organisational units, authorities and competencies of the heads of organisational units, and other issues important for the internal organisation of the Faculty. Further, it governs the titles of work posts of teachers and associates, officials and staff, and special conditions for concluded labour contracts.

All employees must possess general knowledge of the QMS, and have detailed knowledge of all those requirements that directly pertains to their work tasks.

7.1.3 Infrastructure

The Faculty of Veterinary Medicine determines the necessary infrastructure for the execution of all processes, plans and ensures its timely procurement and maintenance, in line with the established goals, employment requirements and the needs of other interested parties.



The Faculty infrastructure consists of:

- Appropriate work space adapted to the intended purpose
- Devices and equipment in line with intended purpose
- Other equipment.

An analysis of the state of, supervision over and maintenance of the existing infrastructure is conducted at specific intervals, when new needs and the procurement of new infrastructure are planned.

Every individual infrastructural element is entered into the appropriate documentation that consists of descriptions and identification numbers of those elements and their quantity.

The state of the infrastructure is verified, and the appropriate records are kept on the results of that verification.

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Planning the procurement of new infrastructure is performed based on needs, pursuant to the provisions of the Public Procurement Act and internal procedures on creating contractual relationships at the Faculty.

The Dean and Vice-Dean of Operations are responsible for the analysis of the state, plans and actualisation of the procurement of necessary infrastructure.

The Dean is responsible for securing the financial resources needed for the infrastructure.

7.1.4 Environment for process execution

The Faculty of Veterinary Medicine ensures and manages an appropriate work environment needed for the unhindered execution of all processes, and achieving compliance of its services with the requirements of internal and external users.

The work environment is defined two-fold:



- Intangible work environment – mutual relations, employee awareness and conscientiousness, motivational atmosphere, rewards system, recognitions, etc.
- Tangible work environment – cleanliness, orderliness, spaciousness and ventilation of the work area, appropriate quality and ergonomics of work devices and equipment, occupational safety, etc.

All users of the work environment must act towards the same in accordance with the provisions of the appropriate general acts.

7.1.5 Resources for supervision and measurement

The Faculty of Veterinary Medicine has measurement equipment in its laboratories, or uses the services of external measurement laboratories. The Faculty also possesses special diagnostic equipment for the needs of diagnostic procedures performed in the laboratories of departments and clinics.

There are currently five laboratories of the Faculty of Veterinary Medicine accredited in line with the requirements of the ISO 17025 standard, which was a requirement for entry into the Register of official and reference laboratories. The requirements pertaining to the diagnostic procedures are prescribed by the acts and Quality Manual in line with the ISO 17025 standard. For the purpose of assessing service user satisfaction, primarily students, the results of evaluations of teachers and the teaching process are used year round to supervise the process and these results are analysed at sessions of the Quality Committee.

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7.1.6 Organisational knowledge

The Faculty supports and encourages organisational knowledge, as the specific knowledge obtained through experience that is used to achieve goals.

Organisational knowledge is based on:

- Internal sources (experience and business practice)
- External sources (participation in conferences, collection of knowledge and experience of others, evaluations, standards).

7.2. Competences

The Faculty staff must have the necessary qualifications and competencies in line with their work position. All scientific and teaching staff must be in the appropriate title and, like other employees, must have the expert competencies needed to perform their work and work tasks. The Dean and Faculty Management stimulate the attainment of additional competencies and advancement of knowledge that contributes to an increase in the quality of business processes, especially teaching (attaining expert skills and soft skills is equally encouraged).

The Dean is responsible for the activities of planning education and professional development of human resources, while the heads of the organisational units are responsible for implementing, monitoring, control and analysis of the success of work and the acquisition of new knowledge and skills.


7.3 Awareness

The Management ensures the development of awareness of the common goals and need for each individual to contribute to achieving the defined goals. In order for the QMS to be effective, it is essential to raise awareness among all employees about the Quality Policy, and their individual contributions to the development, sustainability and improvement of the system.

7.4 Communication

Communication with Faculty users is defined through the implementing documents (Ordinance on business and professional secrets, Ordinance on the protection and processing of archive and registry materials, Ordinance on security policy and security of the information system, Catalogue of information of the Faculty of Veterinary Medicine, Decision on appointment of an Information Officer and Request for access to information).

The Dean ensures effective communications among employees that corresponds to the quality requirements of all business activities. Employees are informed of all activities important for

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the QMS via the website and e-mail, and through verbal communications and information about all positions of the Management or important applications of the legislation, amendments to the legislation, etc.

The Dean and Vice-Dean are responsible for the collection, processing, updating and distribution of information.

The QO is responsible for the collection, processing and analysis, and the distribution and updating of information that pertain to the Faculty quality system.

7.5 Documented information

7.5.1 General

The development, shaping and management of documentation in the QMS is based on the criteria of functionality, simplicity of use, necessary resources, aims and quality policy, requirements associated with knowledge management, evaluation of documentation systems and interfaces used by users, business partners, and other interested parties.



According to the ISO 9001:2015 standard, the documentation of the quality management system includes:

- Statement on the quality policy
- Quality Manual, which outlines the scope of the quality management system, responsibility of the Management, list of processes, planned changes and risk processing, resource management, system evaluation, analysis and improvements of the quality management system
- Reports on the performed internal audit
- Management assessment
- Rules of procedure and working instructions that describe in detail the management of documents and records, internal audit, corrective actions, nonconformities, complaints received, and other activities in the field of professional work.

All relevant information about the processes and procedures are documented, and working instructions adopted to ensure the effective planning, implementation and management of processes.

7.5.2 Development and updating

The documentation defines the quality assurance and management system. The Faculty publishes the QMS documentation on the intranet to ensure that employees are informed.

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Quality documentation can be in any form or media that is appropriate for the Faculty needs (original copy in hard copy, with an accompanying electronic copy).

The QO drafts and revises the Quality Manual, which is approved by the Dean and Faculty Council. External distribution of the Manual is not permitted without the permission of the Management. The QO keeps records on the distribution of the Manual. Other Faculty staff participate in the drafting of other documentation.

7.5.3 Managing documented information

The documented information or records become evidence of compliance with the requirements and effectiveness of implementation of the quality management system.

Managing documented information implies the drafting of documents on various media, their storage and keeping pursuant to the prescribed timelines.

The QO is responsible for the defined quality documents and records and their application in maintaining the quality management system and supporting the effective unfolding of the process at the Faculty.

8. IMPLEMENTATION

In the published Quality Policy, the importance of ongoing improvements to the process and activities is emphasised, with the aim of continuously meeting user demands, in which the proper provision of services has a key role.

The provision of Faculty service unfolds in line with the prescribed requirements for maintaining and improving quality, with the aim of complete satisfaction of the previously identified and defined user requirements.



Since the main users of Faculty services are students, the provision of services primarily implies the delivery of the teaching process and teaching itself.

8.1 Operational planning and supervision

The Faculty continually plans all processes that are essential to meet user demands, and planning of teaching is carried out in line with the requirements of the Ordinance on quality assurance at the Faculty of Veterinary Medicine, and the Quality Assurance Manual, which have implemented the provisions of the Act on Quality Assurance in Science and Higher Education.

In planning teaching, the Faculty establishes:

- User requirements and defines the quality goals accordingly,

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- Need for the appropriate documentation (teaching programmes, implementation plans, schedules, enrolment, etc.),
- Necessary resources for delivery of the classes in each upcoming academic year,
- Corresponding system of verification and validation for delivering courses, oversight system and criteria for evaluation of the teaching process (conducting internal teaching process assessments, student surveys, collecting and analysing proposals of course leaders),
- Appropriate records on the execution of the teaching process and fulfilment of user requirements and expectations (report of department head, course leader, report on results of student surveys, course records by teacher, records on written examinations, seminar papers and final papers, etc.).

Planning the execution of the teaching process is performed by drafting the Information package and Implementation plan of courses for each semester in the academic year, and in line with the verified study programme and permitted amendments.

The Dean, in conjunction with the Vice-Dean for Teaching and QO, is responsible for course planning and compliance with the quality policy and goals. All activities of course planning and responsibility are defined by the Ordinance for quality assurance and the Ordinance for quality assurance of the Faculty of Veterinary Medicine.



8.2 Determining service requirements

8.2.1 Communications with users (students and other interested parties)

For the purpose of identification and further processing of user requirements and expectations, the Faculty of Veterinary Medicine determines and applies the appropriate system of communication with all users, including:

- Continuous provision of information via the website
- Brochures and other publications of the Faculty
- Processing the documentation that indicates the user requirements in the teaching process (contracts, requests, inquiries and other user requirements)
- User feedback, including complaints and praise.

Communication with students unfolds in the above listed ways, and also via the ISVU system (Studomat), particularly for matters concerning exam periods. Modern technologies (such as LMS, Teams, other applications) are also used and students can access them via their AAI identity.

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8.2.2 Determining requirements pertaining to products and services

The Faculty Management must identify and constantly consider:

- Requirements set by the main users, particularly those pertaining to the delivery of teaching and the work of support services
- Requirements made by the general community (laws and ordinances pertaining to higher education)
- All other requirements recognised as relevant for the proper delivery of teaching.

8.2.3 Assessment of requirements pertaining to products and services

The Faculty of Veterinary Medicine must continually and fully monitor and assess the content, relevance and priority of requirements pertaining to teaching in the higher education system. An analysis of such an assessment must be documented and continuously considered when taking on the commitment of providing services to students, and the conclusions for improvement must be built into teaching in a timely manner.



Prior to the start of each academic year, teachers are required to update information on the course content, literature, student obligations, course teachers and of the need for the development of new courses. All changes are the subject of discussion at sessions of departments and clinics, and after acceptance of a proposal, it is then forwarded to the Vice-Dean, after which it is forwarded to procedure as prescribed by the University of Zagreb with regard to amendments to the study programme.

The Vice-Dean for Graduate Teaching prepares the information package and lecture schedule for the next academic year, and the proposals of implementing plans of courses are adopted at the session of the Faculty Council. For major amendments, a procedure is initiated for the amendment and development of new study programmes, as outlined in detail in the Ordinance for quality assurance.

8.3 Design and development of products and services

8.3.1 General

The provision of Faculty services is defined in the teaching process generated from individual study programmes. In the context of implementing the entire quality management system, it is necessary to continually develop the study programmes by adapting them to the growing requirements of users and markets, and to create new programmes. The Faculty does this as part of the appropriate system to develop and amend study programmes (procedures defined by the law governing higher education and the implementing regulations of the University of

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Zagreb and the Faculty).

Additionally, numerous professional and scientific projects are regularly executed at the Faculty, and the project leader is responsible for their project. Given the specificity of projects, the relevant control measures are applied by the project client or financing institution.

8.3.2 Planning, design and development

Amendments to and development of new study programmes is planned systematically, and these processes are fully managed according to the prescribed documentation. When planning amendments to and development of new study programmes, it is necessary to determine:

- Whether there is a need for the new study programme,
- Programme aims,
- Responsibility for the programme,
- Individual phases of programme development, with necessary resources (human, material, financial, temporal, spatial, information)
- Activities of evaluation and acceptability of each phase of the programme.

New study programmes are developed according to the rules prescribed by the Ministry of Science and Education. Conditions for the delivery of the university study programme are defined by the Ordinance on the content of the permit and conditions for issuing permits for performing activities of higher education, delivery of study programmes, and reaccreditation of higher education institutions.

8.3.3 Inputs for design and development

The basis for planning and development of new programmes must be defined in advance and documented with the appropriate records.



The basis is drafted in line with the following:

- Identification of user requirements
- Results of the analysis of needs to amend or develop new study programmes
- Information on similar programmes
- Provisions of all relevant legislation on higher education, and
- Other specific requirements of the programme.

The execution of every amendment to the study programme unfolds according to the previously determined activity plans.

8.3.4 Managing design and development

Assessment of amendments to and development of new study programmes is performed for

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the purpose of:

- Verifying the fulfilment of the set requirements,
- Determining possible difficulties in execution and defining the necessary preventative or corrective actions.

Assessing the results of an individual phase and the final results of amendments to and development of study programmes is performed by the Dean and Vice-Dean, and approved by the Faculty Council (as described in detail in the Quality Assurance Manual).

Verification is performed to determine the degree of fulfilment of the requirements built into the input data at the time of their execution. The verification is performed by the appropriate competence body (Committee and Faculty Council).

For amendments to and development of study programmes, the Dean and Vice-Dean for teaching and students are responsible for the verification and validation, and this is then approved by the Faculty Council. After this, the proposal for the amendment to or development of a new study programme is assessed and approved by the University of Zagreb in line with internal procedures.



Following and assessment and analysis of the proposal, the permit for delivery of the study programme is issued by the Ministry of Science and Education.

Changes to the amendments to and development of study programmes are regularly identified, documented in records, verified, and approved. All changes to the study programme must be agreed between the Faculty and the University.

8.3.5 Outputs of design and development

The results of individual phases and the final results of amendments to and development of new study programmes must be presented in a form that permits an assessment of their efficacy. In that sense, the results should:

- Fulfil all input requirements,
- Provide all necessary information for the procurement/engagement of necessary resources and provision of services (teaching staff, classrooms, support services, materials, literature, etc.).
- Define the necessary properties of the programme in line with the Ordinance on the content of the permit and terms for issuance of the permit for performing higher education activities, delivery of study programmes, and reaccreditation of higher education institutions, so as to ensure its proper use.

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8.3.6 Changes to design and development

Changes to the amendments to and development of study programmes are regularly identified, documented in the records, verified and approved. All changes to the Faculty study programmes must be aligned with the University of Zagreb, and for major changes, a procedure is initiated for the amendment to and development of a study programme as described in the Quality Assurance Manual and the relevant acts.

8.4 Supervision of externally procured products and services

8.4.1 General

The Faculty of Veterinary Medicine determines the necessary material resources in line with the previously defined criteria for retaining and improving the quality of its services.

External and guest lecturers are included in the external processes and services, and their activities are monitored in line with the regulations of the Faculty and University (from approval of their engagement to student satisfaction surveys).

8.4.2 Type and scope of supervision of external procurement

In line with the defined needs, the Faculty plans the procurement of work resources in line with the established strategy, policy and development plans, applying the provisions of the Public Procurement Act and internal acts.

The Faculty conducts analyses and evaluation of existing, and if needed potential, suppliers of work resources, which is defined precisely in the internal procedure of supplier evaluation and conclusion of contractual obligations at the Faculty.

The Dean and Vice-Dean are responsible for procurement activities.

8.4.3 Information for external suppliers

Procurement of an individual tangible resource is performed on the basis of:



- A recorded need for the work resource
- Approval of the procurement by the authorised person.

Procurement is performed pursuant to the provisions of the Public Procurement Act and internal procedure of concluding contractual relations, which implies a transparent procedure and accessibility of information for all interested suppliers.

8.5 Service provision

The provision of Faculty services primarily pertains to the delivery of courses, including the appropriate preparation, which is outlined in detail in the Quality Assurance Manual.

Other service provided by the Faculty are listed in detail in the Faculty Statute.



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8.5.1 Management of service provision

The Faculty delivers courses pursuant to the appropriate ordinance for each type of study and in line with the previously defined, secured and prescribed conditions, both for teachers and for students.

Implementing acts are:

- Ordinance on integrated undergraduate and graduate study programme
- Ordinance on postgraduate specialist study programme of the Faculty of Veterinary Medicine, University of Zagreb
- Ordinance on doctoral studies at the Faculty of Veterinary Medicine in Zagreb
- Ordinance on disciplinary procedures for employees of the Faculty of Veterinary Medicine
- Ordinance on disciplinary procedures for students of the Faculty of Veterinary Medicine
- Conditions for the delivery of classes for teachers:
- Classes are delivered in the form of lectures, seminars and exercises,
- Lectures are delivered in study groups of sizes prescribed for each individual study programme specialisation,
- Abidance of the Ordinance on the disciplinary responsibility for employees is mandatory
- All teachers have the secured and prescribed access to information about classes,
- Classes are delivered in line with the established teaching programme and the implementing plan of a specific course,
- Abidance of the class schedule and punctuality in arriving to and leaving class is mandatory,
- Taking attendance records of students in classes is mandatory,
- All class matters for teachers must be transparent.
- Conditions of delivery of classes for students:
- Classes are delivered in the form of lectures, seminars and exercises,
- Lectures are delivered in study groups of sizes prescribed for each individual study programme specialisation,
- Abidance of the Code of Ethics of the Faculty and the Ordinance on disciplinary

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responsibility of students is mandatory,

- All students have ensured accessibility to information about classes,
- Abidance by the rules of delivery of classes according to specific content and didactic methods for the needs and requirements of individual courses is mandatory,
- Attendance in classes of each course prescribed for each individual study programme is mandatory,
- Abidance of the class schedule and punctuality in arriving to and leaving class is mandatory,
- Timely settlement of contractual financial and other obligations towards the Faculty is mandatory,
- All class matters for students must be transparent.

8.5.2 Identification and traceability

A record with a series of parameters is kept for every student, and user of Faculty services, and their path through the study programme is traceable through the entire study process (via the ISVU system). Student records are accessible to the student enrolment office, and data on the completion of studies are archived. The obligation to keep records is prescribed by the Act on Scientific Activities and Higher Education.

8.5.3 Protecting the property of customers or external suppliers

The Faculty of Veterinary Medicine is required to carefully handle all items that are the property of users that are under the supervision of or have been used by the Faculty.

Student documents are kept, properly marked and stored, and all regulations in the field of personal data protection (GDPR) are abided by.



8.5.4 Actions after the provision of services

The acceptability of the delivery of classes at the Faculty is confirmed after its completion through internal and external evaluation processes.

Internal evaluation of teaching is performed via student surveys and other indicators that are defined by the University and the Faculty. The Vice-Dean for graduate studies is responsible for conducting teaching evaluations.

External evaluation of the delivery and results of teaching is performed:

- At the request of the Faculty – conducted by expert teams of domestic and foreign higher education institution (e.g., evaluation for the purposes of international

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accreditation, EAEVE)

- As a legal requirement – conducted by a state administration body and AZVO (e.g., re-accreditation evaluation of the quality of teaching).

8.5.5 Change management

Change pertaining to the study programmes (amendments to and development of new study programmes) are regularly identified, documented in the records, verified, and approved at the sessions of the Faculty Council.

8.6 Issuance of products and services

The issuance of services is performed through the delivery of classes, examination periods, and final theses (graduate, specialist, doctoral); professional work is performed in the departments and clinics, and project activities. The execution of each of these processes is monitored, analysed and improved as needed.

The Faculty Management is obliged by the published Quality Policy to constantly raise the quality of services, with the purpose and aim of meeting the justified demands and expectations of users.

8.7 Management of non-compliant process outputs, products and services

Measurement, analysis and improvements are performed with the aim of eliminating non-compliances in a timely manner.

The Faculty performs methods of supervision, measurement, analysis and improvement to prove the compliance of services through the measurement of stakeholder satisfaction, monitoring the course of performance, internal audits, and the Management assessment.

Measurement data are used for analysis, drawing conclusions, and drafting reports necessary for the Management to adopt effective decisions directed at improving processes and increasing stakeholder satisfaction.



9. PERFORMANCE EVALUATION

9.1 Supervision, measurement, analysis and evaluation

9.1.1 General

The quality of Faculty services depends, among other things, on measurements, regular analyses and constant improvements. The Faculty Management is obliged by the published Quality Policy to constantly raise the quality of services, with the purpose and aim of satisfying the justified demands and expectations of users.

The Faculty has designated the areas and processes that require supervision and measurement

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pursuant to the requirements of the ISO 9001:2015 standard, and those are all business process that contribute to the achievement of the strategic goals and that significantly influence the level of quality, user satisfaction, and performance.

Pursuant to the requirements of the Act on Quality Assurance in Higher Education and the ESG standards, the following areas are designated for evaluation:

- Quality Assurance policy and system
- Development and approval of study programmes (continuous monitoring and periodic review)
- Student-centred learning, teaching and evaluation
- Enrolment and advancement of students, recognition and certification
- Teaching staff
- Resources for learning and support of students
- Information management
- Public information
- Periodic external quality assurance

9.1.2 Student satisfaction



Planning the systematic measurement and analysis of student satisfaction contributes to insight into the state of the quality of provided services and the teaching process (as outlined in detail in the Quality Assurance Manual and ESG standards). The analysis reveals the causes of derogations from the defined student demands and expectations.

Measuring student satisfaction is performed through student surveys, and recording and processing all student complaints. All interested parties (internal and external stakeholders) are familiarised with the results of the performed measurements, and data on the evaluation of student satisfaction are used to eliminate non-compliances and to introduce improvements.

9.1.3 Analysis and evaluation

The relevant data and information obtained from supervision and measurement are used to evaluate compliance with the prescribed requirements, level of satisfaction among service users, performance and efficacy of the QMS, to determine whether the planned activities have been effectively applied, the efficacy of actions taken to determine risk and opportunity, performance of external suppliers, and for the needs of improvement of the QMS.

The analysis of obtained data on the teaching process at the Faculty is performed by the Vice-

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Dean with the assistance of the course leader and teachers, and committees. Data for analysis can include: results of student surveys, annual reports of the Quality Assurance Committee on the compliance of services with the requirements and activities, meeting minutes (Faculty Council, Dean's Council, sessions of committees, departments and clinics), recommendation of external organisations (committee for external evaluation, University of Zagreb, Agency for Science and Higher Education, auditor recommendations, etc.).

Using the data on process measurement, the Faculty Management analyses and assesses the efficacy of the process for which it is competent (Management assessment). The obtained results are compared with the set goals for the said process or activity, and annual trends are assessed, and appropriate corrective or preventative measures taken.

The QO is responsible for data analysis, while the Dean and department heads are co-responsible.

9.2 Internal audit

It is the mandatory task of the Faculty to regularly and continuously conduct independent internal audits of the QMS at least once during the academic year, and more often if needed.

The purpose and benefits of conducting an internal audit are reflected in the identification of non-compliances of the QMS with the planned activities and indicators, and with the requirements of the ISO 9001 standard or QMS requirements stipulated by the Faculty. Also, internal audits establish whether the application of the QMS is effective.



According to the importance of the audit area and the results of previous independent audits, the QO drafts an annual programme of the audit, the plan for every internal audit, plan for its implementation, and notifies the responsible person thereof no later than one week prior to the start of the audit.

The responsible person of the audited area is responsible for taking corrective actions to remove any non-compliances, in the scope and timeline as agreed.

The QO is responsible for verification of the executed corrective actions and an assessment of their efficacy.

Internal audits are conducted by a trained auditor, independent of the area of work being evaluated. The persons responsible for that work area are responsible for taking corrective actions when so ordered by the auditor.

The QO and the Dean are responsible for planning and supervision of implementation of the internal audits. Internal audits are performed pursuant to the documented procedure.

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A total of 12 employees have been trained to conduct the internal audit and pursuant to the relevant Act, the Quality Management Committee has been appointed, thereby further ensuring efficacy of the system.

9.3 Management assessment

9.3.1 General

In the planned period, and at least once per year, the Faculty Management conducts testing of the QMS and gives its evaluation with an assessment of possibilities for improvement and any needs for change within the QMS, including the goals and the Quality Policy.

The assessment of the system by the Management is performed on the basis of specific reports according to the prescribed procedure. The Management's assessment is kept with other quality system documentation for a period of at least one year.



9.3.2 Input data of the Management assessment

The Management assessment is planned and performed at the annual level, and contains the following facts:

- a) Changes in external and internal issues relevant for the QMS
- b) Information on performance and efficacy of the QMS, including trends of:
 - Student satisfaction (and other users at all levels) and other feedback
 - Degree of achievement of quality goals
 - Process performance and compliance of services
 - Results of supervision and measurement
 - Audit results (internal and external quality management evaluations)
 - Performance of external suppliers
- c) Adequacy of resources
- d) Effectiveness of actions taken to process risks and opportunities
- e) Opportunities for improvement (conclusions of the Faculty Council, Dean's Council, divisions, departments and clinics, etc.).

The Management assessment to be passed in the forthcoming period will also include the status of actions from the previous Management assessment.

9.3.3 Output data of the Management assessment

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On the basis of system testing and evaluation, the Management passes decisions and takes measure directed at:

- Improving efficacy of the QMS and its processes
- Improvements in fulfilling user satisfaction and expectations
- Securing the necessary resources to achieve improvements.

10. IMPROVEMENTS

10.1 General

The constant improvements of efficacy of the QMS is one of the primary tasks of the Faculty, and this is achieved by applying the defined quality policy, through continuous monitoring, measurement and analysis of results of processes and services, monitoring achievements of quality goals, internal audits, application of preventative and corrective actions, and regular assessment of the system by the Management.

Planned and applied improvements to process must be documented and kept for one year by the responsible person.

10.2 Non-compliance and corrective actions

The Faculty ensures the timely identification of non-compliance of services and their management, which is established and documented through the appropriate procedure, and the Statute and other legal acts.

Non-compliance is any situation which is not in accordance with the law or implementing acts. The Vice-Dean and QO grant authority for the identification and monitoring of non-compliances, and they are then analysed on the basis of collected reports (student surveys, verbal and written student comments, meeting minutes).



All observed non-compliances are documented, along with the performed corrective actions. Non-compliances of service cannot be corrected after the service has been delivered to the user. Therefore, the solution is sought in taking corrective actions to reduce the consequence of the non-compliance, and to avoid any possible repetitions.

In the case of observed non-compliances, the responsible body takes action in accordance with the law and implementing acts.

The QO keeps records on processes associated with non-compliance and corrective measures, and prepares the report for the Management.

10.3 Permanent improvements

The request for permanent improvements is the part of the QMS that implies a process

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approach and risk management.

Since the Faculty is required to verify the compliance of fundamental processes with the legal provisions and requirements of the ISO 9001 standard at least once a year, the Management assessment also documents improvements focused on:

- Increased efficacy of the QMS and its processes
- Improvements in fulfilling user satisfaction and expectations
- Securing the required resources.

This is based on the indicators of process performance, satisfaction of interested parties, review of achieved goals and plans, results of internal and external audits, and the execution of corrective actions.

The QO coordinates the process of permanent improvements, encourages measures and oversees the results of improvements.