



European College of Veterinary Surgeons

TRAINING BROCHURE

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INTRODUCTION

The title of Diplomate of the European College of Veterinary Surgeons (ECVS) is awarded by the Board of Regents of the College. Members of the ACVS can apply to the Board of Regents for membership of ECVS providing they can fulfil the application requirements and procedures detailed below. Once accepted for membership with the ECVS, ACVS Diplomates are subject to the same rules and regulations that apply to all ECVS Diplomates, including the requirement for recertification every 5 years. For the majority, membership is awarded following satisfactory completion of an ECVS-approved training programme and successful completion of the certifying examination

To sit the Diploma examination of the ECVS, an individual must:

1. Be a graduate of a veterinary college of a European country, unless relieved of this obligation by the Board of Regents and be eligible to be licensed to practice in a European country
2. Have a satisfactory moral and ethical standing in the profession.
- 3a. Have devoted a minimum of four years after graduation from veterinary school to special training and experience in veterinary surgery. The training programme should meet the requirements of the College as described in this Training Brochure

OR

- 3b. Satisfy the Credentials Committee that an Alternate Veterinary Surgery Training Programme (Alternate VSTP) approved by ECVS has been successfully completed.

Goals of the ECVS education system and examination process

After passing the ECVS education system and examination process a Diplomate should:

- have a good basic competence and experience in a wide range of specialist surgical procedures, but is not expected to be a specialist in all aspects of veterinary surgery
- have been exposed, during the training programme, to enough specialist surgical procedures to be able to function effectively in a surgical referral service
- understand his/her limitations.
- understand the importance of contributing to veterinary science.
- demonstrate professional behaviour and attitude towards patients, animal owners and colleagues.

ACVS Diplomates wishing to obtain ECVS Diplomate status should

- Have a satisfactory moral and ethical standing in the profession.
- Be a graduate of a veterinary college of a European country, unless relieved of this obligation by the Board of Regents.
- Be eligible to be licensed to practise in a European country.
- Have devoted a minimum of four years after graduation from veterinary school to special training and experience in veterinary surgery i.e. have completed the equivalent of a one year rotating internship followed by a three year full time residency training programme which should meet the requirements of the European College as described in the current training brochure.
- Have successfully passed the qualifying examination of the American College of Veterinary Surgeons and be certified by the Board of Regents of the American College.
- Pay an application fee of: € 100.—
- Submit the application file, as described in the training brochure, for consideration by the Board of Regents, which meets twice yearly – September & February. One original signed file together with the electronic version of all documents (PDF) must be submitted.
- Please be aware that if you wish to establish a new ECVS residency programme, you must be registered with the ECVS prior to becoming primary named supervisor of a Standard VSRP or an Alternate VSTP.

ACVS Diplomates should be aware that the requirements of the ECVS training brochure are not identical to those of the ACVS. This should be borne in mind when submitting an application to the Board of Regents of the ECVS. In addition, in accordance with the requirements of the European Board of Veterinary Specialisation, ECVS Diplomates are required to re-certify every 5 years after achieving their Diploma status, and ACVS Diplomates applying to the ECVS must also fulfil the recertification requirement.

Further information about the College and its activities can be found on the Website -

www.ecvs.org

or call or write to:

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8057 Zürich
Switzerland

phone: +41-(0)44-635 8408 or 313 0383

fax: +41-(0)44-313 0384

email: ecvs@vetclinics.uzh.ch

Please note: All correspondence e.g. training programme outlines, applications for evaluation of, or enrolment in a Residency or Alternate Training Programme, or annual progress reports, should be submitted to the above address in electronic format (as PDF files) on a CD and accompanied by one printed, bound and fully signed paper (hard) copy.

All the forms described or illustrated in this brochure can be downloaded as RTF (rich text format) files from the ECVS website. All forms should be downloaded, saved as Microsoft Word or Excel files or templates, and filled in directly on a computer.

THE ECVS STANDARD RESIDENCY PROGRAMME GUIDELINES**1. Definition**

A Standard Veterinary Surgery Residency Programme (Standard VSRP) is a training programme allowing a graduate veterinarian (Resident) to acquire in-depth knowledge of veterinary surgery and its supporting disciplines under the supervision and guidance of a Diplomate of the European College of Veterinary Surgeons (Dipl. ECVS). Training can be completed in purely small animal surgery (SA), in predominantly equine surgery (LA – Equine) or in large animal species that include horses along with food animal species (LA – General)

2. Objectives of a Standard VSRP

- a. To promote aptitude and clinical proficiency in the diagnosis, surgical treatment and post-operative management of animals with surgical disease.
- b. To instruct graduate veterinarians in the science and practice of veterinary surgery and its supporting disciplines.
- c. To provide graduate veterinarians with the opportunity to pursue careers in teaching, research, clinical service or specialist surgical practice.
- d. To promote surgical science and knowledge through research and publication.
- e. To promote and maintain high quality surgical training of a uniform standard throughout Europe.

3. Establishing a Standard VSRP

The Credentials Committee will evaluate applications for new programmes three times a year. Yearly reports and credentials are **only** evaluated at the September meeting with a deadline for submission of July 31st. The deadline for submission of materials or questions other than those relating to the yearly reports is January 31st for consideration at the February meeting and August 31st for consideration at the September meeting, each year. Any information or materials for consideration in July should be submitted by June 20th.

To obtain approval for a Standard VSRP, the programme supervisor should submit a detailed written description of the proposed programme to the ECVS Office **in advance** of the programme starting. New programmes will not be accepted retrospectively. A new programme must be fully approved by the Credentials Committee prior to starting a resident in the programme.

The following documents must be submitted to the Credentials Committee for approval of a new standard VSRP and every 5 years thereafter for re-certification:

- A description of how the requirements for each of the 13 Training Elements will be fulfilled. Where the out-rotations (Internal Medicine, Anaesthesia, Diagnostic Imaging and Pathology) will be completed. If these rotations will be completed out-with the primary centre, details should be provided of where the rotations will be performed and the associated supervising Diploma holders.
- A detailed description of the equipment and the premises of the hospital / clinic, including a floor plan and a full staff list including qualifications and whether each individual is employed full or part time.
- A Supervisor's Statement
-

For a Standard LA (Equine) or a LA (General) VSRP to be approved, a case load of at least 200 surgical cases/resident/year in the hospital/clinic is normally required.

To receive approval, a programme must completely satisfy all of the requirements listed under the General Programme Description. In addition, Standard VSRP supervisors are required to report any change in the circumstances of the VSRP programme, as it was originally agreed, directly to the Credentials Committee at the earliest possible opportunity. Standard VSRP supervisors will be required to submit re-accreditation documentation to the ECVS every 5 years, to confirm that the programme continues to satisfy ECVS requirements and that all necessary personnel, facilities, services, equipment and caseload remain in place.

In order to receive approval, a VSRP must fulfil the following criteria:

- The programme supervisor must be a certified and active Diplomate of the ECVS.
 - The Resident has to be employed in the hospital in a full time position during the entire programme.
 - At least two Diplomates must work full time in the institution. The second Diplomate may have a specialty other than surgery but must be closely allied to the discipline of surgery (e.g. Internal Medicine, Diagnostic imaging, Anaesthesia, Emergency and Critical Care). In some circumstances the position of the second Diplomate may be divided between several individuals to make one full-time equivalent; however, this special arrangement must be agreed with the Credentials Committee in advance. In order to fulfil the requirement for exposure to multiple Diplomates, two practices with solitary Diplomates in each practice may enter into an agreement to co-supervise a trainee in a Standard VSRP. Approval of such a programme may be given, but only when the CC are satisfied that:
 - the trainee's time is divided equally, as blocks of time between the two practices
 - each supervisor should submit a separate supervisor's statement for the resident at each reporting stage
 - that the co-supervisors act as co-signatories on all official paperwork
 - that full details of facilities of both practices are provided
 - that all other aspects of the programme are satisfied, as described above.
 - If the institution does not employ Diplomates (or similar experts) in the associated fields of anaesthesia, diagnostic imaging, internal medicine and pathology, training in these specialities can be completed by arranging "out" rotations to suitable locations.
 - If the institution does not have sufficient case material for the resident to satisfy the recommended case log numbers, the resident's training can be supplemented with "out" rotations at another specialist practice or academic institution. Diplomate (ECVS or ACVS) supervision of the cases treated at the alternate specialist practice or academic institution is an absolute requirement. Out rotations can be organised on either an ad-hoc basis or by a more permanent agreement. In the case of a permanent agreement between two training centres, this agreement should be detailed in the Standard VSRP application and agreed prospectively with the Credentials Committee prior to starting a Resident in the programme. Less formal arrangements should, whenever possible, be presented to the Credentials Committee for approval before the period of "out" training is undertaken.
- 4. Enrolling a new resident into an existing Standard VSRP**
- Applications to start new residents into existing programmes are reviewed three times a year by the Credentials Committee, during the February, July (at the Annual Scientific Meeting) and September Credentials Committee meetings.
 - An application for recognition of a new resident should be submitted to the Credentials Committee by the **first Credentials Committee meeting that follows the proposed start date for the resident** i.e. for a June 1st start date the application must be received for review at the Annual Scientific meeting, for August 1st, the application must be received for review prior to the September meeting and so on. If an application to start a new resident in an existing programme is not submitted prior to the next scheduled CC meeting, then the earliest start date that will be recognised is the first day of the month following the CC meeting.
 - Each Diplomate of the ECVS can supervise no more than 2 residents at any one time; it is strongly advised that if a resident is approaching completion of their programme that a new resident should not be started until the CC has confirmed that no further supervision is required for the existing trainee.

5. Approval of Credentials

Before being allowed to sit the examination for the Diploma of ECVS, a candidate who has completed 156 weeks of training activity, must have his/her credentials reviewed and approved at the September meeting of the Credentials Committee. A Resident who has made satisfactory progress through an ECVS approved Standard VSRP and satisfied all the ECVS credentials requirements can expect to have his/her credentials accepted without incident.

6. Recertification

All Diplomates of the ECVS and Diplomates of the ACVS, who hold dual ECVS and ACVS membership, are required to undergo recertification every 5 years subsequent to obtaining their Diploma. Failure to successfully recertify will result in loss of recognition as an active ECVS Supervisor and no further residents will be enrolled until successful re-certification has been achieved. Current residents will not be affected and will be allowed to complete their programmes.

Important Note

Application for entry to an ECVS approved Standard VSRP/Alternate VSTP or submission of any credentials for review by ECVS implies acceptance of the Colleges rules and conditions. Particularly, but not exclusively, this implies an acceptance of the College's procedures for appeals and grievance.

GENERAL PROGRAMME DESCRIPTION

This General Programme Description provides a summary of the essential features (Training Elements) of an ECVS approved Standard VSRP and must be read in conjunction with the guidance notes which follow.

Element 1	Programme supervised by ECVS Diplomate
Element 2	Suitable pre-residency clinical practice
Element 3	3 years full time training (not exceeding 6 years)
Element 4	Case load of adequate size, standard and variety
Element 5	60% + time in clinical case management
Element 6	80 hours supervised training in Anaesthesia
Element 7	80 hours supervised training in Diagnostic Imaging
Element 8	80 hours supervised training in Pathology
Element 9	80 hours supervised training in Internal Medicine
Element 10	Active participation in emergency service
Element 11	Produce, present and publish clinical research
Element 12	Participate in Continuing Education Meetings
Element 13	Report to ECVS at 0, 12, 24 & 36 months and pay evaluation fee

It is important to appreciate the responsibilities placed on the Programme Supervisor for monitoring and maintaining the programme. Any significant changes to the programme must be reported to the Credentials Committee without delay. Similarly, both the supervisor and the resident have responsibilities to supply detailed reports to ECVS at key stages throughout each residency programme. Resident and Supervisor reports are an integral part of the Standard VSRP. Failure to supply adequate reports at the appropriate times may result in the resident's progression within their programme being delayed.

ELEMENT 1 – PROGRAMME SUPERVISED BY ECVS DIPLOMATE

The Standard VSRP should be supervised by a Diplomate of ECVS or a Diplomate of the ACVS who holds dual membership with ECVS.

- Discretionary approval may be given to a Full Professor of Veterinary Surgery to supervise an ECVS resident subject to approval by the Board of Regents. In this circumstance, approval is given for the supervision of that individual resident and not the programme itself. Reapplication for Board approval is required for any additional or future resident supervision and each application will be treated on a case by case basis. Full Professors will be expected to have an appropriate specialist surgical education and experience, and to be clinically active. Application should be made to the Board of Regents and should include:
 - A complete CV
 - A separate description of education and experience in specialised surgery
 - A statement on how much time is spent with clinical activities and performing specialised surgical procedures
 - A recent case log showing a year of relevant surgical activity.

Normally, approval of a non-Diplomate supervisor to take on a new resident is a temporary measure until an ECVS Diplomate is in place in the institution. The non-Diplomate supervisor must request and receive permission from the Board of Regents for each resident under his/her supervision, prior to starting a new resident in an existing programme. All communications should be copied to the Credentials Committee at the time of application to the Board of Regents for approval.

It is essential that the programme supervisor actively participates in the resident's training. Therefore, an individual can supervise no more than two residents at a time. It is the responsibility of the programme supervisor to provide the Credentials Committee with a list of not only ECVS residents under his/her supervision, but also any other individuals enrolled for speciality training (e.g. RCVS Diploma, Fellowship of the ACVSc, national specialty examinations) under their sole or shared supervision. If the supervisor already has the maximum number of trainees and wants to recruit a new trainee, one of the present trainees must have completed all requirements, except for the publication requirement, to the satisfaction of the Credentials Committee. If a supervisor has special reasons for requesting approval to supervise a third trainee, an application must be submitted to the Credentials Committee and accepted before the third trainee is recruited. Approval of a third trainee is at the discretion of the Credentials Committee and will only be granted in exceptional circumstances.

Supervised training implies interaction between trainee and supervisor during the diagnosis and treatment of patients as well as during case related discussions, etc. Such supervision requires the simultaneous physical presence of both trainee and supervisor at the clinic where patients are treated. The amount of supervision required will vary with the experience, skill and knowledge of the trainee.

Direct Supervision means that a Diplomate (the programme supervisor or another Diplomate of ECVS or ACVS) is scrubbed in together with the trainee, acting as primary or assistant surgeon, and logged in the case log as such. In the last year of training, a surgical procedure may also be considered as directly supervised when the trainee is the primary surgeon and the supervisor is in the operating room, without scrubbing in, supervising essential parts of the procedure. **A minimum of 40% of the required total number of procedures must be performed under direct supervision, which is 160 cases for small animal candidates and 120 cases for large animal candidates.** It is expected that the supervisor or another Diplomate of ECVS or ACVS will be logged acting as assistant surgeon to the resident on a reasonable number of cases, in addition to those cases where the Diplomate acts as primary surgeon with the resident scrubbed as assistant.

ELEMENT 2 – 2 YEARS PRE-RESIDENCY CLINICAL PRACTICE

Residents entering a Standard VSRP should have been qualified a minimum of two years and have been working in an appropriate field. In some cases, and where approval is granted by the Credentials Committee, one year of post graduate experience may be accepted where the individual has completed a structured rotating internship in a multidisciplinary practice or hospital. Although internship programmes are not 'recognised' or specifically approved by the ECVS, any centre running a structured multi-disciplinary internship may contact the Credentials Committee regarding whether an individual completing their internship would be approved as having completed the required pre-residency experience.

ELEMENT 3 – 3 YEARS FULL TIME TRAINING

The Standard VSRP requires 3 years (156 weeks including vacations) of full time (35 hours+ each week) training devoted to matters directly concerned with the Standard VSRP. It is not acceptable to combine Standard VSRP with study for other post-graduate qualification, which would normally require an element of full time study (for example PhD). It is, however, possible to combine a “Masters” programme with a Standard VSRP, providing this does not compromise other aspects of the VSRP.

The 156 weeks of training should be completed before July 31st for submission of credentials to take the certifying examination the following year. For programmes initiated after August 2008 that end after the July 31st deadline, submission of credentials should be postponed until the next submission date (i.e. the following year).

ELEMENT 4 – CASE LOAD OF ADEQUATE SIZE, STANDARD AND VARIETY

It is essential that residents are exposed to a clinical case load which is adequate in size, type and variety.

Such essential case experience is unlikely to be gained if case numbers are less than:

Small Animals	400 new surgical procedures in 3 years
Large Animals	300 new surgical procedures in 3 years, and an additional 50 in-depth lameness investigations (logged separately)

For a Standard LA (Equine) or a LA (General) VSRP to be approved, a case load of at least 200 surgical cases/resident/year in the hospital/clinic is normally required.

- Cases should be of a type normally seen in referral institutions and which are considered to be **specialist surgical procedures**. Non-specialist level surgical procedures, experimental surgical procedures, and non-surgical procedures **must not** be included in the Surgery Log. Non-specialist procedures include, but are **not limited to**:
 - Closed reduction of joint luxations
 - Cast application/changes/removal
 - Diagnostic endoscopy or endoscopic retrieval of foreign bodies
 - Draining an abscess or lavaging a wound
 - Chest tube placement
 - Central line placement
 - Simple implant removal e.g. intramedullary pins, screws
 - External fixator removal
 - Dental procedures e.g. oral extraction of teeth (small animal)
 - Endoscopic PEG tube placement
 - Incisional biopsy
 - Aural haematoma drainage
 - Minor lumpectomies (if you list lumpectomy then ensure enough information is provided to justify its inclusion, otherwise it will be disregarded)
 - Elective open routine sterilization procedures (small animals) – up to five laparoscopic ovariectomies or cryptorchid castrations may be included.
 - Standard open or closed castrations (large animal)
 - Standing wound debridement (large animal)
 - Hoof cracks treatment (large animal)
 - Arthrocentesis, abdominocentesis and thoracocentesis
 - Rectal prolapse (unless surgical)
 - Intratracheal stents or interventional radiography e.g. coil placement for PDA treatment
 - Peripheral lymph node excision

The case log should be balanced in orthopaedic and soft tissue surgery and, for small animal programmes, for neurosurgery. .

When the Resident's experience increases during the programme, the number of surgical procedures performed with the Resident as Primary Surgeon should also increase. The trainee is Primary Surgeon when all of the following apply:

- The trainee is responsible for the decision to operate
- The trainee plans and performs the essential parts of the surgical procedure.
- The trainee has significant involvement in and responsibility for the after care of the patient following surgery

The decision and planning should be approved by the supervisor.

For small animal programmes, candidates MUST record a minimum of 160 primary cases and 240 cases as assistant surgeon. For large animal programmes candidates MUST record a minimum of 100 cases as primary surgeon and 200 cases as assistant surgeon. It is generally expected that in the Case Log there will be one primary surgeon and one assistant per procedure. **Where the nature and complexity of the surgical procedure is such that it genuinely warrants a second assistant the Credentials Committee will accept two assistants, but not a greater number.**

In institutions where one type of case predominates - for example in an equine hospital with a reputation for orthopaedic surgery - provision must be made to ensure that the resident can gain adequate exposure to other types of cases.

Each case listed in the Case Log must be categorised depending on the nature of the surgery performed, and the appropriate code used for the entry in the Case Log. Please note that each case should be allocated **one** code, each anaesthetic episode can be allocated **one** category and be counted as **one** surgical procedure. Two categories should not be allocated to a single case e.g. arthroscopy should not be labelled as both JS and AR; it should be labelled as AR only.

Categorization of cases must be applied consistently throughout the Case Log. Where a procedure could potentially be considered to fall into more than one category e.g. TPLO could be potentially be considered as either JS or SY, then whichever category is chosen initially must be used throughout the Case Log.

The initials of any supervising Diplomates, and **only** the supervising Diplomates, should appear in **BOLD** type throughout the Case Log, and all primary and assistant surgeons must be identified by either their initials or full name, with full details of all abbreviations used clarified in an accompanying appendix.

There are several procedures for which the number of cases that may be included in the Case Log is limited. No more than 5 of each of the following procedures may be included.

- Laparoscopic sterilization procedures (small animals)
- Pyometra (small animals)
- Caesarean section/en bloc ovariectomy for dystocia (small animal)
- Standard castration (large animals)
- Routine dental extractions (large animal)
- Standing laser surgery (large animals)

ELEMENT 5 – 60%+ TIME IN CLINICAL CASE MANAGEMENT

Whilst a significant part of the resident's time during a Standard VSRP will be spent on non-clinical work, such as clinical research, preparation of manuscripts, external veterinary rotations, external (human) surgical rotations, and supervised training in Anaesthesia, Diagnostic Imaging, Internal Medicine, and Pathology, it is essential that at least 60% of the Standard VSRP is devoted to clinical case management.

Element 6 – 80 Hours Supervised Training in Anaesthesia

A minimum of 80 hours (i.e. 2 weeks full time) should be devoted exclusively to the study of anaesthesia. This requirement should be completed in blocks of time of no less than 1 week duration, and preferably the full 2 weeks full time. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme.

Training is required to make the Resident familiar with current techniques in anaesthesia. Participation, discussion and observation of current anaesthetic techniques should lead to a deeper appreciation and understanding of the subject. The trainee is expected to be proactive in searching out opportunities, materials and expert tuition. Compilation and organisation of material for future reference is an important part of this training.

This part of the study should be supervised by a Diplomat of the ECVA or ACVA or (with prior approval from the Credentials Committee) another recognised expert.

Areas that may be covered in the 80 hours include:

- 1) Pre-operative clinical assessment - interpretation of laboratory data (haematology, serum biochemistry, urinalysis, blood gas analysis, etc) with reference to the preparation and suitability of an animal for sedation and/or anaesthesia.
- 2) Analgesia - recognition of pain, the basic pharmacology of the drugs commonly used as analgesics, the application of analgesic techniques before, during and after a surgical procedure and knowledge of their influence on the course of anaesthesia.
- 3) Sedation - the basic pharmacology of the drugs commonly used for this purpose and knowledge of their influence on the course of neuroleptanalgesia and anaesthesia.
- 4) Premedication - aims of premedication and the basic pharmacology of the drugs commonly used for this purpose and knowledge of their influence on the course of anaesthesia.
- 5) General anaesthesia - the principles of anaesthetic technique
 - a) anaesthetic administration equipment
 - b) anaesthetic monitoring equipment
 - c) intravenous anaesthesia
 - d) inhalational anaesthesia
 - e) muscle relaxation
 - f) intermittent positive pressure ventilation
 - g) care of the unconscious animal
- 6) Fluid therapy - the principles and practice of fluid therapy
- 7) Intensive care - the principles and practice of intensive care
- 8) Anaesthetic accidents and emergencies - knowledge of causation, recognition and treatment (cerebrocardiopulmonary resuscitation) of anaesthetic emergencies.
- 9) Local and regional analgesia - the basic pharmacology of local analgesic drugs and their application topically, by local infiltration, regional, epidural and spinal techniques in veterinary anaesthesia.
- 10) Anaesthesia safety - knowledge of the risks to which the patient and operators are exposed. These should not exceed internationally accepted levels of safety.

Element 7 – 80 Hours Supervised Training in Diagnostic Imaging

A minimum of 80 hours (i.e. 2 weeks full time) should be devoted exclusively to the study of diagnostic imaging. This requirement should be completed in blocks of time of no less than 1 week duration, and preferably the full 2 weeks full time. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme.

Training is required to make the Resident/trainee familiar with current techniques in diagnostic imaging. Participation, discussion and observation within the various imaging modalities should lead to a deeper appreciation and understanding of the subject. The trainee is expected to be proactive in searching out opportunities, materials and expert tuition. Compilation and organisation of material for future reference is an important part of this training.

This part of the study should be supervised by a Diplomat of the ECVDI or ACVR or (with the prior approval of the Credentials Committee) another recognised expert.

Areas that may be covered in the 80 hours include:

1. Radiation safety - to understand the risks to which the patient and operators are exposed. These should not exceed internationally accepted levels of safety.
 - a) X-ray including image intensification
 - b) CT
 - c) MRI
 - d) Nuclear medicine
2. Imaging equipment - basic construction and function, indications for use
 - a. X-ray
 - b. Fluoroscopy (image intensification)
 - c. Ultrasound
 - d. CT
 - e. MRI
 - f. Nuclear medicine
3. Processing equipment - availability, costs and relative advantages
 - a) X-ray film processors
 - b) Digital systems (Computed Radiography)
 - c) Laser imagers
 - d) Multiformat cameras
 - e) Photographic paper imagers
 - f) Video and digital data recording
4. Imaging technique - in many centres, especially for emergency admissions, the Surgeon will be directly responsible for the creation of the diagnostic images
 - a) Restraint - chemical and mechanical
 - b) Positioning
 - c) Exposure factors
 - d) Dosages (nuclear medicine)
5. Special studies - indication and basic understanding of the materials used and the techniques employed
 - a) Contrast radiography, fluoroscopy and CT
 - b) Contrast MRI
 - c) Contrast ultrasonography / Doppler / Colour flow Doppler
6. Basic image interpretation - a systematic, algorithmic approach not a spot-diagnosis technique.
 - a) Roentgen signs
 - b) Construction of reports
7. Medical photography - basic photographic techniques for recording diagnostic images for archival and teaching purposes.

Element 8 – 80 Hours Supervised Training in Pathology

A minimum of 80 hours (i.e. 2 weeks full time) should be devoted exclusively to the study of pathology. This requirement should be completed in blocks of time of no less than 1 week duration, and preferably the full 2 weeks full time. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme.

Pathology training is required to make the Resident familiar with current techniques and interpretation of results in the veterinary laboratory. Participation, discussion and observation within the laboratory should lead to a deeper appreciation and understanding of the teamwork required by the pathologist, laboratory personnel and veterinary surgeon in providing for optimal patient care. The trainee is expected to be proactive in searching out opportunities, materials and expert tuition. Compilation and organisation of materials for future reference is an important part of this exercise.

This part of the study should be supervised by a Diplomate of the ECVP or ACVP or (with the prior approval of the CC) another recognised expert. Pathology training should include both gross and clinical pathology.

Areas that may be covered in the 80 hours include:

1. Laboratory Operations and Personnel. An introduction to clinical pathology laboratory techniques, such as blood and synovial fluid analyses, is important to create realistic expectations regarding communication, turnaround time, price and quality in laboratory testing. The laboratory experience should include exposure to a variety of technical skills and the training required of laboratory personnel.
2. Quality Assurance and quality control. Exposure to a variety of types of tests and quality assurance techniques is recommended to provide the trainee with an awareness of quality issues and procedures that reflect best practices for in-hospital testing and for commercial reference laboratories. Aspects that are unique to veterinary medicine, which may require special adaptation from techniques developed for human testing or which may require special veterinary knowledge for interpretation should be included.
3. Post mortem examination. This should include techniques and procedures for the systematic macroscopic evaluation of a carcass; collection of specimens for additional testing (microbiologic, serologic, histologic, toxicologic, etc); appropriate handling, preparation and packaging/transport of specimens; and submission of specimens to the laboratory with clear directions for the tests to be performed. The trainee should become familiar with the techniques for histologic preparation and staining, and light microscopic evaluation. Synthetic interpretation of results, organisation of the post mortem report, understanding of pathologic terminology and communication with the pathologist should be emphasised.
4. Cytology. This should include techniques and procedures for the collection of a variety of types of cytologic specimens, preparation and staining of smears, and light microscopic evaluation. Fixation, handling and packaging of specimens for submission to the laboratory should be covered. Limitations of various cytologic techniques and factors determining the need for referral of specimens to an experienced cytologist should be included. Appreciation of the parts of the cytology report, understanding of pathologic/cytologic terminology and communication with the pathologist should be emphasised.

ELEMENT 9 – 80 HOURS OF TRAINING IN INTERNAL MEDICINE

A minimum of 80 hours (i.e. 2 weeks full time) should be devoted exclusively to the study of internal medicine. This requirement should be completed in blocks of time of no less than 1 week duration, and preferably the full 2 weeks full time. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme.

Training is required to make the Resident familiar with current techniques in internal medicine. Participation, discussion and observation within an active internal medicine service, which might include routine and emergency patient care, journal clubs, literature reviews, case discussions, seminars and graduate courses, should lead to a deeper appreciation and understanding of the subject. The trainee is expected to be proactive in searching out opportunities, materials and expert tuition. Compilation and organisation of material for future reference is an important part of this training.

This part of the study should be supervised by a Diplomate of the ECVIM or ACVIM or (with the prior approval of the Credentials Committee) another recognised expert.

An overall view of the patient's situation should be promoted.

Areas that may be covered in the 80 hours include:

- 1) Procedures for examination and investigation of internal medicine cases, with special emphasis on
 - a) gastro-intestinal disease
 - b) uro-genital disease
 - c) endocrine disease
 - d) infectious disease
 - e) cardio-pulmonary disease
 - f) neonatal medicine
- 2) Choice of relevant laboratory tests for different conditions, and interpretation of laboratory results
- 3) Choice of other diagnostic modalities for different conditions, and interpretation of results.
- 4) Formulation of a treatment plan
- 5) Action, interaction and side effects of drugs
- 6) Medical treatment as an alternative or as a complement to surgical treatment in selected conditions
- 7) Medical conditions that may affect the patient during anaesthesia, surgery or recovery

Please note:

Supervised training in the related disciplines of Anaesthesia, Diagnostic Imaging, Pathology and Internal Medicine is considered an integral part of the Standard VSRP. This training should be supervised by a relevant Diplomate or equivalent expert in the discipline. A minimum of 80 hours (i.e. 2 weeks full time) should be devoted exclusively to the study of each of these disciplines.

The supervised training in Anaesthesia, Diagnostic Imaging, Pathology and Internal Medicine should be completed during the first two years of the Standard VSRP.

ELEMENT 10 – ACTIVE PARTICIPATION IN EMERGENCY SURGERY SERVICE

An essential part of the resident's training is in emergency surgery. Residents must take a full and active part in the provision of the emergency surgery service. In the early part of the programme this may be under direct supervision of a senior surgeon but in the latter part of the programme the resident should be able to assume full responsibility. Although there is no set minimum requirement for emergency case numbers, it is expected that there will be significant numbers of cases operated as emergencies in the Case Log for each year of the programme. Where inadequate exposure to emergency surgery is available within the primary training centre it is expected that "out" rotations will be arranged to supplement the residents training.

Any cases listed as emergency must genuinely qualify as one, meaning that the condition should present an imminent threat to life without rapid surgical intervention.

ELEMENT 11 – PRODUCE, PRESENT AND PUBLISH CLINICAL RESEARCH

As part of the Standard VSRP the resident is expected to complete a scientific study that contributes to the advancement of veterinary surgery. A paper resulting from this research project should be published in a double peer reviewed scientific journal.

Publications: Residents are required to publish at least 2 articles in double peer reviewed scientific journals. These publications must not be older than five years at the date of the credentials application deadline. One article must be a first-authored major publication that is an original contribution to the veterinary literature. The publication should discuss a surgical topic, or a topic closely allied to the field of surgery and should demonstrate sound scientific methodology. It must therefore be beyond the level of a single case report. A multiple case study (prospective or retrospective), that has significant conclusions which have not been previously documented, may count as a major publication. Alternatively, the publication may document the development of a new surgical technique or the results of original research. The conclusions must be based on data of more than one case. The minimum requirements for the acceptance of this publication are:

- i) The resident must be the first or sole author. An equal contribution from 2 authors (co-primary authorship) is not accepted as fulfilling the primary author requirement for credentials applications regardless of the order of authors on the publication.
- ii) The article must be published as an original research article or equivalent. Articles published as brief communications or short communications will not be accepted to meet the minimum publication requirements.
- iii) The article must be fully accepted at the time of credentials submission by an appropriate journal.

The second publication may be a first or second authored major publication as described above, or a first authored case report. Review articles, textbook chapters, case reports that are not first authored and short communications do not qualify as a contribution to the publication requirements.

A double peer review journal is one that is governed by policies and procedures established and maintained by a standing editorial board that requires each manuscript submitted for publication be subjected to critical review by two individuals separate to the editor.

A manuscript is considered fully accepted when the author receives a letter of acceptance from the editor, no additional significant work is required and further review by a reviewer is not required. A copy of the accepted version of the manuscript (including the title page with author information and all images, tables and figures) OR, if in print, a copy of the published manuscript showing the date of publication must be submitted with the annual report, or credentials application as appropriate..

If a paper has not been published at the time of credentials submission, a letter or a copy of an email from the journal to prove that the paper has been fully accepted for publication as described above is acceptable and can be included in the credentials submission. The letter or email must contain the following information:

- The category under which the article is to be published.
- The date of acceptance of the article
- The title of the article
- The list of authors in the order in which they appear in the article

If a paper is to be published in a journal not on the current Approved Journals List and the resident wishes to submit this publication as part of their Credentials Application, it is strongly advised that they should obtain the approval of the Credentials Committee prior to submitting the article. If a resident requests that the Credentials Committee consider a publication in a journal that is not on the current list of accepted journals, it is the responsibility of that resident to provide evidence that the journal is double peer reviewed. A letter including the following information should accompany the article:

- Summary of the review and editorial process
- Composition of the editorial board
- A translation of the article into one of the major European languages may also be required

If papers are not fully accepted for publication by the time of the deadline of July 31st, submission of credentials must be postponed to the following year.

The final decision about the suitability, or otherwise, of a paper is made by the Board of Regents on the advice of the Credentials Committee. The current list of accepted journals can be found later in the Training Brochure (see index)

ELEMENT 12 – PARTICIPATE IN CONTINUING EDUCATION MEETINGS

In addition to the training received in the Standard VSRP, the resident is expected to participate actively in scientific meetings; conferences; continuing education meetings and seminars. Attendance at meetings should be listed in the Activity Log. The meetings should be entered in the Activity Log in chronological order and marked with the code “CE”. An example of a CE entry is illustrated below.

ECVS

ACTIVITY LOG to accompany report July 31st 20____

Residents name:

Date of rotation (start and finish)	Number of weeks	Category *	Specify type of rotation **	Supervising Diplomate	Diplomate's signature
7.6.2010 to 30.6.2010	3	C	Orthopaedic clinics	John/Jane Doe DECVS	
1-03.7.2010	1	CE	ECVS Annual Scientific Meeting	John/Jane Doe DECVS	

EXAMPLE

Active participation in continuing education is considered an essential part of a resident's training and the CC will evaluate each submission to ensure that the resident is participating in CE as expected. Residents starting programmes in 2012 or after, must attend at least one Annual Scientific Meeting of the ECVS during the time of their residency..

Each resident/trainee is required to complete 5 Presentations in the course of their programme which fulfil the following criteria.

- The presentation should be a scientific presentation followed by an informed discussion involving peers and more senior surgeons. The presentations can be in the form of research communications, short communications, resident forum presentations, structured continuing education lectures, resident seminars or the equivalent.
- The audience must consist of postgraduate vets i.e. undergraduate veterinary student lectures cannot be counted towards the minimum 5 presentations, nor can presentations to non-veterinary audiences.
- One of the five presentations must be given at either a National or an International meeting. A National meeting is one that is organised by a National veterinary organisation, where the speakers may be either from the host country or include some international speakers and where the delegates are expected to come from all areas of the host country. An International meeting is one where both the speakers and the delegates are expected to come from several different countries, such as with the ECVS or ACVS annual scientific meetings, the BSAVA Annual Congress, the BEVA annual meeting, or VOS.
- An example of how to make a correct entry in the presentation log is illustrated below.

THE ECVS ALTERNATE VETERINARY SURGERY TRAINING PROGRAMME

1. Definition

The alternate VSTP is intended for the veterinary surgeon that has accumulated, over many years, extensive knowledge and skills in the field of veterinary surgery, is widely acknowledged as holding advanced skills in their field, and wants additional training to become eligible to sit the Diploma examination of ECVS. This individual must be able to demonstrate that they have not had the opportunity to enter a standard VSRP previously and are now unable to enter a Standard VSRP for personal and/or professional reasons. In such exceptional circumstances, and only when an ECVS approved Veterinary Surgery Residency Programme is unavailable, enrolment in an Alternate Veterinary Surgery Training Programme (Alternate VSTP) may be approved by the Credentials Committee. Such a programme allows graduate veterinarians who fulfill certain specific criteria to acquire in-depth knowledge of veterinary surgery and its supporting disciplines partly by self-taught means whilst under the supervision of a Diplomat of the ECVS. **The alternate VSTP is designed and constructed by the trainee in close collaboration with their proposed Supervisor, and each programme is individually designed and approved for a specific trainee.** Written approval must be obtained from the Credentials Committee of ECVS for EACH of the 13 Training Elements BEFORE training begins. Any individual considering submission of an Alternate VSTP should contact the Chair of the Credentials Committee prior to submitting a full programme application

2. Objectives of an Alternate Veterinary Surgery Training Programme

- a. To promote aptitude and clinical proficiency in the diagnosis, surgical treatment, and post-operative management of animals with surgical disease.
- b. To instruct graduate veterinarians in the science and practice of veterinary surgery and its supporting disciplines.
- c. To provide graduate veterinarians with the opportunity to pursue careers in teaching, research, clinical service, or specialist surgical practice.
- d. To promote surgical science and knowledge through research and publications.
- e. To promote and maintain high quality surgical training to a uniform standard throughout Europe.

3. Specific Programme Description

Briefly, the Alternate VSTP is defined in 13 essential requirements (Training Elements)

Element 1	Programme supervised by ECVS Diplomat
Element 2	Suitable pre-residency clinical practice
Element 3	4 to 6 years of training interaction with supervisor. (not exceeding 8 years)
Element 4	Case load of adequate size; standard and variety
Element 5	60% + time in clinical case management
Element 6	80 hours supervised training in Anaesthesia
Element 7	80 hours supervised training in Diagnostic Imaging
Element 8	80 hours supervised training in Pathology
Element 9	80 hours supervised training in Internal Medicine
Element 10	Active participation in emergency service
Element 11	Produce, present and publish clinical research
Element 12	Participate in Continuing Education Meetings; Conferences, etc
Element 13	Report to ECVS every 12 months and pay evaluation fee.

The aim of the ECVS alternate VSTP is to provide an alternate route to achieving the same standard of surgical training, experience and expertise without compromising standards. The alternate VSTP does not exist to provide an easier route for those unable to cope with the demands of a Standard VSRP or who have elected not to pursue a Standard VSRP but to pursue an alternative career path. If an individual has attempted to gain a residency position but has not been successful, this will not be accepted as a criteria for starting an Alternate track programme. When following an Alternate VSTP, it will remain the responsibility of the trainee to demonstrate, to the satisfaction of the Credentials Committee, that each of the 13 Training Elements has been completed to a standard which equals or exceeds that of a Standard VSRP.

In applying for approval for an Alternate VSTP, the trainee is accepting responsibility to supply whatever documentation and other evidence that the Credentials Committee might request to verify the suitability of each element and the satisfactory completion of each element.

CREATING AN ALTERNATE VETERINARY SURGERY TRAINING PROGRAMME (ALTERNATE VSTP)

The 13 Elements with their accompanying explanatory notes define the ECVS Standard VSRP and these are repeated below for the ECVS Alternate VSTP.

The Standard VSRP guidance notes for each training element are written in italics when they are needed to help define the standard to be achieved when designing each Alternate VSTP Training Element.

The additional notes are intended to guide the prospective Alternate Trainee and their Supervisor as to how an Alternate VSTP Element might be constructed. They are not to be read as an exclusive or exhaustive list of possibilities.

When considering a proposed Alternate VSTP Element, the Credentials Committee will address the following questions:

- i) Why is it not possible, or has it not been possible to follow Standard VSRP Training?
- ii) Does the proposal conform to the aims of ECVS?
- iii) Will the established standards of ECVS surgery training programmes be maintained?
- iv) How will participation/progress/achievement be verified?

The Credentials Committee will be unable to approve any proposed Alternate Training Element unless these 4 questions can be answered satisfactorily and unequivocally.

Each individual Alternate VSTP programme, Supervisor and trainee must be evaluated and approved by the Credentials Committee before training is started. An Alternate VSTP programme or trainee will not be accepted retrospectively.

The Credentials Committee will evaluate applications for new Alternate track programmes twice each year. The meetings will take place in September and February with the deadline for submission of materials being July 31st and December 31st respectively.

Training Element 1 – Programme supervised by ECVS Diplomate

The Alternate VSTP must be supervised by a Diplomate of ECVS. Supervised training is an important part of the programme and it is unlikely that approval will be given to an Alternate VSTP which does not allow for at least 1 day a week over 4 years (or equivalent time) of supervised training.

Supervised training implies direct interaction between trainee and supervisor during the diagnosis and treatment of patients as well as during case related discussions, etc. Such supervision requires the simultaneous physical presence of both trainee and supervisor at the clinic where patients are treated. The amount of supervision required will vary with the experience, skill and knowledge of the trainee.

Direct Supervision means that the supervisor (the programme supervisor or another Diplomate of ECVS or ACVS) is scrubbed in together with the trainee as primary or assistant surgeon and logged in the case log as primary or assistant surgeon. **In the last year of training**, a surgical procedure may also be considered as directly supervised when the trainee is the primary surgeon and the supervisor is in the operating room, without scrubbing in, supervising essential parts of the procedure.

In a small animal programme a minimum of 160, and in a large animal programme a minimum of 120, directly supervised surgical procedures are required.

Training Element 2 – Pre- Training Clinical practice

Because the Alternate VSTP is intended for experienced and established Veterinary Surgeons, typically a minimum of eight years' experience in specialty surgical practice and evidence of active involvement in furthering the field of veterinary surgery during this time is required for consideration of acceptance in an Alternate VSTP

To satisfy this Element, prospective Alternate trainees should provide evidence of the experience and expertise which makes them eligible for entering into an Alternate VSTP.

Training Element 3 – Planned supervised training

Standard VSRP Definition:

The Standard VSRP requires 3 years (156 weeks including vacations) of full time (35 hours+ each week) training devoted to matters directly concerned with the Standard VSRP. It is not acceptable to combine Standard VSRP with study for other post-graduate qualifications, which would normally require an element of full time study (for example PhD). It is, however, possible to combine a "Masters" programme with a Standard VSRP providing this does not compromise other aspects of the programme.

The 156 weeks of training should be completed before July 31st for submission of credentials to take the certifying examination the following year. For programmes initiated after August 2008 and in or after 2009 that end after the July 31st, submission of credentials should be postponed until the next submission date (i.e. the following year).

The requirement for 3 years full time training is stated in the Standard VSRP. Trainees working from practice in an Alternate track VSTP without daily direct supervision of a Specialist surgeon will be required to complete an Alternate VSTP of at least 4 years. Similarly, an Alternate VSTP in which training extends beyond 6 years is unlikely to be acceptable.

Training Element 4 – Case load of adequate size; standard and variety

It is essential that residents are exposed to a clinical case load which is adequate in size, type and variety.

Such essential case experience is unlikely to be gained if case numbers are less than:

<i>Small Animals</i>	<i>400 new surgical procedures in 3 years</i>
<i>Large Animals</i>	<i>300 new surgical procedures in 3 years, and an additional 50 in-depth lameness investigations. (logged separately)</i>

- *Cases should be of a type normally seen in referral institutions and which are considered to be **specialist surgical procedures**. Non-specialist level surgical procedures, experimental surgical procedures, and non-surgical procedures **must not** be included in the Surgery Log. This includes, but is not limited to,*
 - *Closed reduction of joint luxations*
 - *Cast application/changes/removal*
 - *Diagnostic endoscopy or endoscopic retrieval of foreign bodies*
 - *Draining an abscess or lavaging a wound*
 - *Chest tube placement*
 - *Central line placement*
 - *Simple implant removal e.g. intramedullary pins, screws*
 - *External fixator removal*
 - *Dental procedures e.g. oral extraction of teeth (small animal)*
 - *Endoscopic PEG tube placement*
 - *Incisional biopsy*
 - *Aural haematoma drainage*
 - *Minor lumpectomies (if you list lumpectomy then ensure enough information is provided to justify its inclusion, otherwise it will be disregarded)*

- Elective open routine sterilization procedures (small animals) – up to five laparoscopic ovariectomies or cryptorchid castrations may be included.
- *Standard open or closed castrations (large animal)*
- *Standing wound debridement (large animal)*
- *Hoof cracks treatment (large animal)*
- *Arthrocentesis, abdominocentesis and thoracocentesis*
- *Rectal prolapse (unless surgical)*
- *Intratracheal stents or interventional radiography e.g. coil placement for PDA treatment*
- *Peripheral lymph node excision*

The case log should be balanced in orthopaedic and soft tissue surgery and, for small animal programmes, for neurosurgery. Minimum numbers of specific surgical procedures may be found at the ECVS web site, www.ecvs.org, "General information", "Minimum case number recommendations".

When the Resident's experience increases during the programme, the number of surgical procedures performed with the Resident as Primary Surgeon should also increase. The trainee is Primary Surgeon when all of the following apply:

:

- *The trainee is responsible for the decision to operate*
- *The trainee plans and performs the essential parts of the surgical procedure.*
- *The trainee has significant involvement in and responsibility for the after care of the patient following surgery*

The decision and planning should be approved by the supervisor.

*For small animal programmes, candidates MUST record a minimum of 160 primary cases and 240 cases as assistant surgeon. For large animal programmes candidates MUST record a minimum of 100 cases as primary surgeon and 200 cases as assistant surgeon. It is generally expected that in the Case Log there will be one primary surgeon and one assistant per procedure. **Where the nature and complexity of the surgical procedure is such that it genuinely warrants a second assistant the Credentials Committee will accept two assistants, but not a greater number.***

In institutions where one type of case predominates - for example in an equine hospital with a reputation for orthopaedic surgery - provision must be made to ensure that the resident can gain adequate exposure to other types of cases.

The minimum requirements for size and type of caseload are described in the Standard VSRP. Trainees with a caseload smaller than this may propose an Alternate VSTP element over a longer period to compensate. Similarly, periods of time spent at a busy referral institution may be offered to compensate for shortcomings in the trainee's own case load. However, active participation and responsibility for cases is essential. It will not be enough merely to visit and observe at another institution.

Prospective Alternate trainees are reminded that success in the Diploma examination gives them the title of European Specialist in Veterinary Surgery. It is essential that all trainees have extensive and appropriate experience of the surgical case load typically seen by Specialist Veterinary Surgeons. For example, in equine practice, a case load that is dominated by routine open castrations and simple wound management without significant numbers of abdominal and orthopaedic surgical procedures is unlikely to meet with approval.

Training Element 5 – 60% time in clinical case management

Standard VSRP Definition:

Whilst a significant part of the resident's time during a Standard VSRP will be spent on non-clinical work such as clinical research, preparation of manuscripts, external veterinary rotations, external (human) surgical rotations, and supervised training in Anaesthesia, Diagnostic Imaging, Pathology and Internal Medicine, it is essential that at least 60% of the Standard VSRP is devoted to clinical case management.

Both the Standard VSRP and the Alternate VSTP are full time undertakings. The prospective trainee must be able to show that at least 60% of time is spent on clinical case management. The remaining 40% will be spent, for example, in attending courses; preparing manuscripts for publication, undertaking supervised training in Anaesthesia, Diagnostic Imaging, Pathology and Internal Medicine. It is extremely unlikely that the Credentials Committee will approve any variation on this request.

Training Element 6 – 80 Hours Supervised Training in Anaesthesia

Standard VSRP Definition:

A minimum of 80 hours (i.e. 2 weeks full time) should be devoted exclusively to the study of anaesthesia. This requirement should be completed in blocks of time of no less than 1 week duration, and preferably the full 2 weeks full time. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme

Training is required to make the Resident familiar with current techniques in anaesthesia. Participation, discussion and observation of current anaesthetic techniques should lead to a deeper appreciation and understanding of the subject. The trainee is expected to be proactive in searching out opportunities, materials and expert tuition. Compilation and organisation of material for future reference is an important part of this training.

This part of the study should be supervised by a Diplomate of the ECVAA or, ACVA or (with the prior approval of the Credentials Committee) another recognised expert.

Areas that may be covered in the 80 hours include:

- 1) *Pre-operative clinical assessment - interpretation of laboratory data (haematology, serum biochemistry, urinalysis, blood gas analysis, etc) with reference to the preparation and suitability of an animal for sedation and/or anaesthesia.*
- 2) *Analgesia - recognition of pain, the basic pharmacology of the drugs commonly used as analgesics, the application of analgesic techniques before, during and after a surgical procedure and knowledge of their influence on the course of anaesthesia.*
- 3) *Sedation - the basic pharmacology of the drugs commonly used for this purpose and knowledge of their influence on the course of neuroleptanalgesia and anaesthesia.*
- 4) *Premedication - aims of premedication and the basic pharmacology of the drugs commonly used for this purpose and knowledge of their influence on the course of anaesthesia.*
- 5) *General anaesthesia - the principles of anaesthetic technique*
 - h) *anaesthetic administration equipment*
 - i) *anaesthetic monitoring equipment*
 - j) *intravenous anaesthesia*
 - k) *inhalational anaesthesia*
 - l) *muscle relaxation*
 - m) *intermittent positive pressure ventilation*
 - n) *care of the unconscious animal*
- 6) *Fluid therapy - the principles and practice of fluid therapy*
- 7) *Intensive care - the principles and practice of intensive care*
- 8) *Anaesthetic accidents and emergencies - knowledge of causation, recognition and treatment (cerebrocardiopulmonary resuscitation) of anaesthetic emergencies.*
- 9) *Local and regional analgesia - the basic pharmacology of local analgesic drugs and their application topically, by local infiltration, regional, epidural and spinal techniques in veterinary anaesthesia.*
- 10) *Anaesthesia safety - knowledge of the risks to which the patient and operators are exposed. These to be with respect to internationally accepted levels of safety.*

This is an essential part of both Standard VSRP and Alternate VSTP and it is unlikely that any variation will be approved.

However, on occasion, the Credentials Committee may approve previous experience in one of these specialities in place of the elements. For example, a holder of a suitable postgraduate qualification in Veterinary Anaesthesia could offer this in place of Element 6.

Training Element 7 – 80 Hours Supervised Training in Diagnostic Imaging

Standard VSRP Definition:

A minimum of 80 hours (i.e. 2 weeks full time) should be devoted exclusively to the study of diagnostic imaging. This requirement should be completed in blocks of time of no less than 1 week duration, and preferably the full 2 weeks full time. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme

Training is required to make the Resident familiar with current techniques in diagnostic imaging. Participation, discussion and observation within the various imaging modalities should lead to a deeper appreciation and understanding of the subject. The trainee is expected to be proactive in searching out opportunities, materials and expert tuition. Compilation and organisation of material for future reference is an important part of this training.

This part of the study should be supervised by a Diplomate of the ECVDI or ACVR or (with the prior approval of the Credentials Committee) another recognised expert.

Areas that may be covered in the 80 hours include:

1. *Radiation safety - to understand the risks to which the patient and operators are exposed. These to be with respect to internationally accepted levels of safety (this differs within Europe)*
 - a) *X-ray including image intensification*
 - b) *CT*
 - c) *MRI*
 - d) *Nuclear medicine*
2. *Imaging equipment - basic construction and function, indications for use*
 - a) *X-ray*
 - b) *Fluoroscopy (image intensification)*
 - c) *Ultrasound*
 - d) *CT*
 - e) *MRI*
 - f) *Nuclear medicine*
3. *Processing equipment - availability, costs and relative advantages*
 - a) *X-ray film processors*
 - b) *Digital systems (Computed Radiography)*
 - c) *Laser imagers*
 - d) *Multiformat cameras*
 - e) *Photographic paper imagers*
 - f) *Video and digital data recording*
4. *Imaging technique - in many centres, especially for emergency admissions, the Surgeon will be directly responsible for the creation of the diagnostic images*
 - a) *Restraint - chemical and mechanical*
 - b) *Positioning*
 - c) *Exposure factors*
 - d) *Dosages (nuclear medicine)*
5. *Special studies - indication and basic understanding of the materials used and the techniques employed*
 - a) *Contrast radiography, fluoroscopy and CT*
 - b) *Contrast MRI*

- c) *Contrast ultrasonography / Doppler / Colour flow Doppler*
6. *Basic image interpretation - a systematic, algorithmic approach not a spot-diagnosis technique.*
 - a) *Roentgen signs*
 - b) *Construction of reports*
 7. *Medical photography - basic photographic techniques for recording diagnostic images for archival and teaching purposes.*

This is an essential part of both Standard VSRP and Alternate VSTP and it is unlikely that any variation will be approved.

However, on occasion, the Credentials Committee may approve previous experience in one of these specialities in place of the elements. For example, a holder of a suitable postgraduate qualification in Veterinary Diagnostic Imaging could offer this in place of Element 7.

Training Element 8 – 80 Hours Supervised Training in Pathology

Standard VSRP Definition

A minimum of 80 hours (i.e. 2 weeks full time) should be devoted exclusively to the study of pathology. . This requirement should be completed in blocks of time of no less than 1 week duration, and preferably the full 2 weeks full time. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme

Pathology training is required to make the Resident familiar with current techniques and interpretation of results in the veterinary laboratory. Participation, discussion and observation within the laboratory should lead to a deeper appreciation and understanding of the teamwork required by the pathologist, laboratory personnel and veterinary surgeon in providing for optimal patient care. The trainee is expected to be proactive in searching out opportunities, materials and expert tuition. Compilation and organisation of materials for future reference is an important part of this exercise.

This part of the study should be supervised by a Diplomate of the ECVP or ACVP or (with the prior approval of the Credentials Committee) another recognised expert.

Areas that may be covered in the 80 hours include:

5. *Laboratory Operations and Personnel. An introduction to clinical pathology laboratory techniques, such as blood and synovial fluid analyses is important to create realistic expectations regarding communication, turnaround time, price and quality in laboratory testing. The laboratory experience should include exposure to a variety of technical skills and the training required of laboratory personnel, as well as recognition of their roles and responsibilities.*
6. *Quality Assurance and quality control. Exposure to a variety of types of tests and quality assurance techniques is recommended to provide the trainee with an awareness of quality issues and procedures that reflect best practices for in-hospital testing and for commercial reference laboratories. Aspects that are unique to veterinary medicine, which may require special adaptation from techniques developed for human testing or which may require special veterinary knowledge for interpretation should be included.*
7. *Post mortem examination. This should include techniques and procedures for the systematic macroscopic evaluation of a carcass; collection of specimens for additional testing (microbiologic, serologic, histologic, toxicologic, etc); appropriate handling, preparation and packaging/transport of specimens; and submission of specimens to the laboratory with clear directions for the tests to be performed. The trainee should become familiar with the techniques for histologic preparation and staining, and light microscopic evaluation. Synthetic interpretation of results, organisation of the post mortem report, understanding of pathologic terminology and communication with the pathologist should be emphasised.*

8. *Cytology. This should include techniques and procedures for the collection of a variety of types of cytologic specimens, preparation and staining of smears, and light microscopic evaluation. Fixation, handling and packaging of specimens for submission to the laboratory should be covered. Limitations of various cytologic techniques and factors determining the need for referral of specimens to an experienced cytologist should be included. Appreciation of the parts of the cytology report, understanding of pathologic/cytologic terminology and communication with the pathologist should be emphasised.*

This is an essential part of both Standard VSRP and Alternate VSTP and it is unlikely that any variation will be approved.

However, on occasion, the Credentials Committee may approve previous experience in one of these specialities in place of the elements. For example, a holder of a suitable postgraduate qualification in Veterinary Pathology could offer this in place of Element 8.

Training Element 9 – 80 hours of training in Internal Medicine

Standard VSRP Definition

A minimum of 80 hours (i.e. 2 weeks full time) should be devoted exclusively to the study of internal medicine. This requirement should be completed in blocks of time of no less than 1 week duration, and preferably the full 2 weeks full time. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme

Training is required to make the Resident familiar with current techniques in internal medicine. Participation, discussion and observation within an active internal medicine service, which might include routine and emergency patient care, journal clubs, literature reviews, case discussions, seminars and graduate courses, should lead to a deeper appreciation and understanding of the subject. The trainee is expected to be proactive in searching out opportunities, materials and expert tuition. Compilation and organisation of material for future reference is an important part of this training.

This part of the study should be supervised by a Diplomate of the ECVIM or ACVIM or (with the prior approval of the Credentials Committee) another recognised expert.

An overall view of the patient's situation should be promoted.

Areas that may be covered in the 80 hours include:

- 1) *Procedures for examination and investigation of internal medicine cases, with special emphasis on*
 - a) *gastro-intestinal disease*
 - b) *uro-genital disease*
 - c) *endocrine disease*
 - d) *infectious disease*
 - e) *cardio-pulmonary disease*
 - f) *neonatal medicine*
- 2) *Choice of relevant laboratory tests for different conditions, and interpretation of laboratory results*
- 3) *Choice of other diagnostic modalities for different conditions, and interpretation of results.*
- 4) *Formulation of a treatment plan*
- 5) *Action, interaction and side effects of drugs*
- 6) *Medical treatment as an alternative or as a complement to surgical treatment in selected conditions*
- 7) *Medical conditions that may affect the patient during anaesthesia, surgery or recovery*

An integral part of the Alternate VSTP is the supervised training in the related disciplines of Anaesthesia, Diagnostic Imaging, Pathology and Internal Medicine. This training should be supervised by a relevant Diplomat or Specialist in the discipline. A minimum of 80 hours (i.e. 2 weeks full time) should be devoted exclusively to the study of each of these disciplines.

The supervised training in Anaesthesia, Diagnostic Imaging, Pathology and Internal Medicine should be completed during the first two years of the training.

Training Element 10 – Active Participation in Emergency Service

Standard VSRP Definition:

An essential part of the resident's training is in emergency surgery. Residents must take a full and active part in the provision of the emergency service. In the early part of the programme this may be under direct supervision of a senior surgeon but in the latter part of the programme the resident should be able to assume full responsibility.

Participation in an emergency service is an essential part of both Standard VSRP and Alternate VSTP. It is extremely unlikely that Credentials Committee will accept any variation.

Training Element 11 – Produce, Present and Publish Clinical Research

Standard VSRP Definition

As part of the Standard VSRP the resident should complete an investigative project that contributes to the advancement of veterinary surgery. A report of this work is to be published in a peer reviewed scientific journal. As part of the Standard VSRP the resident is expected to complete a research project that contributes to the advancement of veterinary surgery. A paper resulting from this research project should be published in a double peer reviewed scientific journal.

Publications: *Residents are required to publish at least 2 articles in double peer reviewed scientific journals. These publications must not be older than five years at the date of the credentials application deadline. One article must be a first-authored major publication that is an original contribution to the veterinary literature. The publication should discuss a surgical topic, or a topic closely allied to the field of surgery and should demonstrate sound scientific methodology. It must therefore be beyond the level of a single case report. A multiple case study (prospective or retrospective), that has significant conclusions which have not been previously documented, may count as a major publication. Alternatively, the publication may document the development of a new surgical technique or the results of original research. The conclusions must be based on data of more than one case. The minimum requirements for the acceptance of this publication are:*

- *The resident must be the first or sole author. An equal contribution from 2 authors (co-primary authorship) is not accepted as fulfilling the primary author requirement for credentials applications regardless of the order of authors on the publication.*
- *The article must be published as an original research article or equivalent. Articles published as brief communications or short communications will not be accepted to meet the minimum publication requirements.*
- *The article must be fully accepted at the time of credentials submission by an appropriate journal.*

The second publication may be a first or second authored major publication as described above, or a first authored case report. Review articles, textbook chapters, case reports that are not first authored and short communications do not qualify as a contribution to the publication requirements.

A double peer review journal is one that is governed by policies and procedures established and maintained by a standing editorial board that requires each manuscript submitted for publication be subjected to critical review by two individuals separate to the editor.

A manuscript is considered fully accepted when the author receives a letter of acceptance from the editor, no additional significant work is required and further review by a reviewer is not required. A copy of the accepted version of the manuscript (including the title page with author information and all images, tables and figures) OR, if in print, a copy of the published manuscript showing the date of publication must be submitted with the annual report, or credentials application as appropriate..

If a paper has not been published at the time of credentials submission, a letter or a copy of an email from the journal to prove that the paper has been fully accepted for publication as described above is acceptable and can be included in the credentials submission. The letter or email must contain the following information:

- *The category under which the article is to be published.*
- *The date of acceptance of the article*
- *The title of the article*

The production and publication of clinical research is an essential part of both Standard VSRP and Alternate VSTP.

Training Element 12 – Participate in Continuing Education Meetings; Conference, etc.

Standard VSRP Definition:

In addition to the training received in the Standard VSRP, the resident is expected to participate actively in scientific meetings; Conferences; Continuing education meetings and Seminars. Attendance at meetings should be listed in the Activity Log. The meetings should be entered in the Activity Log in chronological order and marked with the code "CE".

Active participation in continuing education is considered an essential part of a resident's training and the CC will evaluate each submission to ensure that the resident is participating in CE as expected. Residents starting programmes in 2012 or after, must attend at least one Annual Scientific Meeting of the ECVS during the time of their residency

Clinical teaching is seen as an important role of Diplomate surgeons and the resident's active participation in these meetings is viewed as a way of developing teaching skills and ability. Residents should take a full part in case conferences throughout their training.

Each resident/trainee is required to complete 5 Presentations in the course of their programme which fulfil the following criteria.

The presentation should be a scientific presentation followed by an informed discussion involving peers and more senior surgeons. The presentations can be in the form of research communications, short communications, resident forum presentations, structured continuing education lectures, resident seminars or the equivalent.

The audience must consist of postgraduate vets i.e. undergraduate veterinary student lectures cannot be counted towards the minimum 5 presentations, nor can presentations to non-veterinary audiences. One of the five presentations must be given at either a National or an International meeting.

Participation at meetings, whether as delegate, presenter or teacher, should be recorded in the Presentation Log. The Presentation Log is an integral part of the written reports described in Element 13.

Because of the shortage of supervised training implied by an Alternate VSTP, the Credentials Committee will expect to see a significant level of attendance and participation in continuing education meetings, conferences, etc. The prospective Alternate trainee should present the Credentials Committee with a detailed list of events recently attended, as well as a plan for future attendance.

Training Element 13 – Report to ECVS at 0, 12, 24 & 36 MonthsStandard VSRP Definition:

*The resident **must** provide written reports to ECVS at the start of the residency, and annually thereafter. Each report should be accompanied by the appropriate fee as detailed on the website and the appropriate forms. Deadline for the annual reports to be in the ECVS office is July 31st.*

Details on which documents the report should contain and how it should be submitted should be checked at the ECVS web site before submission of each report. Go to www.ecvs.org, “General information”, “Reporting to the ECVS”.

Late, incorrect or incomplete reports will not be evaluated, and the trainee will have to wait until the next deadline for evaluation.

All reporting forms should be downloaded from the ECVS website, saved as Microsoft Word files or templates or excel files, and filled in directly on a computer. These forms must not be modified in any way following download.

For annual reports, the activities of the past year of training should be reported. For the application to sit the qualifying examination, the activities of all years since the start of the programme should be reported.

If a Resident/Trainee does not pay the evaluation fee to the ECVS Office they run the risk that the Credentials Committee will not evaluate their report (regardless of whether this is an annual report or a credentials submission). If a Resident/trainee has not paid the evaluation report for previous years, and then submits their credentials for evaluation, the credentials report will not be reviewed until all outstanding fees are paid

As well as the written reports required of trainees in a Standard VSRP, the Alternate trainee must supply documentary evidence to verify suitable progress through each element. Additionally, the Alternate trainee will be required to supply any further documentation that Credentials Committee might request in relation to Alternate modules.

**Facilities, Services and Equipment required for
Standard VSRP and Alternate VSTP**

- A. Medical library:** Ready access to recent textbooks and current journals relating to veterinary surgery and its supporting disciplines must be available.
- B. Medical records:** A complete medical record must be maintained for each individual case. These records must be readily retrievable and available for inspection by the ECVS on request.
- C. Diagnostic Imaging:** Appropriate facilities for diagnostic imaging, must be available at all times. All radiographs ultrasound scans, CT and MRI scans must carry clear case identification marks. These images should be retained and be retrievable as part of the case record.
- D. Pathology services:**
- a. Clinical pathology: A clinical pathology laboratory for haematology, clinical chemistry, microbiology, and cytologic diagnosis must be available. Clinical pathology reports must be retained and retrievable as part of the case record.
 - b. Facilities for histopathologic examination of surgical and necropsy tissues should be accessible. The use of external lab services is acceptable. All reports must be retained and retrievable as part of the case record.
- E. Surgical Facilities:**
- a. Operating suite: The operating suite must allow performance of aseptic surgical procedures without compromising currently accepted best practice. The aseptic surgery room(s) must be big enough for the patient, staff and the equipment. Emergency lighting should be available.
 - b. Anaesthetic and critical care equipment: An anaesthetic machine and medical gases are required. A physiologic data recorder, including monitoring equipment is required. Facilities for automatic positive pressure ventilation should be readily available if needed for case management.
 - c. Surgical instruments: A full set of general and specialist instruments for diagnostic and operative surgery of all body systems must be available.
 - d. Sterilisation: Appropriate systems for the sterilisation of surgical instruments and supplies must be available. The sterilisation capacity must be commensurate with the surgical caseload.
 - e. Photography: Photographic equipment (camera, slide film or digital image processing and flash, etc) for documentation of surgical disease is required.
 - f. Suitable facilities for the peri-operative care of surgical cases must be available.

Important Note:

In the case of Alternate VSTP programme the requirements for Facilities, Services and Equipment apply to both trainee and supervisor.

INSTRUCTIONS TO RESIDENTS/TRAINEES

Changes in the Training Brochure will be published on the ECVS web site, but will not be sent out to trainees and supervisors. Changes made in the guidelines affect ongoing programmes unless an initiation date is noted (e.g. "For programmes starting after January 2008"). It is the responsibility of each trainee and supervisor to check the ECVS web site (www.ecvs.org) for the latest version of the Training Brochure.

The resident or trainee is responsible for:

1. Submission of written documentation to the ECVS to confirm enrollment to a Standard VSRP or commencement of Alternate VSTP **at the appropriate time**. (Note: Alternate trainees **must** have prior written approval for all alternate Training Elements). This notification should be received by the Credentials Committee at the latest by the first meeting of the Committee after the proposed start date for training e.g. for May 1st start date the Credentials Committee must receive notification either at the February meeting or the Summer meeting.
2. Maintenance of the Surgical Case Log: A log of all surgical cases managed or seen by the resident/trainee must be assembled. It is essential that each case is numbered consecutively from start to finish of the programme, and that full case records can be identified and retrieved on request on the basis of the information provided in the case log. The standard case log record provided on the website www.ecvs.org must be used without any modifications and completed electronically. A printed copy of the completed electronic file must be signed by the supervisor, and must be bound as part of the hard copy annual report for submission to the Credentials Committee.
3. Maintenance of a Lameness Case Log (for Large Animal programmes). A log of at least 50 lameness cases should be recorded. These should be genuine lameness investigations, and not just pre-surgical evaluations. A minimum number of 20 examinations should be performed as primary investigator and 30 as assisting examiner. A copy of the completed file should be printed, signed by the supervisor, and must be bound as part of the hard copy annual report for submission to the Credentials Committee.
4. Maintenance of the Presentation Log. A record of all presentations given by the resident/trainee, and which comply with the guidelines in Element 12 for the 5 minimum presentations, must be maintained throughout the training programme. Sufficient information must be included for entries in the Presentation Log to allow the Credentials Committee to verify the suitability of the presentation e.g. an entry that states merely "in-house seminar" is not adequate as it provides no information regarding the likely audience, type and level of presentation, and what type of discussion will follow the presentation. The Presentation Log should only include presentations that the resident/trainee personally presents, to international, national, regional or in-house groups at a postgraduate level. Undergraduate/student lectures, seminars, tutorials etc should NOT be included. It should also not include weekly book chapter reviews, journal clubs or group discussions that happen on a repeatable basis throughout the programme; these should be recorded in the Activity Log. For Residents who start their training on or after July 31st 2010 one presentation must be made at a National or International level. All presentations relating to Standard VSRP/Alternate VSTP must be recorded on the Standard Presentation Log sheets provided on the website www.ecvs.org and completed electronically. A copy of the completed file should be printed, signed by the supervisor, and must be bound as part of the hard copy annual report for submission to the Credentials Committee.
5. Maintenance of the Activity Log. A written list reflecting all activities throughout the year (over a training period of 12 months including vacation and off-clinic time) must be maintained throughout the training programme. This should include surgical rotations, specialty rotations such as anaesthesia, diagnostic imaging etc, attendance at meetings and continuing education/training, externships, holidays, time off clinics, time spent on research/manuscript preparation etc. Weekly book chapter reviews, journal clubs or group discussions that happen on a repeatable basis throughout the programme should be listed on a single entry that states the frequency with which they happen rather than listing every one separately. A copy of the completed file should be printed, signed by the supervisor, and must be bound as part of the hard copy annual report for submission to the Credentials Committee.

6. Documentation of training in anaesthesia, diagnostic imaging, internal medicine and pathology as specified in elements 6-9 should be provided **once** in hard copy to the ECVS office.
7. Supplying reports to the ECVS office at key stages of residency. The Credentials Committee must be kept fully informed of the Resident's/ Trainee's progress through their programme. Written reports must be supplied at certain key stages of the programme including:
 - a) Prior to taking up a Residency post or embarking on an Alternate VSTP
 - b) Each year throughout the Residency/Training Programme with reports to reach the ECVS office before July 31st.
 - c) At any time a change within the programme occurs, such as changes in personnel or events that influence the training of the resident (e.g. arrival of a new supervisor, departure of an old supervisor, supervisor taking maternity leave). Such changes must be reported to the Committee without delay.
 - d) Final report to accompany the application to sit the ECVS Diploma examination.
8. **Residents in a VSRP** must have their credentials fully accepted within **6 years** of starting the programme.
9. **Trainees in an Alternate VSTP** must have their credentials fully accepted within **8 years** of starting the programme.

Details on which documents each report should contain and how the report should be submitted are available at the ECVS web site at www.ecvs.org, "General information", "Reporting to the ECVS". It is the responsibility of trainee and supervisor to check these instructions each time a report is to be submitted, and to strictly follow the guidelines.

APPLICATION PROCEDURE FOR THE QUALIFYING EXAMINATION

Applicants must submit their credentials to the ECVS office on or before July 31st. Normally this application would be made not less 3 years after entering the Standard VSRP and not less than four years after entering an Alternate VSTP.

The instructions for reporting to the Credentials Committee that are given on www.ecvs.org, "Residents/Trainees", "Reporting Forms" must be followed precisely. Late or incomplete reports will not be evaluated, and the applicant must wait until the next July 31st deadline for evaluation of Credentials. All candidates must complete and submit the standard application form of the College together with other required documents and application fee. The credentials must verify the successful completion of an approved standard Veterinary Surgery Residency Programme or an approved alternate Veterinary Surgery Training Programme.

The responsibility for accuracy and availability of all required credentials rests with the applicant. The following materials must be submitted in electronic format (preferably as PDF files) with one fully signed paper (hard) copy, as specified on the ECVS web site:

1. Completed Application Form - available from the ECVS office or web site (www.ecvs.org).
2. Curriculum Vitae - Attach one copy of a current curriculum vitae to each electronic and hard copy of the completed application form. The curriculum vitae should follow the following format:

MODEL CURRICULUM VITAE

- Name
 - Address
 - Date of birth
 - Citizenship
 - Education
 - Colleges, Dates, Degrees
 - Professional activities
 - Licence to practise (country, date issued)
 - Scientific organisations
 - Honours
 - Professional, Public service
 - Offices held
 - Professional, Public service
 - Professional presentations
 - Publications
3. The programme supervisor and two additional ECVS/ACVS Diplomates should supply a letter of reference stating the applicant's proficiency, judgement and competence as a Veterinary Surgeon and academic readiness to sit the examination. At least one of these references must come from outside the training institution. The letter is confidential and should be mailed directly to the ECVS office to arrive by the credentials submission deadline of July 31st.
 4. Documentation Forms: The following completed and verified forms **covering all years of training**, must accompany the application:
 - a) Evaluation form (should be the covering form of the completed credentials file)
 - b) Application form for review of credentials
 - c) Programme supervisor statement
 - d) Curriculum vitae
 - e) Programme log summary
 - f) Surgery Case Log
 - g) Lameness Log (for Large Animal VSRP/VSTP)
 - h) Activity Log
 - i) Documentation of specialty training in Anaesthesia / Diagnostic Imaging / Pathology / Internal Medicine if this has not been previously submitted

- j) Presentation Log
 - k) Accepted first authored paper
 - l) Accepted second authored paper / first authored case report
 - m) Total of 3 letters of reference which have to be mailed separately
5. Publications. All major publications should be placed first with the supportive publications following. **The minimum 2 required publications must be published or fully accepted for publication in a refereed scientific journal. Letters of final acceptance and copies of accepted manuscripts are required for unpublished articles.**
6. Previous correspondence pertinent to the training programme and application.
7. Application fee:
- a. The application will not be evaluated or processed without the application fee being paid in full.
 - b. The application fee is non-refundable.

The application materials must be divided and arranged in the sequence listed, then indexed and bound in folders to prevent loss and to facilitate review. The evaluation form should be on the front of each folder.

If the credentials are accepted by the Credentials Committee and approved by the Board of Regents, the applicant will be notified by October 31st. Successful applicants will be notified of the dates and procedure of the examination. After being accepted to sit the examination (i.e. once credentials are accepted) the candidate has a total of four attempts to pass all three parts of the examination within 5 years. The candidate who fails to pass all three parts within these four attempts will not be able to reapply to sit the examination and therefore cannot become a Diplomate of the ECVS. Specific questions in regard of the particular number of attempts should be directed to the ECVS Office.

Unsuccessful applicants will receive a letter explaining the deficiencies in their credentials.

A reapplication must include resubmission of those credentials found deficient and a new application form, an updated curriculum vitae, pertinent correspondence, and the application fee. The application materials must be presented in the manner previously described.

It should be noted that publications must not be more than 5 years old at the date of application deadline.

All correspondence regarding application procedure and notification should be addressed to the ECVS Office. All submitted application materials become the sole property of the ECVS and will not be returned to the applicant. However, ECVS will treat all such material as completely confidential.

If an applicant objects to the decision of the Credentials Committee, he/she has the option to request a review. The written request in 4 copies must be at the ECVS office on the date mentioned in the evaluation letter. The review will be handled by an independent Appeals Committee, consisting of one member appointed by the Board of Regents and one member appointed by the Credentials Committee. The Appeals Committee provides a recommendation to the Board, which makes the final decision. Insufficient surgical training, an unfinished programme or a late or incomplete application will not be reasons for a review.

Important Note

Application for entry to an ECVS approved Standard VSRP, Alternate VSTP or submission of any credentials for review by ECVS implies acceptance of the Colleges rules and conditions. Particularly, but not exclusively, this implies an acceptance to follow and accept the Colleges procedures for appeals and grievance.

QUALIFYING EXAMINATION

The examination will test all aspects of surgery, as well as competence in areas of specialisation and is composed of three sections.

1. Part 1 of the examination (former oral)
2. Part 2 of the examination (former practical)
3. Part 3 of the examination (former written)

After being accepted to sit the examination, the candidate has a total of **four** attempts to **pass all three parts** of the examination **within 5 years**. The candidate who fails to pass all three parts within these four attempts will not be able to reapply to re-sit the examination and therefore cannot become a Diplomate of the ECVS. Specific questions in regard of the particular number of attempts should be directed to the ECVS Office.

Information concerning the Examination Procedure

The official language of the examination of the ECVS is **English**. The examination consists of Part 1, 2 and 3. The following explains the structure of each individual part and also the procedure of evaluation.

General comments

You will receive a personal identification number before the examination by mail. This number is known only to you and the ECVS Office. The Examination Committee members do not have access to the identity of these numbers until the entire examination has been marked and the results collated. Please bring this number with you to the examination. It will be used to anonymously identify your answer sheets and to find your examination seat. Seating positions will have been randomly allocated prior to the examination using these numbers. You must inform the ECVS Office in writing, before the registration deadline, if you have any medical reasons why a special seat is required. In such cases, supporting medical documentation will need to be provided.

All examination papers will be collected after each session. NO PAPER MAY BE TAKEN OUT OF THE EXAMINATION ROOM BY CANDIDATES. The answer booklets/sheets are identified only with the candidates' personal identification number.

Candidates will be provided with pencils, erasers and sharpeners for the examinations. Under no circumstance may mobile phones be brought into the examination hall, and all personal items must be kept in a bag that is left at the door. The only personal item that can be brought to the examination table is a language dictionary. The use of a language dictionary is permitted in all three parts of the examination. Dictionaries should be labelled with the candidate's examination number. The Examiners may ask to check your dictionary before, during or after the examination.

Each of the three parts of the examination is prepared specifically for either large animal or small animal candidates. The timetables and venues for the two groups may differ. Part III of the examination however, may be delivered to both large and small animal candidates in the same room, at the same time.

The Examination Committee will meet with all candidates for a general briefing in the evening before the first examination day.

1. Part I (written case based examination)

- 1.1. This part of the examination will assess a candidate's ability to manage a case. The candidate will be required to interpret results and make decisions based on the information available to them. The candidate will be expected to answer questions covering all areas of surgical practice.
- 1.2. Candidates can expect to be presented with a number of different cases which will test their soft tissue, orthopaedic, neurological and general surgical knowledge.
- 1.3. Slides of images (which may include short video clips) and test results will be projected and the candidate will be expected to answer specific questions on these in the question/answer book provided.

- 1.4. It is expected that candidates give short written answers in English. Long written descriptions are not expected.
- 1.5. The case based examination is progressive and answers to earlier questions may become more obvious as the question unfolds. In some cases the answer may be given on the following page. ***It is therefore imperative that candidates do not turn the pages forward until instructed to do so.*** Candidates may not alter their answers after that page has been turned – i.e. ***at no time is the candidate allowed to turn pages backwards.*** If a candidate is seen to persistently turn the pages either forward or backwards, despite being warned, the Examiners ***will disqualify*** that candidate from the examination. In order not to disrupt the other candidates, the offending candidate will not be informed that they have been disqualified until after the examination is complete. There will be no appeal.
- 1.6. At the beginning of Part 1 of the examination the candidates will be given the opportunity to practice the procedure for page turning to ensure that they clearly understand the examination format.

2. Part II (practical part)

- 2.1. This part of the examination consists of two sessions, separated by a refreshment break.
- 2.2. The practical examination contains a total of 25 questions each with a number of subsections. The candidate will have 6 minutes to answer each of the 25 questions. At the end of each session, there will be an additional period of time when each slide will be shown again for one minute. During this time, the candidate may review and if necessary amend their answers.
- 2.3. Each question will relate to projected images which would typically be of diagnostic images/investigations, surgical procedures/equipment/implants, anatomic specimens, laboratory test results, cytology/histopathology slides etc. Video clips may be used.
- 2.4. Each candidate will have their own examination question/answer booklet which will be handed out in the examination room. Answers should be given in the spaces provided. At the end of the examination, the booklets will be collected for marking.
- 2.5. Short written answers in English are expected. Long written descriptions are not required.
- 2.6. Complete answers in a language other than English will **not be** marked. However some words may occasionally be written in one of the main European languages, if a candidate cannot remember how to translate a specific technical term.
- 2.7. When a question requires the candidate to provide a list, the Examiners will only mark the number of responses requested. The responses will be marked in the order that they were written down by the candidate. Additional answers will not be marked. For example; Question: "List two main causes of this condition" Answer: "Diabetes, Cushing's syndrome, Hypothyroidism", only the first two answers will be marked, ***even if the third was correct.***

3. Part III – (multiple choice questions)

- 3.1. This part will consist of 170 multiple-choice questions divided into two papers and delivered over two half days. Approximately 2.8 minutes will be allowed per multiple-choice question. There will be 4 possible answers for each of the questions and the candidate will be expected chose ***one***. The examination may be delivered in either a written or computerised format.
- 3.2. Questions will be asked on all areas of surgical interest (e.g. surgical principles, anatomy, physiology, basic sciences, pathophysiology, anaesthesia, pharmacology, blood gases, diagnostic techniques, asepsis/antibiotics, suture materials, surgical techniques, equipment/implants, post-operative care etc).

Examiners will be in the room to clarify the wording of any questions. Refreshments will be available in the examination room and the candidates may help themselves throughout the examination. Candidates will not be permitted to leave the room before completing their examination other than to visit the lavatory. Once all questions have been answered, the candidate may leave at his/her earliest convenience but will need to

sign out. Any dictionaries brought in to the examination room must be left with the invigilators but will be available again for the next session.

4. Evaluation of the examination

- 4.1. The Examination Committee will evaluate the results of the examination.
- 4.2. The Examination Committee sets the pass mark, using an accepted validity scoring system. This system will even out unfair or obscure questions
- 4.3. Each candidate will be informed of their results, by letter, within 8 weeks of the examination. Unsuccessful candidates will be notified of their performance shortly thereafter but their exact scores and the pass marks will not be revealed to them.

The marked examination scripts will be stored at the ECVS Office for 5 years, or until a person has passed the examination whichever is earlier. No copies of either question or answers will be sent to the candidate.

GUIDELINES FOR THE USE OF ECVS DIPLOMATE STATUS

As stated in the Constitution and Bylaws of the European College of Veterinary Surgeons, Article IV, Section 1-7, the College authorises the use of the designations "Diplomate of the European College of Veterinary Surgeons", "Diplomate, ECVS" or 'Dipl. ECVS' for individuals elected to membership in the College. These designations can only be used by Diplomates, who have passed the qualifying examination or who are members of the "American College of Veterinary Surgeons" and have been approved by the Board of Regents of the ECVS for ECVS registration and who have successfully recertified.

Telephone directory listing: Diplomates may choose to list themselves under the separate heading "Veterinarians- Specialist – Surgeons", but only in accordance and priority of the guidelines of the national laws of their country and the Veterinary Specialisation Advisory Committee (Document III/F/5285/91) regarding the official use of title, advertisement and ethical behaviour. Only individuals who are board certified can present themselves as specialists with the title "Diplomate of the European College of Veterinary Surgeons' or "Diplomate, ECVS".

An individual who has completed the residency training but is not board certified may only indicate that their practice is "limited to the practice of surgery". No connection to the ECVS may be implied. Terms such as "board eligible" and "board qualified" are not to be used. An individual who identifies professional credentials using these terms may be eliminated from the credentials evaluation or examination process.

Job listings in professional journals: An advertisement should outline specifically the type of individual desired, i.e.: 1) Diplomate, 2) individual who has completed residency and/or, 3) individual with credentials accepted by ECVS.

Letterheads and business cards: It is appropriate to indicate Diplomate status on letterheads and business cards. The full designation "Diplomate, European College of Veterinary Surgeons" or "Diplomate of the European College of Veterinary Surgeons" should be used. This is done by indicating the Diplomate status directly below the name:

John Miller, Dr. med. vet, or MRCVS
Diplomate, European College of Veterinary Surgeons or
Diplomate, ECVS or
Dipl. ECVS

Seal ECVS: The logo seal of the ECVS is registered and may only be used on official communications and letterheads of the College.

HUMANE CARE AND USE OF ANIMALS

The European College of Veterinary Surgeons, recognising its responsibility, promotes high- quality and humane care of animals whether for companionship, agricultural use, sporting events, teaching, or research. The use of animals in teaching and research is viewed as a unique privilege with inherent responsibilities and not as an absolute right. Advances in surgical and medical care of animals and people require research which must at times involve the use of animals, as does the training of veterinary students, interns, residents, and graduate veterinarians. Laboratory animals serve an important role in these essential teaching and research efforts, but their use must be justified and their humane care ensured by teachers, scientists and local peer review committees. Alternatives to the use of live animals should always be considered and animal use reserved for those times when acceptable alternatives are not available. The use of animals, whether for teaching, basic research, or clinical trials, must be carefully scrutinised to ensure that meaningful results are obtained for the benefit of animal or human health. Survival after a surgical procedure is important for many research and teaching projects but must be justified and the animals cared for in a humane and conscientious manner. Humane care and high quality of life must be a priority. The European College of Veterinary Surgeons promotes and encourages treatment of animals with high-quality professional care and humane concern. To help achieve these goals, the following guidelines are established:

A. General Comment

The ECVS endorses guidelines set forth by the governments of the European Countries regarding welfare, care and use of animals in teaching, research and agriculture. Techniques for euthanasia should follow the guidelines established by the governments of the European Countries and should be according to the highest scientific standards of humane care for animals.

B. Diplomates' Responsibility

1. Diplomates should follow the guidelines set forth in the governments of the European Countries.
2. Diplomates at educational and research institutions should encourage and assist their institutions in becoming accredited by the National groups for Accreditation of Laboratory Animals, where these institutions exist
3. Diplomates at educational and research institutions should assist in the development of an Animal Care and Use Committee. Diplomates should take a leadership role in establishing and reviewing protocols for animal use
4. Diplomates should always consider alternative methods of teaching and research which do not require the use of living animals. For example:
 - a. Basic surgical techniques, such as aseptic preparation, instrument handling, knot tying and suturing, should be taught using artificial materials, audiovisual instruction or cadavers before students engage in exercises using living animals.
 - b. Wherever possible, simulated models should be instituted to teach fundamental techniques of fracture repair.
 - c. The number of teaching laboratories using living animals should be kept to a minimum and the exercises selected to maximise the principles of a surgical procedure rather than specific techniques.
5. Diplomates should promote a sensitivity and concern among students, interns and residents of the need for humane care and treatment of animals.
6. Non-survival teaching laboratories, in which the animal is anaesthetised, does not regain consciousness, and is humanely killed at the conclusion of the laboratory, are recommended. Survival teaching procedures are discouraged and should be justified only if the learning experience of the student is materially enhanced and the knowledge gained cannot reasonably be obtained in another way.

C. Responsibility of the College

1. The ECVS accepts the obligation to remain current on all matters concerning ethical and moral issues of animal usage and to keep the members educated of alternatives to animal use and of the laws pertaining to animal use.
2. The programme committee of meetings sponsored by the ECVS shall carefully scrutinise all submitted abstracts for appropriate and humane care of animals and shall only accept those for presentation that follow the government guidelines and the Animal Welfare Acts of the European Countries.
3. The ECVS, through its affiliation with Veterinary Surgery, shall not publish any manuscript in which the materials and methods are not consistent with government guidelines and the Animal Welfare Acts of the European Countries.
4. The ECVS, through its Research Committee, shall fund research only at institutions which have accreditation by the National groups for use of laboratory animals or which follow government guidelines. Each proposal submitted for consideration must contain a statement, signed by the Diplomate investigator (or co-investigator), that this requirement has been met.
5. Appeals procedure - ECVS has a procedure for dealing with appeals and grievances. To set this procedure in motion, in the first instance details of the grievance or appeal must be given, in writing, to the Chair of the Board of Regents.

While the College supports and encourages the implementation of the government guidelines for the care and use of laboratory animals, it is not responsible for the action of individual members.

APPLICATION FORM FOR APPROVAL OF
A PROPOSED ALTERNATE VSTP TRAINING ELEMENT

(NB: A separate application must be made for each Alternate Training Element proposal)

Name of Trainee

Element Number

Description of Proposed Alternate Training Element

*Description should be brief - no more than 200 words and must include
Specific details of why the Standard VSRP Element cannot be followed or could not be followed in the past;
Proof of conformity with the aims of ECVS; Evidence that the high standards of ECVS Standard VSRPs will be
maintained and precise details of how participation/progress and achievement will be demonstrated.*

SAMPLE

*The original form should be downloaded from
www.ecvs.org Download in .rtf format, save as a
MS Word file or template, and fill in the form
directly on your computer.*

PROGRAMME SUPERVISOR STATEMENT

ECVS – Supervisors statement to accompany report July 31st 20____

A copy of this statement must accompany each of the Residents / Trainees reports to ECVS.

Resident / trainee	
Supervisor	
Institution / clinic(s)	
Co-supervisor (if applicable)	
Co-supervisors Institution/clinic	
Date of entry to Standard VSRP / Alternate VSTP:	
Planned year of qualifying examination:	

Progression of the trainee's clinical training and development

Describe how the trainee progressed professionally in the last year (max. 100 words)

- In your opinion, will this Resident complete their credentials submission on time i.e. for the planned year of qualifying examination? Yes/No
 If No, please state why: □

- Do you have any reservations about the Residents clinical, professional and ethical progress to date in their training programme? Yes/No
 If yes please provide details below:

Assessment of progress on manuscripts, research, continuing education/training (max. 100 words):

List any other residents enrolled in training, whether for ECVS or any other specialty qualification, for whom you are either a Supervisor or Co-supervisor

For LA programmes: Surgical caseload in the institution in the last year:

Verification of programme facilities, services and equipment

I verify that the **personnel**, facilities, service and equipment for the Standard VSRP / Alternate VSTP are present and available to the Resident / Trainee and that they, along with the programme itself, are in accordance with current ECVS requirements **and have not changed significantly since the last report**. I remain active in the practice of veterinary surgery and continue to satisfy the requirements as a Supervisor.

Supervisors' signature (Dipl ECVS) _____

Date: _____

DOCUMENTATION OF TRAINING IN VETERINARY ANAESTHESIA

Resident's/Trainee's Name (print) _____

ANAESTHESIA

In addition to the experience in anaesthesia gained throughout the training programme, the Resident/Trainee must obtain at least 80 hours (2 weeks full time) of training under the supervision of an appropriate specialist. *This requirement should be completed in blocks of time of no less than 1 week duration, and preferably the full 2 weeks full time. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme*

The following notes are to aid the Resident/Trainee, Supervisor and Anaesthesia Specialist when planning this training. They are not to be read as a comprehensive or exhaustive curriculum.

Training (80 hours) is required to make the resident / trainee familiar with current techniques of anaesthesia. Participation, discussion and observation within the various modalities should lead to a deeper appreciation and understanding of the subject. The Trainee is expected to be proactive in searching out opportunities, materials and expert tuition. Compilation and organisation of material for future reference is an important part of this training.

This part of the study should be supervised by a Diplomate of the ECVA or ACVA or (with prior approval from the Credentials Committee) another recognised expert.

Areas that should be covered include:

- 1) Pre-operative clinical assessment - interpretation of laboratory data (haematology, serum biochemistry, urinalysis, blood gas analysis, etc) with reference to the preparation and suitability of an animal for sedation and/or anaesthesia.
- 2) Analgesia - recognition of pain, the basic pharmacology of the drugs commonly used as analgesics, the application of analgesic techniques before, during and after a surgical procedure and knowledge of their influence on the course of anaesthesia.
- 3) Sedation - the basic pharmacology of the drugs commonly used for this purpose and knowledge of their influence on the course of neuroleptanalgesia and anaesthesia.
- 4) Premedication - aims of premedication and the basic pharmacology of the drugs commonly used for this purpose and knowledge of their influence on the course of anaesthesia.
- 5) General anaesthesia - the principles of anaesthetic technique
 - a) anaesthetic administration equipment
 - b) anaesthetic monitoring equipment
 - c) intravenous anaesthesia
 - d) inhalational anaesthesia
 - e) muscle relaxation
 - f) intermittent positive pressure ventilation
 - g) care of the unconscious animal
- 6) Fluid therapy - the principles and practice of fluid therapy
- 7) Intensive care - the principles and practice of intensive care
- 8) Anaesthetic accidents and emergencies - knowledge of causation, recognition and treatment (cerebrocardiopulmonary resuscitation) of anaesthetic emergencies.
- 9) Local and regional analgesia - the basic pharmacology of local analgesic drugs and their application topically, by local infiltration, regional, epidural and spinal techniques in veterinary anaesthesia.
- 10) Anaesthesia safety - knowledge of the risks to which the patient and operators are exposed. These to be with respect to internationally accepted levels of safety.

SAMPLE
The original form should be downloaded from www.ecvs.org Download in .rtf format, save as a MS Word file or template, and fill in the form directly on your computer.

I have read the guidance notes and to the best of my knowledge,

 (Surgery Resident/Trainee)
 has completed at least 80 hours of appropriate training in anaesthesia under my supervision.

Date: _____ Signed: _____

Name (print): _____ Qualifications: _____

Address: _____

DOCUMENTATION OF TRAINING IN VETERINARY DIAGNOSTIC IMAGING

Resident's/Trainee's Name (print) _____

DIAGNOSTIC IMAGING

In addition to the experience gained throughout the training programme, the Resident/Trainee must obtain at least 80 hours (2 weeks full time) of training under the supervision of an appropriate specialist. *This requirement should be completed in blocks of time of no less than 1 week duration, and preferably the full 2 weeks full time. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme*

The following notes are to aid the Resident/Trainee, Supervisor and Diagnostic Imaging Specialist when planning this training. They are not to be read as a comprehensive or exhaustive curriculum.

Training (80 hours) is required to make the resident/trainee familiar with current techniques in diagnostic imaging. Participation, discussion and observation within the various imaging modalities should lead to a deeper appreciation and understanding of the subject. The Trainee is expected to be proactive in searching out opportunities, materials and expert tuition. Compilation and organisation of material for future reference is an important part of this training.

This part of the study should be supervised by a Diplomat of the ECVDI or ACVR or *(with the prior approval of the Credentials Committee)* another recognised expert.

Areas that should be covered include:

1. Radiation safety – to understand the risks to which the patient and more importantly operators are exposed. These to be to internationally accepted safety levels.
 - a) X-ray including image intensification
 - b) CT
 - c) MRI
 - d) Nuclear medicine
2. Imaging equipment – basic construction and function, indications for use
 - a) X-ray
 - b) Fluoroscopy (image intensification)
 - c) Ultrasound
 - d) CT
 - e) MRI
 - f) Nuclear medicine
3. Processing equipment – availability, costs and relative advantages
 - a) X-ray film processors Digital systems (Computed Radiography)
 - b) Laser imagers
 - c) Multiformat cameras
 - d) Photographic paper imagers
 - e) Video and digital data recording
4. Imaging technique – in many centres, especially for emergency admissions, the Surgeon will be directly responsible for the creation of the diagnostic images
 - a) Restraint – chemical and mechanical
 - b) Positioning
 - c) Exposure factors
 - d) Dosages (nuclear medicine)
5. Special studies – indications and basic understanding of the materials used and the techniques employed
 - a) Contrast radiography, fluoroscopy and CT
 - b) Contrast MRI
 - c) Contrast ultrasonography / Doppler / Colour flow Doppler
6. Basic image interpretation – a systematic, algorithmic approach not a spot-diagnosis technique
 - a) Roentgen signs
 - b) Construction of reports
7. Medical photography – basic photographic techniques for recording diagnostic images for archival and teaching purposes

▫ **SAMPLE**
The original form should be downloaded from www.ecvs.org Download in .rtf format, save as a MS Word file or template, and fill in the form directly on your computer.

I have read the guidance notes and to the best of my knowledge,

 (Surgery Resident/Trainee)
 has completed at least 80 hours of appropriate training in diagnostic imaging under my supervision.

Date: _____ Signed: _____

Name (print): _____ Qualifications: _____

Address: _____

DOCUMENTATION OF TRAINING IN VETERINARY PATHOLOGY

Resident's/Trainee's Name (print) _____

PATHOLOGY

In addition to the experience gained throughout the training programme, the Resident/Trainee must obtain at least 80 hours (2 weeks full time) of training under the supervision of an appropriate specialist. *This requirement should be completed in blocks of time of no less than 1 week duration, and preferably the full 2 weeks full time. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme*

The following notes are to aid the Resident/Trainee, Supervisor and Pathology Specialist when planning this training. They are not to be read as a comprehensive or exhaustive curriculum.

Pathology training (80 hours) is required to make the resident / trainee familiar with current techniques and interpretation of results in the veterinary laboratory. Participation, discussion and observation within the laboratory should lead to a deeper appreciation and understanding of the teamwork required by the pathologist, laboratory personnel and veterinary surgeon in providing for optimal patient care. The Trainee is expected to be proactive in searching out opportunities, materials and expert tuition. Compilation and organisation of materials for future reference is an important part of this exercise.

This part of the study should be supervised by a Diplomate of the ECVP or ACVP or *(with the prior approval of the Credentials Committee)* another recognised expert.

Areas that should be covered include:

1. **Laboratory Operations and Personnel.** An introduction to laboratory operations is important in having realistic expectations regarding communication, turnaround time, price and quality in laboratory testing. The laboratory experience should include exposure to a variety of technical skills and the training required of laboratory personnel, as well as recognition of the 'art' and 'science' of laboratory medicine should be emphasised. **SAMPLE**
The original form should be downloaded from www.ecvs.org Download in .rtf format, save as a MS Word file or template, and fill in the form directly on your computer.
2. **Quality Assurance** recommended to provide for in-hospital testing which may require specialist veterinary knowledge. This should include techniques and procedures for the systematic macroscopic evaluation of a carcass; collection of specimens for additional testing (microbiologic, serologic, histologic, toxicologic, etc); appropriate handling, preparation and packaging/transport of specimens; and submission of specimens to the laboratory with clear directions for the tests to be performed. The trainee should become familiar with the techniques for histologic preparation and staining, and light microscopic evaluation. Synthetic interpretation of results, organisation of the post mortem report, understanding of pathologic terminology and communication with the pathologist should be emphasised.
3. **Post mortem examination.** This should include techniques and procedures for the systematic macroscopic evaluation of a carcass; collection of specimens for additional testing (microbiologic, serologic, histologic, toxicologic, etc); appropriate handling, preparation and packaging/transport of specimens; and submission of specimens to the laboratory with clear directions for the tests to be performed. The trainee should become familiar with the techniques for histologic preparation and staining, and light microscopic evaluation. Synthetic interpretation of results, organisation of the post mortem report, understanding of pathologic terminology and communication with the pathologist should be emphasised.
4. **Cytology.** This should include techniques and procedures for the collection of a variety of types of cytologic specimens, preparation and staining of smears, and light microscopic evaluation. Fixation, handling and packaging of specimens for submission to the laboratory should be covered. Limitations of various cytologic techniques and factors determining the need for referral of specimens to an experienced cytologist should be included. Appreciation of the parts of the cytology report, understanding of pathologic/cytologic terminology and communication with the pathologist should be emphasised.

I have read the guidance notes and to the best of my knowledge,

(Surgery Resident/Trainee)

has completed at least 80 hours of appropriate training in pathology under my supervision.

Date: _____ Signed: _____

Name (print): _____ Qualifications: _____

Address: _____

DOCUMENTATION OF TRAINING IN VETERINARY INTERNAL MEDICINE

Resident's/Trainee's Name (print) _____

INTERNAL MEDICINE

In addition to the experience gained throughout the training programme, the Resident/Trainee must obtain at least 80 hours (2 weeks full time) of training under the supervision of an appropriate specialist. *This requirement should be completed in blocks of time of no less than 1 week duration, and preferably the full 2 weeks full time. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme*

The following notes are to aid the Resident/Trainee, Supervisor and Internal Medicine Specialist when planning this training. They are not to be read as a comprehensive or exhaustive curriculum.

Training (80 h) is required to make the resident / trainee familiar with current techniques in internal medicine. Participation, discussion and observation within an active internal medicine service, which might include routine and emergency patient care, journal clubs, literature reviews, case discussions, seminars and graduate courses, should lead to a deeper appreciation and understanding of the subject. The trainee is expected to be proactive in searching out opportunities, materials and expert tuition. Compilation and organisation of material for future reference is an important part of this training.

An overall view of the patient's situation should be promoted.

This part of the study should be supervised by a Diplomate of the ECVIM or ACVIM or *(with the prior approval of the Credentials Committee)* another recognised expert.

Areas that should be covered include:

1. Procedures for examination and investigation of internal medicine cases, with special emphasis on
 - gastro-intestinal disease
 - uro-genital disease
 - endocrine disease
 - infectious disease
 - cardio-pulmonary disease
 - neonatal medicine
- SAMPLE**
The original form should be downloaded from www.ecvs.org Download in .rtf format, save as a MS Word file or template, and fill in the form directly on your computer.
2. Choice of relevant laboratory tests for different conditions, and interpretation of laboratory results
 3. Choice of other diagnostic modalities for different conditions, and interpretation of results.
 4. Formulation of a treatment plan
 5. Action, interaction and side effects of drugs
 6. Medical treatment as an alternative or as a complement to surgical treatment in selected conditions
 7. Medical conditions that may affect the patient during anaesthesia, surgery or recovery

I have read the guidance notes and to the best of my knowledge,

 (Surgery Resident/Trainee)

has completed at least 80 hours of appropriate training in internal medicine under my supervision.

Date: _____ Signed: _____

Name (print): _____ Qualifications: _____

Address: _____

LIST OF JOURNALS

(please contact the credentials committee for advice if the journal in which you intend to publish is not listed)

A journal:

- *A paper published in an A journal will be accepted by the Credentials Committee without further evaluation provided it meets the criteria specified in Element 11*

B journal:

- *A paper published in a B journal may be accepted, but will always be evaluated by the Credentials Committee prior to acceptance. It is the resident/trainees' responsibility to provide the Credentials Committee with a copy of the manuscript. If the paper is published in a language other than English then the resident/trainee may be required to provide a translation of the paper*

C journal:

- *Any other journal: The applicant has to prove that the journal is double refereed. The Credentials Committee will always evaluate the paper. If the paper is published in a language other than English then the resident/trainee may be required to provide a translation of the paper.*

A Journals

American Journal of Veterinary Research
 Equine Veterinary Journal (EVJ)
 Journal of Veterinary Internal Medicine
 Journal of American Veterinary Medical Association
 Veterinary and Comparative Orthopaedics and Traumatology (VCOT)
 Veterinary Record
 Veterinary Surgery
 The Veterinary Journal

B Journals

Journal of Small Animal Practice (JSAP)
 Australian Veterinary Journal
 Journal of the American Animal Hospital Association (JAAHA)
 Canadian Journal of Veterinary Research
 New Zealand Veterinary Journal
 Irish Veterinary Journal
 Equine Veterinary Education (EVE)
 The Journal of Applied Research in Veterinary Medicine
 Wiener Tierärztliche Monatsschrift
 Tierärztliche Praxis
 Berliner Münchner Tierärztliche Wochenschrift
 Zentralblatt für Veterinär Medizin A und B
 Pferdeheilkunde
 Schweizer Archiv für Tierheilkunde (SAT)
 Tijdschrift Diergeneeskunde
 The Journal of Veterinary Emergency and Critical Care
 The Journal of Feline Medicine and Surgery
 Research in Veterinary Science

The list is subject to changes

PRESENTATION LOG**

Specify number of conferences / seminars:

Attended									
Presented									

**Only presentations that comply with the requirements laid out in the Training Brochure (Element 12) can be counted towards the minimum number of 5 seminar presentations

PUBLICATIONS Status (P/A/S) name Journal, title of publication and author list

1 st authored major publication		
2 nd authored or case report		

Status: P = Published A = Accepted for publication S = Submitted

COMMENTS

SIGNATURES We confirm the accuracy of this log summary

Resident/trainee	Supervisor /s
Date:	

August 2007
Rev Feb 2010

LARGE ANIMAL (GENERAL) PROGRAMME LOG SUMMARY

Resident / trainee	
Supervisor	

	1 st year	2 nd year	3 rd year	4 th year	5 th year	6 th year	Cumul ative	Min. number
--	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	----------------	----------------

SURGERY CASE LOG

Please refer to Minimal Surgical Case Number Recommendations, www.ecvs.org.

Specify number of procedures as primary surgeon (Prim.) / assistant surgeon (Ass.):

Total		Prim.							100
		Ass.							200
Abdominal	AB	Prim.							24
		Ass.							28
Fracture fix	FF	Prim.							2
		Ass.							3
Wounds, recon	WR	Prim.							12
		Ass.							13
Tendon	TE	Prim.							5
		Ass.							4
Ang limb def	AD	Prim.							1
		Ass.							2
Surg of foot	FT	Prim.							4
		Ass.							4
Urogenital	UG	Prim.							9
		Ass.							11
Ophthalmic	OP	Prim.							
		Ass.							2
Upper resp	UR	Prim.							8
		Ass.							17
Arthroscopic	AR	Prim.							4
		Ass.							11
Others	OO	Prim.							
		Ass.							

Specify number of procedures Supervised (Sup)/non-Supervised (NonSup)

Total	Sup								120
	NonSup								

LAMENESS INVESTIGATION LOG

	Prim.								20
	Ass.								30

ACTIVITY LOG

Weeks total									156
Weeks supervised clinics									94
Weeks other rotations (Research, manuscript, other rotations related to program)									
Weeks anaesthesia									2
Weeks diagnostic imaging									2
Weeks pathology									2
Weeks internal medicine									2

PRESENTATION LOG**

Specify number of conferences / seminars:

Attended									
Presented									5

**Only presentations that comply with the requirements laid out in the Training Brochure (Element 12) can be counted towards the minimum number of 5 seminar presentations

PUBLICATIONS list status (P/A/S and date), name Journal, title of publication and author list

1 st authored major publication		
2 nd authored or case report		

Status: P = Published A = Accepted for publication S = Submitted

COMMENTS

SIGNATURES We confirm the accuracy of this log summary

Resident/trainee	Supervisor /s
Date:	

August 2007
Rev Feb 2010

SMALL ANIMAL PROGRAMME LOG SUMMARY

Resident / trainee	
Supervisor	

	1 st year	2 nd year	3 rd year	4 th year	5 th year	6 th year	Cumulative	Min. number
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SURGERY CASE LOG

Please refer to Minimal Surgical Case Number Recommendations, www.ecvs.org.

Specify number of procedures as primary surgeon (Prim.) / assistant surgeon (Ass.):

Total	Prim.							160
	Ass.							240
Directly supervised	Prim							
	Ass							
Soft tissue	Prim.							60
	Ass.							90
Directly supervised	Prim.							
	Ass.							
Gastro-int GI	Prim.							16
	Ass.							24
Uro-genital UG	Prim.							12
	Ass.							18
Abdominal AB	Prim.							6
	Ass.							9
Head&neck HN	Prim.							10
	Ass.							15
Thoracic TC	Prim.							6
	Ass.							9
Skin/recon SR	Prim.							10
	Ass.							15
Other soft t OS	Prim.							
	Ass.							
Ortho / neuro	Prim.							60
	Ass.							90
Directly supervised	Prim							
	Ass							
Osteosynth SY	Prim.							20
	Ass.							30
Joint JS	Prim.							26
	Ass.							39
Arthrosc AR	Prim.							12
	Ass.							18
Neurosurg NE	Prim.							14
	Ass.							21
Other ort/neOO	Prim.							
	Ass.							

ACTIVITY LOG

Weeks total								156
Weeks supervised clinics								94
Weeks other rotations (Research, manuscript, other rotations related to program)								
Weeks anaesthesia								2

Weeks diagnostic imaging								2
Weeks pathology								2
Weeks internal medicine								2

PRESENTATION LOG**

Specify number of conferences / seminars:

**Only presentations that comply with the requirements laid out in the Training Brochure (Element 12) can be counted towards the minimum number of 5 seminar presentations

Attended								
Presented								5

PUBLICATIONS

List status (P/A/S and date), name of Journal and title of publication with author list as submitted

1st authored major publication		
2nd authored or case report		

Status: P = Published A = Accepted for publication S = Submitted

COMMENTS

SIGNATURES We confirm the accuracy of this log summary

Resident/trainee	Supervisor
Date:	

Aug.2007
Rev Feb 2010

EVALUATION FORM

**The credentials committee will not evaluate incomplete information
Indicate clearly which of the following applies:**

SA standard VSRP	SA alternate VSTP	LA standard VSRP	LA alternate VSTP
Name:			
Address:			
Phone N°		Fax N°	
email		Date:	

I wish the following items to be evaluated by the credentials committee:

<i>A: Application to start a standard Standard VSRP</i>
<i>B: Application to start an Alternate track VSTP</i>
<i>C: Annual progress evaluation number 1 { } 2 { } 3 { } 4 { } 5 { } 6 { } other { }</i>
<i>D: Submission of credentials to sit the Certifying Exam next year</i>
<i>E: New training programme (evaluation of institution, see Training Brochure)</i>
<i>F: Changes in training programme</i>
<i>G: Re-certification of training programme/institution</i>
<i>H: Revised documents requested by Credentials Committee</i>

The following items need to be included for evaluation. Refer to programme guidelines for details!

	A	B	C	D	E	F	G	H	Office use only
See list above									
Application Form for review of credentials				x					
College Diploma	x	x							
Proof /Verification of fulfilled pre residency experience	x	x							
Programme Supervisor statement	x	x	x	x	x	x	x		
Curriculum Vitae	x	x	x	x					
Programme log summary			x	x					
Surgery Case Log (ALL) and Lameness Log (for LA candidates only)		x	x	x					
Activity Log		x	x	x					
Documentation of Anaest/Diagn. Imag/Path / Medicine Training			x	x*					
Presentation Log			x	x					
Programme outline Element 1 to 13		x			x	x	x		
Detailed description of primary place of work, inc. staff, caseload, equipment and service hours		x			x		x		
Accepted first authored paper 1**				x					
Accepted paper/case report 2**				x					
Letter of Reference 1 (supervisor) mailed directly				x					
Letter of Reference 2 ACVS/ECVS mailed directly				x					
Letter of Reference 3 ACVS/ECVS mailed directly				x					
Payment of evaluation fee			x	x					

* if original signed form has been submitted and approved in a previous year it does not need to be sent again with the credentials package
** copy of published manuscript or letter of final acceptance plus manuscript

APPLICATION FORM FOR REVIEW OF CREDENTIALS



Please supply a passport size photograph and an additional high resolution electronic version

The completed form must be returned to the ECVS by **the set deadline (see www.ecvs.org)** - otherwise the application will be considered for the next examination

Application fee: **€ 200.– Resident**
 € 300.– Alternate Trainee
 € 100.– ACVS Diplomates

European College of Veterinary Surgeons ECVS
 VetSuisse Faculty University Zurich, Equine Department
 Winterthurerstrasse 260
 CH-8057 Zurich, Switzerland
Phone: +41-44-635 8408 **e-mail:** ecvs@vetclinics.uzh.ch

Name: _____

First name: _____

Date and place of birth: _____

Veterinary Degree / Date granted: _____

Granting University / Country: _____

Licence to practise in Europe: Country: _____ Date granted: _____

Business Address **SAMPLE**

The original form should be downloaded from www.ecvs.org. Download in .rtf format, save as a MS Word file or template, and fill in the form directly on your computer.

Zip code / City / Country: _____

Phone: _____ Fax: _____

E-mail address: _____

Home address

Street: _____

Postal Zip code / City / Country: _____

Phone: _____ Fax: _____

Programme Director / supervisor

Name / First name / Title:	
University / Practice:	
Address:	
City / Country:	
Phone:	Fax:
Email:	

Referee 1

Name / First name / Title:	
University / Practice:	
Address:	
City / Country:	
Phone:	Fax:
Email:	

Referee 2

Name / First name / Title:	
University / Practice:	
Address:	
City / Country:	
Phone:	Fax:
Email:	

It is the applicant's responsibility to make sure that the complete application and all the letters of reference are at the ECVS Secretariat in Zürich, Switzerland by the deadline of credentials submission. (submitted as original paper file together with an electronic version (PDF) of all documents.)

Date _**Signature** _

- Evaluation form (covering form of the complete credentials file)
- Application form for review of credentials
- Programme supervisor statement
- Curriculum vitae
- Programme log summary
- Surgery Case Log (s)
- Activity Log
- Documentation of specialty training in Anaesthesia/Diagnostic Imaging/Pathology/Internal Medicine if not previously submitted
- Presentation Log
- Accepted first authored paper
- Accepted second authored paper / first authored case report
- Total of 3 letters of reference (programme supervisor and two others) have to be mailed separately (referees should not be from the same institution)
- Payment of evaluation fee (see separate form on www.ecvs.org)

CREDENTIALS EVALUATION FEE

ECVS Credentials Evaluation fee: year _

Name of candidate: _
 (if different from card holder's name)

Please note: you may transfer the amount in Euro directly to our bank account mentioned below! Visa- and Mastercard charges can be effected in euros; American Express only in **CHF**.

Resident	€	200.--
Alternate Trainee	€	300.--
ACVS Diplomate	€	100.--

Total payment € **_____**

Please return the completed and signed form either by mail or fax to the ECVS office

Cheque enclosed <input type="checkbox"/> (please make sure all bank charges and commissions are covered!)	Transfer to bank account € <input type="checkbox"/> CHF <input type="checkbox"/>	
Charge to VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>	American Express <input type="checkbox"/>

Credit card number: _

Card Expires _ / Security code _
 (three last digits in signature field)

Card holder's name (please print) _

Card holder's name and signature: _

Date _

Payments must be received by the ECVS office before the credentials committee's resp. Board of regent's meeting date. If payment is not received by that date, you risk your file not being evaluated.