



**European College of Veterinary Surgeons**

**TRAINING BROCHURE**

**INDEX**

INTRODUCTION.....	4
THE ECVS STANDARD RESIDENCY PROGRAMME GUIDELINES .....	6
GENERAL PROGRAMME DESCRIPTION .....	8
ELEMENT 1 – PROGRAMME SUPERVISED BY ECVS DIPLOMATE .....	9
ELEMENT 2 – 2 YEARS PRE-RESIDENCY CLINICAL PRACTICE.....	9
ELEMENT 3 – 3 YEARS FULL TIME TRAINING .....	9
ELEMENT 4 – CASE LOAD OF ADEQUATE SIZE; STANDARD AND VARIETY .....	10
ELEMENT 5 – 60%+ TIME IN CLINICAL CASE MANAGEMENT .....	10
ELEMENT 6 – 80 HOURS SUPERVISED TRAINING IN ANAESTHESIA.....	11
ELEMENT 7 – 80 HOURS SUPERVISED TRAINING IN DIAGNOSTIC IMAGING .....	12
ELEMENT 8 – 80 HOURS SUPERVISED TRAINING IN PATHOLOGY .....	13
ELEMENT 9 – 80 HOURS OF TRAINING IN INTERNAL MEDICINE.....	14
ELEMENT 10 – ACTIVE PARTICIPATION IN EMERGENCY SERVICE.....	15
ELEMENT 11 – PRODUCE, PRESENT AND PUBLISH CLINICAL RESEARCH .....	15
ELEMENT 12 – PARTICIPATE IN CONTINUING EDUCATION MEETINGS .....	16
ELEMENT 13 – REPORT TO ECVS AT 0, 12, 24 & 36 MONTHS.....	16
THE ECVS ALTERNATE VETERINARY SURGERY TRAINING PROGRAMME.....	17
CREATING AN ALTERNATE VETERINARY SURGERY TRAINING PROGRAMME (ALTERNATE VSTP).....	18
FACILITIES, SERVICES AND EQUIPMENT REQUIRED FOR STANDARD VSRP AND ALTERNATE VSTP .....	27
INSTRUCTIONS TO RESIDENTS/TRAINEES .....	28
APPLICATION PROCEDURE FOR THE QUALIFYING EXAMINATION.....	29
QUALIFYING EXAMINATION.....	31
GUIDELINES FOR THE USE OF THE DIPLOMATE STATUS .....	34
HUMANE CARE AND USE OF ANIMALS.....	35
FEES.....	37
APPLICATION FORM FOR APPROVAL OF A PROPOSED ALTERNATE VSTP TRAINING ELEMENT .....	38
PROGRAMME SUPERVISOR STATEMENT.....	39

---

DOCUMENTATION OF TRAINING IN VETERINARY ANAESTHESIA .....	40
DOCUMENTATION OF TRAINING IN VETERINARY DIAGNOSTIC IMAGING.....	41
DOCUMENTATION OF TRAINING IN VETERINARY PATHOLOGY .....	42
DOCUMENTATION OF TRAINING IN VETERINARY INTERNAL MEDICINE .....	43
SURGERY CASE LOG.....	44
LIST OF JOURNALS .....	45
PRESENTATION LOG .....	46
ACTIVITY LOG.....	47
LARGE ANIMAL (EQUINE) PROGRAMME LOG SUMMARY .....	48
LARGE ANIMAL (GENERAL) PROGRAMME LOG SUMMARY .....	50
SMALL ANIMAL PROGRAMME LOG SUMMARY .....	52
EVALUATION FORM.....	54
APPLICATION FORM FOR REVIEW OF CREDENTIALS.....	55

## INTRODUCTION

The title of Diplomate of European College of Veterinary Surgeons is awarded by the Board of Regents of the College. The Constitution of the ECVS permits the award of Honorary Membership to eminent surgeons, although this prestigious award is made only very occasionally. Members of ACVS can apply to the Board of Regents for membership of ECVS providing they complete the application requirements and procedures below.

For the majority, membership is effectively restricted to those who have passed the diploma examination of ECVS. To sit the Diploma examination of the ECVS, all of the following criteria must be satisfied. An individual must:

1. Be a graduate veterinarian of a veterinary college recognised by ECVS and licensed to practise in a European country.
2. Have a satisfactory moral and ethical standing in the profession.
- 3a. Satisfy the Credentials Committee that a Standard Veterinary Surgery Residency Programme (Standard VSRP) approved by ECVS has been successfully completed.

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 run the surgical unit of a referral centre.
- understand his/her limitations.
- understand the importance of contributing to veterinary science.
- have a professional attitude towards patients, animal owners and colleagues.

### ACVS Diplomates wishing to obtain ECVS diplomate status should

- Have a satisfactory 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. The training programme should meet the requirements of The College as described in the 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 (preferably as pdfs) must be submitted.

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.

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

**www.ecvs.org**

or call or write to:

European College of Veterinary Surgeons  
VetSuisse Faculty University Zurich  
Winterthurerstrasse 260  
8057 Zürich  
Switzerland

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

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

email: [ecvs@vetclinics.uzh.ch](mailto: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 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 to a uniform standard throughout Europe.

### 3. Establishing a Standard VSRP

The Credentials Committee will evaluate applications for new programmes twice a year. Yearly reports and credentials are only evaluated at the September meeting. The deadline for submission of materials is December 31<sup>st</sup> for the February meeting and July 31<sup>st</sup> for the September meeting, each year.

To obtain approval for a Standard VSRP, the programme supervisor should submit to ECVS a detailed written description of the proposed programme. New programmes will not be accepted retrospectively. Normally, a new programme will gain provisional acceptance by the Credentials Committee in advance, before the first trainee is recruited.

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

- A description of how the requirements in each of the 13 Training Elements will be fulfilled.
- A detailed description of the equipment and the premises of the hospital / clinic, including a floor plan.
- A Supervisor's Statement

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, as it was originally agreed, directly to the CC. Finally, Standard VSRP supervisors will be asked to submit re-accreditation documentation to the ECVS, to confirm that the programme continues to satisfy ECVS requirements and that all necessary personnel, facilities, services, equipment and caseload remain in place.

For approval of a VSRP the following criteria must be fulfilled:

- The programme supervisor should be a Diplomate of ECVS or, exceptionally and with prior approval from the credentials committee, a Diplomate of the ACVS and employed in the hospital.
- 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 speciality other than surgery but must be closely allied to the discipline of surgery (e.g. Internal Medicine, Diagnostic imaging, Anaesthesia, Emergency and Critical Care). The position of the

second Diplomate may be divided between several individuals to make one full-time equivalent. 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 will be given providing the trainee's time is divided equally between the two practices, that the co-supervisors act as co-signatories on all official paperwork, that full details of facilities of both practices are provided and that all other aspects of the programme are described, as above.

- If the institution does not employ Diplomates (or similar expert) in associated fields (anaesthesia, diagnostic imaging, internal medicine and pathology) training can be made acceptable by arranging "out" rotations to create a balanced programme, on the advice of the Credentials Committee.
- If the institution does not have sufficient case material for the resident to satisfy the recommended case log numbers, the training can be made acceptable by arranging "out" rotations at a more busy clinic (where diplomate supervision must also be provided) on either an ad-hoc basis or by a more permanent agreement. Normally, a permanent agreement between two training centres should be detailed in the Standard VSRP application and agreed prospectively. Less formal arrangements should, whenever possible, be presented to the Credentials Committee for approval before the period of "out" training is undertaken.

#### **4. Approval of Credentials**

Before being allowed to sit the examination for the Diploma of ECVS, a candidate 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.

#### **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; Conferences, etc
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 being unable to sit the qualifying examination until the following year.**

## ELEMENT 1 – PROGRAMME SUPERVISED BY ECVS DIPLOMATE

The Standard VSRP should be supervised by a Diplomate of ECVS or, exceptionally and with prior approval from the credentials committee, a Diplomate of the ACVS who is currently active as a surgeon.

In some circumstances, and as a temporary measure, discretionary approval may be given to programmes supervised by a Full Professor of Veterinary Surgery who has an appropriate specialist surgical education and experience and is clinically active. Approval is at the discretion of the Credentials Committee. The following documents should be submitted to the Credentials Committee for evaluation:

- 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 new Residents is a temporary measure until a Diplomate is in place in the institution.

It is essential that the programme supervisor actively participates in the resident's training. Therefore, an individual can normally supervise no more than two residents at a time. 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 the publication requirement. If a supervisor has special reasons to have a third trainee, an application must be submitted to the Credentials Committee and accepted before a third trainee is recruited. Approval of a third trainee is at the discretion of the Credentials Committee.

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 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. **A minimum of 40% of the required total number of procedures must be performed under direct supervision.**

## 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. An institution with a structured internship programme may apply for approval through the Credentials Committee. In such a case the description of the programme has to be sent to the committee ahead of time. If accepted, interns going through this programme would fulfil their pre-residency clinical experience after only one year.

## 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 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 VSRP.

The 156 weeks of training should be completed before July 31<sup>st</sup> 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 31<sup>st</sup>, 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)

Cases should be of a type normally seen in referral institutions and which are considered to be specialist procedures. 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](http://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:

- The trainee is responsible for the decision to operate
- The trainee plans and performs the essential parts of the surgical procedure.

The decision and planning should be approved by the supervisor.

In a small animal programme at least 160, and in a large animal programme at least 120, surgical procedures should be performed with the trainee as Primary Surgeon over the time of the programme. Minimum numbers of specific surgical procedures as Primary Surgeon may be found at the ECVS web site, [www.ecvs.org](http://www.ecvs.org), "General information", "Minimum case number recommendations".

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.

## 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. 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, exceptionally and with prior approval from the credentials committee, ACVA or 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. 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 Diplomate of the ECVDI or, exceptionally and with prior approval from the credentials committee, ACVR or 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. 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, exceptionally and with prior approval from the credentials committee, ACVP or another recognised expert.

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, as well as recognition of their roles and responsibilities. Both the 'art' and 'science' of laboratory medicine should be emphasised.
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.

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, exceptionally and with prior approval from the credentials committee, ACVIM or 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 Standard VSRP is the supervised training in the related disciplines of Anaesthesia, Diagnostic Imaging, Pathology and Internal Medicine. This training should be supervised by a relevant Diplomate or recognized expert in the discipline. A minimum of 80 hours (ie 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 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 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.

## **ELEMENT 11 – PRODUCE, PRESENT AND PUBLISH CLINICAL RESEARCH**

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.

**Publications:** Residents are required to publish at least two publications in refereed scientific journals. These publications shall not be older than five years at the date of the application deadline (exceptions to that rule may be granted by the Credentials Committee). One should be a first-authored major publication that can be considered to be an original contribution to the veterinary literature. The publication should discuss surgery topics and 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 second publication may be a first authored or a second authored major publication as described above, or a first authored case report. Review articles, textbook chapters and short communications will not qualify as a contribution to the publication requirements .

A refereed journal is one governed by policies and procedures established and maintained by a standing editorial board that requires each manuscript submitted for publication to be subjected to critical review. If a resident requests that the CC consider a publication in a journal that is not listed on the current list of accepted journals, it is the responsibility of that resident to provide evidence that the journal is double-refereed.

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

If a paper has not been published at the time of credentials submission, a letter from the journal to prove that the paper has been fully accepted for publication and under which category it is to be published, must be included in the Credentials file. Either reprints of the paper or, if a paper is not yet published, the final manuscript of the paper must be included.

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

## ELEMENT 12 – PARTICIPATE IN CONTINUING EDUCATION MEETINGS

As well as the training received in the Standard VSRP, the resident should be able to demonstrate active participation in Scientific meetings; Conferences; Continuing education meetings and Seminars.

Clinical teaching is seen as an important role of Diplomate surgeons and the resident's active participation in these meetings is seen as a way of developing teaching skills and ability. Residents should take a full part in case conferences throughout their training. A minimum of 5 seminar presentations should be made by the resident during the training period - a seminar is a scientific presentation followed by an informed discussion involving peers and more senior surgeons. The resident should gain experience of teaching graduate veterinary surgeons and veterinary students and is expected to prepare and present work at larger scientific meetings and conferences.

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

## ELEMENT 13 – REPORT TO ECVS AT 0, 12, 24 & 36 MONTHS

The resident must provide written reports to ECVS at the start of the residency, and annually thereafter. Deadline for the annual reports to be in the ECVS office is July 31<sup>st</sup>.

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](http://www.ecvs.org), "General information", "Reporting to the ECVS".

Late 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.**

**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.**

Please ensure that the fee for the evaluation of the yearly report by the Credential Committee is paid by the time of the committee's meeting. The respective payment form can be downloaded as well from the ECVS website.

## THE ECVS ALTERNATE VETERINARY SURGERY TRAINING PROGRAMME

### 1. Definition

The alternate VSTP is intended for the veterinary surgeon who has accumulated, over many years, extensive knowledge and skills in the field of veterinary surgery and wants additional training to become eligible to sit the Diploma examination of ECVS but is unable to enter a Standard VSRP. In such exceptional circumstances, and especially when an ECVS approved Veterinary Surgery Residency Programme is unavailable, enrolment in an Alternate Veterinary Surgery Training Programme (Alternate VSTP) can be approved by the Credentials Committee. Such a programme allows graduate veterinarians to acquire in-depth knowledge of veterinary surgery and its supporting disciplines partly by self-taught means whilst under the supervision of a Diplomate of the ECVS or, exceptionally and with prior approval from the credentials committee, a Diplomate of the ACVS. **The alternate VSTP is designed and constructed by the trainee.** Written approval must be obtained from the Credentials Committee of ECVS for EACH of the 13 Training Elements BEFORE training begins.

### 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 Diplomate
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.

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.

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 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 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 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 programmes twice each year. The meetings will take place in mid September and mid February with the deadline for submission of materials July 31<sup>st</sup> and December 31<sup>st</sup> respectively.

### Training Element 1 – Programme supervised by ECVS Diplomate

The Alternate VSTP must be supervised by a Diplomate of ECVS or, exceptionally and with prior approval from the credentials committee, an ACVS Diplomate. 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 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 100, 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 of experience in specialty surgical practice is required for consideration of acceptance in an Alternate VSTP

In 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 31<sup>st</sup> 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 31<sup>st</sup>, 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 without daily direct supervision of a Specialist surgeon would be required to complete an Alternate VSTP of at least 4 years. Similarly, an Alternate VSTP in which training extends over more than 6 years is unlikely to be acceptable.

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

### Standard VSRP Definition:

*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. (log separately)</i>

*Cases should be of a type normally seen in referral institutions and which are considered to be specialist procedures. 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](http://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:*

- The trainee is responsible for the decision to operate*
- The trainee plans and performs the essential parts of the surgical procedure.*

*The decision and planning should be approved by the supervisor.*

*In a small animal programme at least 160, and in a large animal programme at least 120, surgical procedures should be performed with the trainee as Primary Surgeon over the time of the programme.*

*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 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.*

*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, exceptionally and with prior approval from the credentials committee, ACVA or 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. 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 Diplomat of the ECVDI or, exceptionally and with prior approval from the credentials committee, ACVR or 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.*

*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 Diplomat of the ECVP or, exceptionally and with prior approval from the credentials committee, ACVP or 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. Both the 'art' and 'science' of laboratory medicine should be emphasised.*
- 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.*

*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 Diplomat of the ECVIM or, exceptionally and with prior approval from the credentials committee, ACVIM or 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 (ie 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 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.*

***Publications:** Residents are required to publish at least two publications in refereed scientific journals. These publications shall not be older than five years at the date of the application deadline (exceptions to that rule may be granted by the Credentials Committee). One should be a first-authored major publication that can be considered to be an original contribution to the veterinary literature. The publication should discuss surgery topics and 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. A review article will not qualify unless the author has documented expertise in the area and is contributing material beyond review of previous literature. Neither a single case report, even with extensive associated literature review and discussion, nor textbook chapters qualify as major surgical publications. The second publication may be a first authored or a second authored major publication as described above, or a first authored case report. Review articles, textbook chapters and short communications will not qualify as a contribution to the publication requirements.*

*A refereed journal is one governed by policies and procedures established and maintained by a standing editorial board that requires each manuscript submitted for publication to be subjected to critical review.*

*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.*

*A letter from the journal to prove that a paper has been fully accepted for publication must be included in the Credentials file. Also, reprints or, if a paper is not yet published, manuscripts of the papers must be included.*

*If papers are not finally accepted for publication at the time of the deadline, an extended deadline to wait for final acceptance of papers may be granted, at the discretion of the Credentials Committee. A prerequisite for having an extended deadline is that the Credentials file contains a letter from the journal to prove that the paper was submitted in time before the deadline of October 1<sup>st</sup> 2007. Without such letters in the file the application to sit the examination will be rejected, and a new application will have to be submitted the following year. From 2008 and beyond, there will be no extended deadlines given for acceptance of publications and if papers are not finally accepted by the July 31<sup>st</sup> deadline each year, the application to sit the examination will be rejected and a new application will have to be submitted the following year.*

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:

*As well as the training received in the Standard VSRP, the resident should be able to demonstrate active participation in Scientific meetings; Conferences; Continuing education meetings and Seminars.*

*Clinical teaching is seen as an important role of Diplomate surgeons and the resident's active participation in these meetings is seen as a way of developing teaching skills and ability. Residents should take a full part in case conferences throughout their training. A minimum of 5 seminar presentations should be made by the Resident during the training period - a seminar is a scientific presentation followed by an informed discussion involving peers and more senior surgeons. The resident should gain experience of teaching graduate veterinary surgeons and veterinary students and is expected to prepare and present work at larger scientific meetings and conferences.*

*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 Months

### Standard VSRP Definition:

*The resident **must** provide written reports to ECVS at the start of the residency, and annually thereafter. Deadline for the annual reports to be in the ECVS office is July 31<sup>st</sup>.*

*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](http://www.ecvs.org), “General information”, “Reporting to the ECVS”.*

*Late or incomplete reports will not be evaluated, and the trainee must wait until the next deadline for evaluation.*

***All reporting forms should be downloaded as RTF (rich text format) or excel files from the ECVS website, saved as Microsoft Word doc/ templates or excel files, and filled in directly on a computer.***

***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.***

Please ensure that the fee for the evaluation of the yearly report by the Credential Committee is paid by the time of the committee’s meeting.

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 Alternate module. 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 a library containing 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. Those records must be retrievable and available for inspection by ECVS.
- C. **Radiographic service:** Appropriate facilities for diagnostic imaging and darkroom processing, where appropriate, must be available at all times. All radiographs must carry pre-processing case identification marks.
- 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 are desirable.
  - c. Surgical instruments: A full set of general and special 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](http://www.ecvs.org)) for the latest version of the Training Brochure.

The resident or trainee is responsible for:

1. Writing to ECVS to confirm entry to Standard VSRP or commencement of Alternate VSTP before embarking on training. (Note: Alternate trainees must have prior written approval for all alternate Training Elements).
2. Maintenance of the Surgical Case Log. A log of all cases managed or seen by the resident/trainee must be assembled. It is essential that each case is numbered consecutively and that full case records can be identified and retrieved on the basis of information in the case log. The standard case log record must be used. These pages should be photocopied and bound to form the case log for submission to the Credentials Committee.
3. Maintenance of the Presentation Log. A written list which records details of all training conferences; meetings; publications, presentations, external rotations, etc, relating to Standard VSRP/Alternate VSTP must be recorded on the Standard Presentation Log sheets. These pages should be photocopied and bound to form the Presentation Log for submission to the Credentials Committee.
4. 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). These pages should be photocopied and bound to form the Activity Log for submission to the Credentials Committee.
5. Documentation of training in anaesthesia, diagnostic imaging, internal medicine and pathology.
6. Supplying reports to ECVS office at key stages of residency. The Credentials Committee of ECVS must be kept fully informed of the Residents/ Trainees 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 ECVS office before July 31<sup>st</sup>.
  - c) At any time a change within the programme occurs, such as changes or events that influence the training of the resident (eg a new supervisor). Such changes must be reported to the Committee without delay.
  - d) Final report to accompany the application to sit the ECVS Diploma examination.
7. **Residents in a VSRP** must have their credentials fully accepted within **6 years** of starting the programme.
8. **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](http://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 31<sup>st</sup>. Normally this application would be approximately 3 years after entering the Standard VSRP and not less than four years after entering an Alternate VSTP.

Details on which documents the Credentials Report should contain and how it should be submitted should be checked before submission at the ECVS web site [www.ecvs.org](http://www.ecvs.org), "General information", "Reporting to the Credentials Committee". Late or incomplete reports will not be evaluated, and the applicant must wait until the next July 31<sup>st</sup> 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](http://www.ecvs.org)).
2. Curriculum Vitae) - Attach one copy of the curriculum vitae to each 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
  - Bibliography
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. The letter is confidential and should be mailed directly to the ECVS office to arrive by the credentials submission deadline of July 31<sup>st</sup>.
  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) College Diploma/licence to practise in Europe
    - d) Proof/verification of fulfilled internship / equivalent
    - e) Programme supervisor statement
    - f) Curriculum vitae
    - g) Programme log summary
    - h) Surgery Case Log
    - i) Activity Log

- j) Documentation of specialty training in Anaesthesia / Diagnostic Imaging / Pathology / Internal Medicine
  - k) Presentation Log
  - l) Accepted first authored paper
  - m) Accepted second authored paper / first authored case report
  - n) Total of 3 letters of reference 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 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.

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 Executive Secretary. 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 Review Committee, consisting of one member appointed by the Board of Regents and one member appointed by the Credentials Committee. The Review 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 I, II and III. 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 three papers and delivered over three half days. Approximately 4 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 THE 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 are members of the "American College of Veterinary Surgeons" and have been approved by the Board of Regents of the ECVS. An individual conferred honorary membership shall be designated as "Honorary Diplomate of the European College of Veterinary Surgeons".

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. The terms "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 issues 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.

## FEES

### **Credentials Evaluation fee for**

- **Standard Residents** € 200.00
- **Alternate Trainees** € 300.00

### **Resident /Alternate Trainee annual report evaluation fee per person and per year**

€ 100.00

### **ACVS Diplomate application fee**

€ 100.00

### **Examination Fee**

€ 750.00

- **Please note that these fees are subject to changes.**
- **The current fees will be always applied automatically.**
- **American Express charges will be effected in SWISS FRANCS.**

### **Annual Membership Fee**

€ 270.00

*plus the annual office fund contribution as per table below*

“ECVS Office Fund” Component of the Annual Subscription

	<b>Yearly office fund contribution</b>	<b>Total office fund contribution p/a</b>	<b>ECVS Diplomate</b>
<b>Year</b>	<b>per Diplomate €</b>	<b>per Diplomate €</b>	<b>Annual dues in €</b>
<b>2005</b>	30	30	300
<b>2006</b>	20	50	320
<b>2007</b>	20	70	340
<b>2008</b>	20	90	360
<b>2009</b>	20	110	380
<b>2010</b>	20	130	400
<b>2011</b>	30	160	430
<b>2012</b>	30	190	460
<b>2013</b>	30	220	490
<b>2014</b>	20	240	510

**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 details of why the Standard VSRP Element cannot be followed; 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](http://www.ecvs.org), "General information". Download in .rtf format, save as a MS Word file or template, and fill in the form directly on your computer.*

### PROGRAMME SUPERVISOR STATEMENT

A copy of this statement must accompany each of the Resident's / Trainee's reports to ECVS.

Resident / trainee	
Programme supervisor	
- Other supervisor(s)	
Institution / clinic(s)	
- Other training institution(s)	
Date of entry to Standard VSRP / Alternate VSTP:	
Planned year of qualifying examination:	

**Progression of the trainee**

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

**Supervision** during the passed year of training:

Supervision of surgical procedures: Describe the quality and quantity of how you supervised the trainee (max. 100 words):

	<p><b>SAMPLE</b></p> <p>The original form should be downloaded from <a href="http://www.ecvs.org">www.ecvs.org</a> , "General information". Download in .rtf format, save as a MS Word file or template, and fill in the form directly on your computer.</p>	
Other interaction with the Resident		

Verification of programme facilities, services and equipment

I verify that the 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. I remain active in the practice of veterinary surgery and continue to satisfy the requirements as a Supervisor.

Names of any other residents or trainees under my supervision:

For LA programmes: Surgical case load / number of surgical cases in the institution in the last year:

Supervisors' signature (Dipl ECVS)

Date:

---

Please note that an individual can act as Supervisor for no more than 2 residents or trainees at any time. Toward the end of the Standard VSRP / Alternate VSTP the supervisor should provide a confidential letter of reference to ECVS professing the proficiency, judgement and competence of the resident/trainee as well as their readiness to sit the examination. This letter must reach ECVS by credentials submission deadline.

## 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.

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 Diplomat of the ECVA or, exceptionally and with prior approval from the credentials committee, ACVA or 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](http://www.ecvs.org), "General information". 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.

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 Diplomate of the ECVI or, exceptionally and with prior approval from the credentials committee, ACVR or 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
  - 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](http://www.ecvs.org), "General information". 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.

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 Diplomat of the ECVP or, exceptionally and with prior approval from the credentials committee, ACVP or 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 their roles and responsibilities. Both the
2. **Quality Assurance and Commercial Reference Techniques.** Quality assurance techniques is recommended. Best practices for in-hospital testing and for commercial reference techniques developed for interpretation should be included.
3. **Post mortem examination.** Systematic macroscopic evaluation of a carcass; collection of specimen (e.g., etc); appropriate handling, preparation and packaging/transportation 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.

**SAMPLE**

*The original form should be downloaded from [www.ecvs.org](http://www.ecvs.org), "General information". 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 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.

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, exceptionally and with prior approval from the credentials committee, ACVIM or 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
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 for different conditions
5. Action, interaction and side effects of drugs used in different conditions
6. Medical treatment as a function of different conditions
7. Medical conditions that require special attention

**SAMPLE**

*The original form should be downloaded from [www.ecvs.org](http://www.ecvs.org), "General information". 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 internal medicine under my supervision.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Name (print): \_\_\_\_\_ Qualifications: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



## LIST OF JOURNALS

(please contact the credentials committee in case the journal 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.*

### **B journal:**

- *A paper published in a B journal may be accepted, but will always be evaluated by the Credentials Committee.*

### **C journal:**

- *Any other journal: The applicant has to prove that the journal is double refereed. The Credentials Committee will always evaluate 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  
Research in Veterinary Science

### **B Journals**

Journal of Small Animal Practice (JSAP)  
Australian Veterinary Journal  
The 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 list is subject to changes





**LARGE ANIMAL (EQUINE) PROGRAMME LOG SUMMARY**

Resident / trainee	
Supervisor/s	

	1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	4 <sup>th</sup> year	5 <sup>th</sup> year	6 <sup>th</sup> year	Cumulat ive	Min. number
--	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------	----------------

**SURGERY CASE LOG**

Please refer to Minimal Surgical Case Number Recommendations, [www.ecvs.org](http://www.ecvs.org).

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

Total	Prim.								100
	Ass.								200
Abdominal AB	Prim.								18
	Ass.								22
Fracture fix FF	Prim.								3
	Ass.								5
Wounds, recon WR	Prim.								13
	Ass.								7
Tendon TE	Prim.								5
	Ass.								4
Ang limb def AD	Prim.								1
	Ass.								2
Surg of foot FT	Prim.								5
	Ass.								5
Urogenital UG	Prim.								6
	Ass.								7
Ophthalmic OP	Prim.								
	Ass.								2
Upper resp UR	Prim.								10
	Ass.								15
Arthroscopic AR	Prim.								8
	Ass.								27

**SAMPLE**  
 The original form should be downloaded from [www.ecvs.org](http://www.ecvs.org), "General information". Download in .rtf format or excel file, and fill in the form directly on your computer.

**LAMENESS INVESTIGATION LOG**

	Prim.								20
	Ass.								30

**ACTIVITY LOG**

Weeks total									156
Weeks supervised clinics									94

Weeks other rotations (Research, manuscript, rotations related to program)								
Hours anaesthesia								80
Hours diagnostic imaging								80
Hours pathology								80
Hours internal medicine								80

**PRESENTATION LOG**

Specify number of conferences / seminars:

Attended								
Presented								

**PUBLICATIONS**

Status (P/A/S) Journal / Title

1 <sup>st</sup> authored major publication		
2 <sup>nd</sup> authored or case report (see training element 11)		

Status: P = Published A = Accepted for publication S = Submitted specify with date (month/year)

**COMMENTS**

--

**SIGNATURES** We confirm the accuracy of this log summary

Resident/trainee	Supervisor /s
Date	

**LARGE ANIMAL (GENERAL) PROGRAMME LOG SUMMARY**

Resident / trainee	
Supervisor/s	

	1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	4 <sup>th</sup> year	5 <sup>th</sup> year	6 <sup>th</sup> year	Cumulat ive	Min. number
--	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------	----------------

**SURGERY CASE LOG**

Please refer to Minimal Surgical Case Number Recommendations, [www.ecvs.org](http://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

**SAMPLE**  
 The original form should be downloaded from [www.ecvs.org](http://www.ecvs.org), "General information". Download in .rtf format or excel file and fill in the form directly on your computer.

**LAMENESS INVESTIGATION LOG**

	Prim.								20
	Ass.								30

**ACTIVITY LOG**

Weeks total									156
-------------	--	--	--	--	--	--	--	--	-----

Weeks supervised clinics									94
Weeks other rotations (Research, manuscript, rotations related to program)									
Hours anaesthesia									80
Hours diagnostic imaging									80
Hours pathology									80
Hours internal medicine									80

**PRESENTATION LOG**

Specify number of conferences / seminars:

Attended								
Presented								

**PUBLICATIONS**                      Status (P/A/S)    Journal/ Title

1 <sup>st</sup> authored major publication		
2 <sup>nd</sup> authored or case report (see training element 11)		

Status: P = Published    A = Accepted for publication    S = Submitted specify with date (month/year)

**COMMENTS**

--

**SIGNATURES** We confirm the accuracy of this log summary

Resident/trainee	Supervisor/s
Date	

**SMALL ANIMAL PROGRAMME LOG SUMMARY**

Resident / trainee	
Supervisor/s	

	1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	4 <sup>th</sup> year	5 <sup>th</sup> year	6 <sup>th</sup> year	Cumulative	Min. number
--	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	------------	-------------

**SURGERY CASE LOG**

Please refer to Minimal Surgical Case Number Recommendations, [www.ecvs.org](http://www.ecvs.org).

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

Total	Prim.							160
	Ass.							240
<b>Soft tissue</b>	Prim.							60
	Ass.							90
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
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/ne OO	Prim.							
	Ass.							

**SAMPLE**  
 The original form should be downloaded from [www.ecvs.org](http://www.ecvs.org), "General information". Download in .rtf format or excel file and fill in the form directly on your computer.

**ACTIVITY LOG**

Weeks total								156
Weeks supervised clinics								94
Weeks other rotations (Research, manuscript, rotations related to program)								
Hours anaesthesia								80
Hours diagnostic imaging								80
Hours pathology								80
Hours internal medicine								80

**PRESENTATION LOG**

Specify number of conferences / seminars:

Attended								
Presented								

**PUBLICATIONS**                      Status (P/A/S)    Journal/Title

1 <sup>st</sup> authored major publication		
2 <sup>nd</sup> authored or case report (see training element 11)		

Status: P = Published    A = Accepted for publication    S = Submitted - specify with date (month/year)

**COMMENTS**

--

**SIGNATURES**    We confirm the accuracy of this log summary

Resident/trainee	Supervisor/s
<b>Date:</b>	

### EVALUATION FORM

The credentials committee will not evaluate incomplete information

SA standard VSRP	SA alternate VSTP	LA standard VSRP	LA alternate VSTP
------------------	-------------------	------------------	-------------------

<b>Name:</b>	
<b>Address:</b>	
<b>Phone N°</b>	<b>Fax N°</b>
<b>email</b>	<b>Date:</b>
<b>Signature</b>	

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

<input type="checkbox"/>	N° 1: Application to start VSRP
<input type="checkbox"/>	N° 2: Application to start alternate VSTP
<input type="checkbox"/>	N° 3: Progress evaluation of 1 { } 2 { } 3 { } 4 { } 5 { } 6 { } year of training
<input type="checkbox"/>	N° 4: Application to sit the Certifying Exam next year
<input type="checkbox"/>	N° 5: New training programme (evaluation of institution, see Training Brochure)
<input type="checkbox"/>	N° 6: Changes in training programme
<input type="checkbox"/>	N° 7: Re-certification of training programme/institution
<input type="checkbox"/>	N° 8: Informal evaluation of credentials
<input type="checkbox"/>	Other please specify

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

	VSRP	Alternate VSTP	Progress	Exam	Program	Change	Re-cert. programme	Informal	Other - specify
Evaluation Number	N° 1	N° 2	N° 3	N° 4	N° 5	N° 6	N° 7	N° 8	
Application Form for review of credentials				X					
College Diploma	X	X		X					
Proof /Verification of fulfilled Internship/ Equivalent	X	X		X				X	
Programme Supervisor statement	X	X	X	X	X	X	X	X	
Curriculum Vitae	X	X	X	X				X	
Programme log summary			X	X				X	
Surgery Case Log		X	X	X				X	
Activity Log		X	X	X				X	
Documentation of Anaest/Imag/Path / Medicine Training			X	X				X	
Presentation Log			X	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				X	
Accepted paper/case report 2				X				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 yearly evaluation / credentials fee			X	X					

## APPLICATION FORM FOR REVIEW OF CREDENTIALS



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

The completed form has to be returned to the ECVS by **the set deadline (see [www.ecvs.org](http://www.ecvs.org))** - otherwise the application cannot be considered for next examination

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

**European College of Veterinary Surgeons ECVS**  
 VetSuisse Faculty University Zurich  
 Winterthurerstrasse 260  
 CH-8057 Zurich, Switzerland  
**Phone:** +41-44-635 8408 **e-mail:** [ecvs@vetclinics.uzh.ch](mailto:ecvs@vetclinics.uzh.ch)  
**Fax:** +41-44-313 0384 [www.ecvs.org](http://www.ecvs.org)

Name:
First name:
Date and place of birth:

Veterinary Degree / Date granted:
Granting University / Country:
Licence to practise in Europe: Country: <span style="float: right;">Date granted:</span>

<b>Business Address</b>	<p><b>SAMPLE</b></p> <p><i>The original form should be downloaded from <a href="http://www.ecvs.org">www.ecvs.org</a>, "General information". Download in .rtf format, save as a MS Word file or template, and fill in the form directly on your computer.</i></p>	
Zip code / City / Country:		
Phone:	Fax:	
E-mail address:		

<b>Home address</b>		
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
- College Diploma/licence to practise in Europe
- Proof/verification of fulfilled internship / equivalent
- 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
- Presentation Log
- Accepted first authored paper
- Accepted second authored paper / first authored case report
- Total of 3 letters of reference have to be mailed separately (referees should not be from the same institution)
- Payment of evaluation fee (see separate form on [www.ecvs.org](http://www.ecvs.org))