



# ECVS TRAINING BROCHURE

April 2020

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# 1. Introduction

The European College of Veterinary Surgeons (ECVS) is recognised throughout the veterinary profession for its progressive leadership, innovative programmes in continuing education and for the high standard of professional excellence of its members, the Diplomates.

The College is committed to advancing Veterinary Surgery through the training of Specialists and to improve the health and welfare of animals committed to their care.

The primary objectives of the College shall be the promotion of study, research and practice of veterinary surgery and increase the competency of those who practise in this field by:

- a) the development of graduate teaching programmes in veterinary surgery with particular reference to the Resident training system as a prerequisite to become a specialist in the specialty of veterinary surgery;
- b) the establishment of an agency to qualify members of the veterinary profession as specialists in surgery by guaranteeing and maintaining the highest level of specialisation in veterinary surgery, according to European Qualifications Framework (EQF) level 8;
- c) the encouragement of its members to pursue original investigations and to contribute to the veterinary literature;
- d) the definition and description of the specialty disciplines in surgical science;
- e) the development and supervision of continuing education programmes for veterinarians interested in surgery;
- f) the supervision of the professional activities of its members;
- g) the promotion of co-operation with national and international veterinary associations;
- h) the recognition of individuals, both members and non-members of the College, who have promoted veterinary surgery by either achieving individual distinction in surgery or working on behalf of the College.

## *How to become an ECVS Diplomate*

The title of Diplomate of the European College of Veterinary Surgeons (ECVS) is awarded by the Board of Regents of the College. For the majority, membership is awarded following satisfactory completion of an ECVS-approved training programme and successful completion of the certifying examination.

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

- be a graduate of a veterinary college of a European country, unless relieved of this obligation by the Board of Regents;
- be licensed to practise in a European country, unless relieved of this obligation by the Board of Regents;
- have a satisfactory moral and ethical standing in the profession;
- have fulfilled all the requirements of an ECVS-approved training programme as described in this training brochure.

After successfully completing an ECVS programme and examination, a Diplomate will be eligible for inclusion in the EBVS list of Specialists. This distinguishes the Specialist level from the first clinical degree (Masters) level, which is EQF level 7, and the “middle tier” or the “Advanced Practitioner”.

Overall specialists will have the intellectual qualities, professional (including transferable) and technical skills necessary for successful employment in professional environments requiring the exercise of personal responsibility and largely autonomous initiative in professional or equivalent environments.

By his/her expertise, the specialist should have developed the self-confidence, self-criticism and sense of responsibility that are essential for the practice of the specialty.

**A. In particular in relation to knowledge, specialists will be veterinarians who have demonstrated:**

1. a systematic acquisition and understanding of a substantial body of facts, principles, theories and practices, which is at the forefront of their area of professional practice;
2. a high moral and ethical standard with regard to his/her contribution to the protection of animal health and welfare, human health and the environment;
3. willingness to maintain up to date knowledge through congresses and literature;
4. the ability to be acquainted with the structure, objectives, approaches and problems of the veterinary profession and specifically with regard to veterinary surgery;
5. the ability to keep abreast of new developments in the specialty and become familiar with new methods, before applying these in practice;
6. understanding of the limitations of the specialty of veterinary surgery;
7. understanding of the possibilities that other specialties may have to offer;
8. familiarity with the potential of multidisciplinary cooperation;
9. awareness of current E.U. and national regulations with regard to all aspects of veterinary surgery;
10. the ability to conceptualise, design and implement research projects relevant to their own professional practice for the generation of new knowledge, applications or understanding at the forefront of veterinary surgery;
11. a detailed understanding of applicable techniques for research and advanced professional enquiry to support all the above.

**B. In particular in relation to skills, specialists will be veterinarians who have demonstrated ability to:**

1. perform at a high level of professional expertise in the specialty area of veterinary surgery including the ability to make informed judgements on non-routine and complex issues in specialist fields, often in the absence of complete data;
2. use a full range of investigative procedures and techniques to define and refine problems in a way that renders them amenable to the application of evidence-based approaches to their solution;
3. use patient safety knowledge to reduce harm and complications;
4. communicate their ideas and conclusions clearly and effectively to specialist and non-specialist clients and audiences;
5. act professionally in the provision of customised and optimal solutions to problems with regard to animals, clients, colleagues, public health and the environment;
6. apply high level knowledge and skills at the forefront of the specialist area of veterinary surgery to their own professional work;
7. approach problems in an analytic, scientific way and attempt to find solutions;
8. assign priorities to identified problems;
9. use modern standards of skills and equipment;
10. find required information quickly;
11. organise all aspects of his/her work efficiently and effectively.

**C. In particular in relation to competences, specialists will be veterinarians who have demonstrated ability to:**

1. perform at a high level of competency through teaching, research and practice in the specialty of veterinary surgery;
2. carry out their responsibilities safely and ethically;
3. create, evaluate, interpret and apply, through clinical studies or original research, new knowledge at the forefront of their professional area, of a quality to satisfy peer review, and merit publication and presentation to professional audiences;
4. promote, within academic and professional contexts, technological, social or cultural advancement in a knowledge-based society;
5. promote aptitude and proficiency in the field of veterinary surgery;
6. continue to undertake research and/or clinical studies in the field of veterinary surgery at an advanced level, contributing substantially to the development of new techniques, ideas or approaches in the specialty;
7. develop their professional practice and produce a contribution to professional knowledge;
8. maintain both professional expertise and research through advanced scholarship;
9. develop applied research relevant to their professional area and other scientific activities in order to contribute to the quality of the specialty of veterinary surgery.

A minority of the ECVS Diplomates are Diplomates of the ACVS that were awarded membership by reciprocity. Diplomates of the ACVS wishing to become ECVS Diplomates must be graduates of a European University unless relieved of this obligation by the Board of Regents. They must be practicing in a European country and intend to remain so for the near future. Applicants may be relieved of this

requirement in exceptional cases by the Board of Regents. The requirements for applying for ECVS membership by reciprocity can be found in the ECVS Book of Procedures (BOP) (see link on ECVS website).

## **2. ECVS Training Programmes**

Introduction:

Veterinary specialist training programmes should aim at training specialists who will have the qualities, professional and technical skills necessary for successful employment in professional environments, with self-confidence, self-criticism and sense of responsibility that are essential for the practice of the specialty. Moreover, veterinary specialist training programmes must aim at the development of a culture, which recognizes the importance of continuous professional development.

### *Standard Veterinary Surgery Residency Programme (SVSRP)*

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 of a Diplomate of the European College of Veterinary Surgeons (Dipl. ECVS). Training can be completed in purely small animal surgery (SA) or purely in large animal surgery (LA).

Objectives of the SVSRP:

1. to promote aptitude and clinical proficiency in the diagnosis, surgical treatment and post-operative management of animals with surgical disease;
2. to instruct graduate veterinarians in the science and practice of veterinary surgery and its supporting disciplines;
3. to provide graduate veterinarians with the opportunity to pursue careers in teaching, research, clinical service or specialist surgical practice;
4. to promote the science of veterinary surgery and knowledge through research and publication;
5. to promote and maintain high quality surgical training of a uniform standard throughout Europe consistent with EBVS Policies and Procedures.

### *Alternate Veterinary Surgery Training Programme (AVSTP)*

The alternate VSTP is intended for the veterinarian who has accumulated, over many years, extensive knowledge and skills in the field of veterinary surgery, is widely acknowledged as holding advanced skills in their field and wants additional training to become eligible to sit the ECVS certifying examination. This individual must be able to demonstrate that he / she has not had the opportunity to enter a standard VSRP previously and is now unable to enter a Standard VSRP for personal and/or professional reasons. In such exceptional circumstances, and only when an ECVS approved Veterinary Surgery Residency Programme is unavailable, enrolment in an Alternate Veterinary Surgery Training Programme (Alternate VSTP) may be

approved by the Credentials Committee. Such a programme allows graduate veterinarians who fulfil certain specific criteria to acquire in-depth knowledge of veterinary surgery and its supporting disciplines partly by self-taught means whilst under the supervision of a Diplomate of the ECVS.

Objectives of the AVSTP:

The AVSTP provides an alternate route for achieving surgical experience and expertise without compromising standards. The objectives of an AVSTP are identical to the objectives of a SVSRP.

### 3. How to establish a Standard VSRP

#### *Definitions*

**Programme Director:** is an active Diplomate of the ECVS who is responsible for the management of all residency programmes at his/her institution; there should be a separate director for both SA and LA programmes at the same institution if this is applicable. The role of the **Programme Director** includes the establishment, continued oversight, modification and recertification of the programme.

**Resident Supervisor:** is an active Diplomate of the ECVS who is primary responsible and point of contact for the administration and training of a named Resident(s). Any Supervisor may supervise a maximum of two Residents at any given time.

In a programme with a single ECVS Diplomate, this individual will be both the Programme Director and the Resident Supervisor.

#### *How to establish a Standard VSRP*

To obtain approval for a new SVSRP, the programme director must submit a detailed written description of the proposed programme to the ECVS Office. The Credentials Committee will evaluate applications for new programmes at the February, July and September meetings. The application must be received by the 15<sup>th</sup> of the relevant preceding month at the latest.

A new programme must be fully approved by the Credentials Committee prior to starting a Resident in the programme. This implies that the starting date of the Resident in his/her residency must be after acceptance of the new programme. Retrospective acceptance of any Resident training without full written approval of the programme will not be approved. Following acceptance of the new programme by the Credentials Committee, one Resident will need to complete one year of training and approval of the first annual submission by the Credential Committee prior to commencement of a second Resident in the training programme.

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

1. the programme director must be a certified and practising Diplomate of the ECVS;
2. the Resident has to be employed in the institution in a full-time position during the entire programme;
3. at least two Diplomates must work full time in the training centre, of which at least one is an ECVS. The second Diplomate may have a specialty other than surgery but must be closely allied to the discipline of surgery (i.e. Neurology, Internal Medicine, Diagnostic Imaging, Anaesthesia, Emergency and Critical Care). In some circumstances the position of the second Diplomate may be divided between several individuals to make one full-time equivalent; however, this special arrangement must be agreed with the Credentials Committee in advance;
4. In an institution where there are several ECVS Diplomates each Resident has ONE named supervisor, i.e. the Resident Supervisor. The Resident may

perform supervised surgeries with other ECVS and ACVS Diplomates, however, these Diplomates are not considered to be co-supervisors by the ECVS (see below).

The following documents must be submitted as separate pdf-documents in the following order to the Credentials Committee for approval of a new SVSRP:

1. a letter of intent from the programme director;
2. a description of how the requirements for each of the nine Training Elements (as described in Chapter 7) will be fulfilled;
3. for supervised training outside of the institution in Anaesthesia, Diagnostic Imaging, Pathology or Internal Medicine a signed letter by the accepting diplomate needs to be provided agreeing to the future training of the Resident. Further changes during the course of the residency must be ratified by the Credential Committee;
4. a detailed description of the available equipment;
5. a detailed description of the premises of the hospital / clinic, including a floor plan;
6. a detailed staff list including qualifications and whether each individual is employed full or part time; with the hours spent in the clinic indicated for each individual listed;
7. a detailed list from the previous two years of all surgical procedures per type of surgery based on the Surgery Case Log, routinely performed at the institution. Note that for acceptance of a programme a balanced caseload with an adequate number of specialist procedures is required.

The Credentials Committee will evaluate applications at the February, July and September meetings.

## 4. How to establish a Dual-site Standard VSRP

### *Definitions*

**Programme Director:** is an active Diplomate of the ECVS who is responsible for the management of all residency programmes at his/her institution; there should be a separate director for both SA and LA programmes at the same institution if this is applicable. The role of the **Programme Director** includes the establishment, continued oversight, modification and recertification of the programme.

**Resident Supervisor:** is an active Diplomate of the ECVS who is primary responsible and point of contact for the administration and training of a named Resident(s). Any Supervisor may supervise a maximum of two Residents at any given time.

**Resident Co-supervisor:** is a second Diplomate of the ECVS who is responsible for the training of the Resident at the additional training site.

## *How to establish a Dual-site Standard VSRP*

A dual site Programme occurs when two ECVS Diplomates, each from a different training centre, enter into an agreement to co-supervise a Resident in a Standard VSRP (dual-site SVSRP). This is done in order to fulfil the requirement for exposure to multiple Diplomates and/or to expose Residents to a sufficient and balanced caseload, should this be a problem. Note that in a dual-site Programme it is advised that the Resident's time is divided equally as blocks of time between the two training centres. **A Resident entering this dual-site SVSRP accounts for one of the two (in total) Residents that an ECVS diplomate is allowed to supervise for each involved diplomate in the dual-site SVSRP.**

Following acceptance of the new dual site programme by the Credentials Committee, one Resident will need to complete one year of training and approval of first Annual Report by the Credentials Committee prior to commencement of a second Resident in the training programme.

In case that one of the institutions cannot further fulfil the requirements to train a Resident the Credentials Committee must be immediately notified with a plan of how any Resident enrolled in training may purposeful continue the training. Only after approval of this plan the Resident may continue with the residency. Until approval the training will be suspended.

In order to receive approval, a dual-site SVSRP must fulfil the following criteria:

1. the programme director must be a certified and practising Diplomate of the ECVS;
2. the Resident has to be employed in both institutions in a cumulative full-time position during the entire programme;
3. in training centres where there are several ECVS Diplomates each Resident has ONE named supervisor, i.e. the Resident Supervisor. The Resident may perform supervised surgeries with other ECVS and ACVS Diplomates, however, these Diplomates are not considered to be co-supervisors by the ECVS (see below).

The following documents must be submitted to the Credentials Committee for approval of a new dual-site SVSRP:

1. a letter of intent from each of the Supervisors, also indicating the overall Programme Director. In case that one of the institutions already has an approved Training Programme the Programme Director must be identical;
2. a description of how the requirements for each of the nine Training Elements (as described below) will be fulfilled;
3. for supervised training outside of the institution in Anaesthesia, Diagnostic Imaging, Pathology or Internal Medicine a signed letter by the accepting diplomate needs to be provided agreeing to the future training of the Resident. Further changes during the course of the residency must be ratified by the Credentials Committee;
4. a detailed schedule of the Resident's planned time at each institution including on- and off- clinics periods, out-rotations, holidays and continuing education courses, it is mandatory that the training is equally distributed between the two institutions;
5. detailed descriptions of the available equipment of each institution;

6. detailed descriptions of the premises of both hospitals / clinics, including floor plans;
7. detailed staff lists of both institutions including qualifications and whether each individual is employed full or part time; with the hours spent in the clinic indicated for each individual listed;
8. a detailed list from the previous two years of all surgical procedures per type of surgery based on the Surgery Case Log, routinely performed at both institutions. Note that for acceptance of a programme a balanced caseload with an adequate number of specialist procedures is required.

The Credentials Committee will evaluate applications at the February, July and September meetings.

## **5. How to establish an Alternate VSTP**

The alternate VSTP is intended for experienced and established Veterinary Surgeons that do not have access to a Standard VSRP (SVSRP). Prospective alternate trainees should provide evidence of the experience and expertise that makes them eligible for entering into an alternate VSTP. The alternate VSTP is designed and constructed by the trainee in close collaboration with their proposed supervisor. Each programme is individually designed and approved for a specific trainee. Any individual considering submission of an alternate VSTP should contact the Chair of the Credentials Committee at [credentials@ecvs.org](mailto:credentials@ecvs.org) prior to submitting a full programme application.

The alternate VSTP does not exist to provide an easier route for those unable to cope with the demands of a SVSRP or who have elected not to pursue a Standard VSRP but to pursue an alternative career path. If an individual has attempted to gain a residency position within SVSRP but has not been successful, this will not be accepted as a criterion for starting an AVSTP. Candidates hoping to establish an AVSTP should be aware that this is often a much harder route to successful membership of the College than a SVSRP. When considering a proposed AVSTP, the Credentials Committee will address the following questions, which need to be answered satisfactorily and unequivocally by the candidate and supervisor:

1. Why is it not possible, or has it not been possible to follow Standard VSRP Training?
2. Is a Standard VSRP available in the country the applicant is applying for an alternate programme?
3. Does the proposal conform to the aims of ECVS?
4. Will the established standards of ECVS surgery training programmes be maintained?

AVSTP must be fully approved by the Credentials Committee prior to starting the Resident in the programme. The starting date of the Resident in his/her residency must be after acceptance of the new programme. Retrospective acceptance of any Resident training without full written approval of the programme is not possible.

## *How to establish an ASVTP*

The Resident must fulfil the following criteria:

1. the alternate Resident has typically a minimum of eight years' experience in a specialty surgical training centre;
2. the alternate Resident has evidence of active involvement in furthering the field of veterinary surgery during this time for consideration of acceptance in an alternate VSTP;
3. it is the responsibility of the trainee to demonstrate, to the satisfaction of the Credentials Committee, that each of the Training Elements is organised to a standard that equals or exceeds that of a Standard VSRP.

The following documents must be submitted to the Credentials Committee for approval of an ASVTP:

4. all documents as stated in 'how to establish a SVRSP';
5. a detailed schedule of the Resident's planned time including on- and off-clinics periods, out-rotations, holidays and continuing education courses over the proposed course of the residency.

The Credentials Committee will evaluate AVSTP applications at the February, July and September meetings.

## **6. How to maintain a Standard (Single and Dual-site) VSRP and ASVTP**

In order to maintain the quality of our residency programmes and to ensure that the Credentials Committee is aware of any alterations to programmes, recertification of Residency Training Programmes is required. This is separate to the recertification of Diplomates, which is for each individual Diplomate regarding their own professional status. Although the institutes should advise the ECVS of changes in the programme as they occur, the Recertification process occurs every 5 years and is a more formal process through which to monitor changes. The process is not meant to be arduous or difficult but is felt to be essential to maintain the high standards of the ECVS and its training programmes.

Letters are sent to those programmes requiring recertification in February/March of each year, with a request to receive the documentation by the 31<sup>st</sup> of May. When documentation is submitted for Programme Recertification, the following is required:

1. an update of the nine Elements of the Training Programme, highlighting any changes that occurred since the original programme approval;
2. a completed recertification Log (available on ECVS Website);
3. a list of currently employed ECVS Diplomates at the institute/practice;
4. a list of Residents that have trained at the institute/practice together with their status regarding submission of credentials and achievement of Diplomate status.

The submitted documentation is reviewed by the Recertification Committee, which is composed of two previous Credentials Committee members. Following review, the

Recertification Committee will advise the Programme Director of a successful programme recertification, or of any additional queries that the Committee might have regarding the programme.

## 7. How to enrol a new Resident into an approved Standard VSRP

Applications to start new Residents in an approved residency program are reviewed three times a year by the Credentials Committee, during their February, July (at the Annual Scientific Meeting) and September meetings. The applications must be received by the 15<sup>th</sup> of the relevant preceding month at the latest.

### *Application schedule*

<i>Jan</i>	<i>Feb</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>
<i>15<sup>th</sup></i>	<i>CC</i>				<i>15<sup>th</sup></i>	<i>CC</i>	<i>15<sup>th</sup></i>	<i>CC</i>			

Applications to start a new Resident should be sent before the Resident starts his / her training or at least as soon as possible thereafter and not later than the deadline for the first Credentials Committee meeting that follows the proposed start date of the residency (i.e. for July 1<sup>st</sup> start date, the application must be received at the latest by the 15<sup>th</sup> August for review at the September meeting). As a consequence, the earliest start date that can be recognised for any application dealt with at a given Credentials Committee meeting is the day following the previous submission deadline (see Chapter 3). Ideally the residency is submitted to the Credential Committee before the start date. Please be aware that a new Resident can only start logging (surgical) activities from the official start date of his/her residency.

### *Application for a residency*

The *application* for an ECVS residency must include:

1. a supervisor statement or two supervisor statements in the case of a dual-site programme;
2. Veterinary Diploma of the Resident;
3. Proof of completion of internship or internship equivalence (two years of experience at a well-equipped first opinion practice);
4. Curriculum vitae.

New Residents will be informed of the date of their first submission of an Annual Report in their acceptance letter.

### *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 grievances.

## **8. Elements of the ECVS training programmes**

With SVSRP is referred to Standard VSRP and Dual-site Standard VSRP.

### *Element 1: Duration of Training*

#### **SVSRP**

The Standard VSRP requires 3 years (156 weeks) of full-time training devoted to matters directly concerned with the SVSRP. The 156 weeks of training is a mandatory requirement prior to the submission of Credentials and must be completed before July 31<sup>st</sup> for submission of Credentials to take the certifying examination the following year.

During the 156 weeks of training holidays of adequate duration and at least 6 weeks off clinic time per year in training must be provided. Out rotations and external rotations are counted towards the 156 weeks. Holidays do not count towards these six weeks. It is recommended that the blocks of off-clinics time are taken in periods of at least one-week duration. The total time allowed for training will not exceed 6 years. Only in case of maternity (leave), illness or under exceptional circumstances, to be approved by the Credential Committee, an extension of this training period is possible. The duration of the extension should in all cases be agreed with the Credentials Committee in writing.

It is not acceptable to combine a Standard VSRP with study for other post-graduate qualifications, which would normally require an element of full-time study or significant engagement that may have an impact on the training programme.

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, externships and supervised training in Anaesthesia, Diagnostic Imaging, Internal Medicine, and Pathology, it is required that a minimum of 60% of the Standard VSRP is devoted to clinical case management. It is recommended that the supervised training in Anaesthesia, Diagnostic Imaging, Pathology & IM should be attained in the first 24 months.

#### **AVSTP**

As for a SVSRP, the prospective trainee must be able to show that the equivalent of 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.

### *Element 2: Supervision by ECVS Diplomate*

#### **SVSRP**

### *Residency supervision*

Only a practising ECVS Diplomate can supervise the entire training of a named Resident in any training programme. Each ECVS diplomate can supervise no more than 2 Residents at one point in time, even if one of these Residents is part of a dual-site programme. A Resident who has completed their 156 weeks of training but does not meet their credential requirements because of outstanding publication requirements does not count towards this quota. However, the supervisor remains responsible for the outgoing Resident until his/her credentials are fully accepted.

Where no practising ECVS Diplomate is available discretionary approval may be given to a Full Professor of Veterinary Surgery to supervise a single Resident in a Standard VSRP subject to approval by the Board of Regents. In this circumstance, approval is given for the supervision of that individual Resident to finish their training requirements and not the Programme itself. Reapplication for Board approval is required for any additional or future Resident supervision and each application will be treated on a case by case basis. Full Professors will be expected to have an appropriate specialist surgical education and experience and to be clinically active. Application should be made to the Board of Regents and must include:

- a complete Curriculum Vitae of the Professor;
- 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 detailed case log showing three years of relevant surgical activity.

In the event that an ECVS Resident supervisor leaves an existing SVSRP:

- the Credentials Committee should be contacted immediately on [credentials@ecvs.org](mailto:credentials@ecvs.org);
- the role of supervisor must be undertaken by one of the other ECVS Diplomates in the training centre. Only if no other eligible Supervisor is available the total number of Residents under supervision may exceed two Residents at the time. No new Residents can enrol training at this institution;
- if there is no other ECVS Diplomate in the training centre, a Full Professor may be able to complete the training of existing Residents in that Programme, with permission from the Board of Regents. Once the Residencies are completed the Programme must be terminated and no new Residents may be enrolled.

### *Supervision of clinical activities*

Supervised clinical training implies interaction between Resident and supervisor during the diagnosis, treatment, aftercare of patients, client communication and case related discussions.

Direct supervision of surgical activities means that a Diplomate (the Resident Supervisor or another Diplomate of ECVS, ACVS, ECVN, ACVN, EVDC, AVDC, ECVO, ACVO or an approved Full Professor) is scrubbed in together with the Resident, acting as primary or assistant surgeon, and logged in the case log as such. In the last year of training, a surgical procedure may also be considered as directly

supervised when the Resident is the primary surgeon and the supervisor is in the operating room, without scrubbing in, supervising essential parts of the procedure. A minimum of 40% of the required total number of procedures must be performed under direct supervision, which is 160 cases for small animal candidates and 120 cases for large animal candidates.

#### *Supervision of annual reporting*

Supervisor statement(s) must be submitted for every year in training until the Resident's Credentials are accepted.

The role of the supervisor is to help their Residents or trainees with the preparation of their submissions. The supervisor is responsible for the quality of the residency and of the reporting results of this residency by his/her Resident.

We recommend that supervisors check their Resident's annual reports carefully in terms of accuracy, presentation, English spelling and grammar. The Credentials Committee is available to help or answer any questions Residents or their supervisors may have in preparation of submissions to the CC ([credentials@ecvs.org](mailto:credentials@ecvs.org)).

#### **AVSTP**

The requirements for supervision listed in the section for the SVSRP principally apply.

A Resident on an alternate training programme must spend the equivalent of at least 60% of three full time years working in the practice of his/her specialty under direct supervision of an ECVS Diplomate.

### *Element 3: Case load of adequate size, standard and variety*

#### **SVSRP**

The Surgery Case Log should be balanced between orthopaedic, soft tissue surgery and, in small animal programmes, neurosurgery. In institutions where one category 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 categories of cases.

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 three years: a minimum of 160 primary cases and 240 cases as assistant surgeon;
- large animals: 300 new surgical procedures in three years: a minimum of 100 cases as primary surgeon and 200 cases as assistant surgeon. Additionally, 50 in-depth lameness investigations.

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

- the Resident is responsible for examination of the patient and for client communication with regards to the surgical management of the case;
- the Resident is responsible for the decision to operate;
- the Resident plans and performs the essential parts of the surgical procedure;
- the Resident has significant involvement in and responsibility for the after care of the patient following surgery.

For Large Animal Programs all surgical procedures (from a given catalogue) shall be listed in the Surgery Case Log including minor procedures, experimental procedures and specialist procedures. While this provides a good overview of the total surgical exposure of the Resident during their training and the variety of cases in the program, **only specialist surgical procedures will be counted** towards the fulfilment of the minimal required 300 surgical cases.

The electronic reporting system automatically filters all cases into categories and counts them. For a number of procedures and categories a maximum number of cases counting towards the minimum case requirement has been set in order to assure a balanced Surgery Case Log (see list below).

Large Animal Category	Abbreviation	Expected minimum in category		
		Primary	Assistant	Total
Abdominal	AB	18	22	40
Arthroscopy & Tenoscopy	AR	8	27	35
Dental	DE	2	5	7
Fracture fixation	FF	3	5	8
Laparoscopy & Thoracoscopy	LP	2	5	7
Ophthalmic	OP	0	2	2
Tendon	TEN	0	2	2
Upper Respiratory	UR	10	15	25
Urogenital Surgery	UG	6	7	13
Wounds & Reconstructions	WR	13	7	20
Other (including foot surgery)	OO			
Total of specific procedures		62	97	159
Total of specialist procedures		100	200	300
Total of supervised procedures				120

**List of specialist surgical procedures for LA programmes with a maximum allowed number** and their respective category codes under which they are to be logged. Any additional case exceeding the maximum number shall be logged but will not count towards the fulfilment of the minimal required number of 300 surgical procedures.

<b>TEN</b>	Tenotomy - patellar ligament	<b>1</b>
<b>AB</b>	Laparotomy - exploratory only	<b>3</b>
<b>AB</b>	Laparotomy - abomasopexy (bovine)	<b>3</b>
<b>AB</b>	Laparotomy - omentopexy (bovine)	<b>3</b>
<b>AR</b>	Arthroscopy - diagnostic only - joint add comment	<b>3</b>

<b>AR</b>	Tenoscopy - diagnostic only - add comment	<b>3</b>
<b>DE</b>	Extraction - permanent premolar (2-4) or molar	<b>3</b>
<b>DE</b>	Extraction - P/M via buccotomy	<b>3</b>
<b>DE</b>	Repulsion P/M	<b>3</b>
<b>DE</b>	Endodontic procedure	<b>3</b>
<b>FF</b>	Transfixation cast - add comment	<b>3</b>
<b>FF</b>	Cerclage wire - add comment	<b>3</b>
<b>FF</b>	Screw/wire/plate for angular limb deformity	<b>3</b>
<b>LP</b>	Diagnostic/exploratory laparoscopy/ thoracoscopy	<b>3</b>
<b>LP</b>	Abomasopexy (bovine)	<b>3</b>
<b>UG</b>	Castration (male) or inguinal cryptorchid with primary closure	<b>3</b>
<b>WR</b>	Wound debridement and simple closure	<b>3</b>
<b>OO</b>	Foot surgery - keratoma removal	<b>3</b>
<b>OO</b>	Neurectomy – palmar/ plantar digital nerve	<b>3</b>
<b>OO</b>	Transcortical drilling (osteostixis/cyst)	<b>3</b>
<b>OO</b>	Desmotomy ISL (inter spinous ligaments)	<b>3</b>

### List of Non-specialist procedures for LA programmes

- Closed reduction of joint luxation
- Cast application/change/removal
- Implant removal
- Chest tube placement
- Cystotomy tube placement without laparotomy
- Dental extraction other than pre-/molar permanent teeth
- Skin mass removal
- Incisional biopsy
- Standing wound debridement or lavage
- Draining of an abscess
- Hoof crack/abscess treatment
- Arthrocentesis, abdominocentesis and thoracocentesis
- Sinus trephination and/or non-manipulative sinoscopy
- Temporary tracheostomy
- Castration without primary closure
- Caslick's Procedure
- Periosteal stripping
- Herniorrhaphy abdominal – simple
- Simple entropion surgery
- Tarsorrhaphy
- Third eyelid flap
- Perineal laceration suture after first/second degree laceration
- Urethrotomy (temporary)
- Sequestrectomy

## For Small Animal Programs

Small Animal	Abbreviation	Expected minimum in category		
		Primary	Assistant	Total
Category				
Gastro-intestinal	GI	16	24	40
Urogenital	UG	12	18	30
Abdominal	AB	6	9	15
Head & Neck	HN	10	25	35
Thoracic	TC	6	9	15
Skin / reconstruction	SR	10	15	25
Other soft	OS			
Osteosynthesis	SY	20	30	50
Joint	JS	26	39	65
Arthroscopic	AR	12	18	30
Neurosurgery	NE	14	21	35
Other ortho/neuro	OO			

## Information for SA non-specialist and specialist procedures and their coding:

Non-Specialist Procedures not to be logged for Small Animal	Maximized and numbered procedures for Small Animal
<ul style="list-style-type: none"> <li>• Closed reduction of joint luxations</li> <li>• Cast application/changes/removal</li> <li>• Diagnostic endoscopy or endoscopic retrieval of foreign bodies</li> <li>• Draining an abscess, lavaging a wound and wound debridement</li> <li>• Simple bite wounds</li> <li>• Oral inspection</li> <li>• Chest tube placement</li> <li>• Central line placement</li> <li>• Implant removal (e.g. pin removal, external fixator removal, screw and wire removal)</li> <li>• Dental procedures e.g. oral extraction of teeth</li> <li>• Endoscopic-assisted PEG tube placement</li> <li>• Incisional biopsy</li> <li>• Aural haematoma drainage</li> <li>• Small (skin/subcutaneous) mass removal</li> <li>• Arthrocentesis, abdominocentesis, thoracocentesis, and CSF collection</li> <li>• Rectal prolapse (unless surgical)</li> <li>• Intratracheal stents or interventional radiology e.g. coil placement for PDA treatment</li> <li>• Peripheral lymph node excision</li> <li>• Simple anal sacculotomies for anal sacculitis/abscess</li> <li>• Toe amputation</li> <li>• Tail amputation</li> <li>• Sinus trephination</li> <li>• Enucleation/exenteration</li> <li>• Simple umbilical and inguinal canal hernias</li> <li>• Lumpectomy</li> </ul>	<ul style="list-style-type: none"> <li>• Laparoscopic sterilization procedures. (5 in total)</li> <li>• Pyometra (5 in total)</li> <li>• Caesarean section/en bloc ovariohysterectomy for dystocia (5 in total)</li> <li>• Laparoscopic assisted gastropexy (5 in total)</li> <li>• Laparoscopic retained testicles</li> </ul>

<ul style="list-style-type: none"> <li>• Mastectomy (single and regional)</li> <li>• Simple entropion</li> <li>• Temporary tracheostomy</li> <li>• Cystostomy tube placement</li> <li>• Mandibular symphyseal repair</li> <li>• Feeding tubes</li> <li>• Episioplasty</li> <li>• BEARD (Bignathic encircling and retaining device)</li> <li>• Non-laparoscopic neutering procedures</li> <li>• Ocular proptosis</li> <li>• Third eyelid flap</li> <li>• Tarsorrhaphy</li> <li>• Prolapse of the nictitans gland (cherry eye)</li> <li>• Lateral wall resection of the vertical ear canal</li> <li>• Interventional radiology procedures</li> </ul>	
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<b>Coding of Specialist procedures-Soft tissue surgery</b>	Expected minimum per category	
	Primary	Total
<b>Total</b>	<b>60</b>	<b>150</b>
<b>Gastro-intestinal surgery (GI)</b> Such as intestinal resection/anastomosis, partial colectomy, correction of gastric outflow obstruction, partial gastrectomy, liver lobe excision, portosystemic shunt ligation, cholecystectomy, cholecystenterostomy, perineal hernia with colopexy	16	40
<b>Urogenital surgery (UG)</b> Such as cystotomy, correction of ectopic ureter, nephrectomy, ovariectomy for pyometra, prostatic surgery, perineal hernia with cystopexy	12	30
<b>Abdominal surgery (AB)</b> Abdominal surgery not associated with GI or UG tracts such as adrenalectomy, splenectomy, inguinal hernia, diaphragmatic hernia, perineal hernia without colopexy or cystopexy	6	15
<b>Head &amp; Neck surgery (HN)</b> Such as salivary gland removal, ear canal ablation, bulla osteotomy, rhinotomy, partial mandibulectomy / maxillectomy, thyroidectomy, arytenoid lateralization, ophthalmic procedures	10	35
<b>Thoracic surgery (TC)</b> Such as exploratory thoracotomy including sternotomy, ligation of PDA, lung lobectomy, esophagotomy, pericardectomy	6	15
<b>Skin / reconstruction (SR)</b> Such as skin graft, pedicle flap, axial pattern flap, degloving injury, removal of major superficial tumours, mastectomy	10	25
<b>Other soft tissue surgery</b> Such as amputation for soft tissue related conditions		
<b>Coding of Specialist procedures-Orthopaedics / Neurosurgery</b>	Expected minimum per category	
	Primary	Total
<b>Total</b>	<b>60</b>	<b>150</b>
<b>Osteosynthesis (SY)</b> Such as fracture repair with external or internal fixation, correction of angular limb deformities, sacroiliac luxation	20	50
<b>Joint Surgery (JS)</b> Such as total hip replacement, femoral head and neck ostectomy, cruciate ligament repair, TPLO, TTA, arthrotomy, arthrodesis, TPO/DPO	26	65
<b>Arthroscopic Procedures (AR)</b>	12	30

Such as elbow arthroscopy, shoulder arthroscopy, knee joint arthroscopy		
<b>Neurosurgery (NE)</b> Such as spinal cord decompression / fenestration after intervertebral disc disease, spinal fracture stabilization, atlantoaxial stabilization, lumbosacral disease	14	35
<b>Other orthopedic / neurosurgical procedures</b> Such as symphysiodesis, amputation for orthopaedic condition		
<b>Subtotal of specified procedures</b>	300	120
<b>Total of surgical procedures</b>	400	160

### *Emergency procedures*

An essential part of the Resident's training is in emergency surgery. A case listed as an emergency must genuinely qualify as one, meaning that the condition should present an imminent threat to life without rapid surgical intervention, regardless of the time of presentation. Residents must take a full and active part in the provision of the emergency surgery service. In the early part of the programme this may be under direct supervision of a senior surgeon or ECVS diplomate but in the latter part of the programme the Resident should be able to assume full responsibility. Although there is no set minimum requirement for emergency case numbers, it is expected that there will be significant numbers of cases logged as emergencies in the Surgery Case Log for each year of the programme. In programmes where there is inadequate exposure to emergency surgery in the primary training centre, external rotations in an approved SVSRP must be arranged to complete the Resident's training. For **small animal emergency cases** can only be logged during obligatory rotations such as internal medicine, DI, pathology, and anaesthesia when a covering letter with the anaesthesia report for these cases is submitted with the annual report or final credential submission prior to acceptance of the case.

### **AVSTP**

The minimum requirements for size and type of caseload are described in the SVSRP guidelines. Trainees in a programme with an inadequate caseload may propose an Alternate VSTP in which the cases are accumulated over a longer period. Similarly, periods of time spent at a busy referral institution may be offered to compensate for shortcomings in a trainee's surgery caseload. 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 certifying 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 caseload typically seen by Specialist Veterinary Surgeons.

## *Element 4: Supervised training in Anaesthesia*

A minimum of two working weeks full time (minimum 80 working hours) should be devoted exclusively to the study of anaesthesia. This requirement should be completed in blocks of time of no less than one week duration, and preferably the full two weeks full time. It is unacceptable to complete this requirement through accumulation of individual days and half-days throughout the programme. The completed form confirming participation in the rotation must be signed off by the supervising diplomate as detailed in the programme's Training Element.

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 Resident/trainee is expected to be proactive in searching out opportunities, materials and expert tuition.

This part of the training should be supervised by a Diplomate of the ECVAA or, ACVAA or (with the prior approval of the Credentials Committee) another recognised expert. For recognition by the ECVS as an expert, a curriculum vitae for the proposed individual as well as a description of the facilities and caseload must be submitted to the Credentials Committee before starting the training of the Resident. The Diplomate or recognised expert must be present for the duration of the Resident's training.

Areas that should 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 to be with respect to internationally accepted levels of safety. .

### *Element 5: Supervised training in Diagnostic Imaging*

A minimum of two working weeks full time (minimum 80 working hours) should be devoted exclusively to the study of diagnostic imaging. This requirement must be completed in blocks of time of no less than one week duration, and preferably the full two weeks full time. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme. The completed form confirming participation in the rotation must be signed off by the supervising diplomate as detailed in the programme's Training Element.

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 Resident/trainee is expected to be proactive in searching out opportunities, materials and expert tuition.

This part of the training should be supervised by a Diplomate of the ECVDI, Assoc. (LA) ECVDI or ACVR or (with the prior approval of the Credentials Committee) another recognised expert (See Element 4 for requirements). The Diplomate or recognised expert must be present for the duration of the Resident's training.

Areas that should 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. Radiography, 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 6: Supervised training in Pathology*

A minimum of two working weeks full time (minimum 80 working hours) should be devoted exclusively to the study of pathology. This requirement should be completed in blocks of time of no less than one week duration, and preferably the full two weeks full time. A Resident can have training in both clinical and gross pathology but must complete a minimum of one week of anatomical (gross) pathology in order for this part of their training to be accepted. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme.

The completed form confirming participation in the rotation must be signed off by the supervising diplomate as detailed in the programme's Training Element.

Pathology training 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 Resident/trainee is expected to be proactive in searching out opportunities, materials and expert tuition.

This part of the training should be supervised by a Diplomate of the ECVF/ ECVCP or ACVP/ACVCP or (with the prior approval of the Credentials Committee) another recognised expert (See Element 4 for requirements). The Diplomate or recognised expert must be present for the duration of the Resident's training.

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;
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 (microbiology, serology, histology, toxicology, 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 Resident/trainee should become familiar with the techniques for histologic preparation and staining, and light microscopic evaluation. Systematic interpretation of results, organisation of the post mortem report, understanding of pathologic terminology and communication with the pathologist should be emphasised;
4. Clinical pathology/cytology. This should include techniques and procedures for the collection of a variety of types of cytological 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 cytological 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 pathological/cytological terminology and communication with the pathologist should be emphasised.

### *Element 7: Supervised training in Internal Medicine*

A minimum of two working weeks full time (minimum 80 working hours) should be devoted exclusively to the study of internal medicine. This requirement should be completed in blocks of time of no less than one week duration, and preferably the full two weeks full time. It is not acceptable to complete this requirement through accumulation of individual days and half-days throughout the programme. The completed form confirming participation in the rotation must be signed off by the supervising diplomate as detailed in the programme's Training Element.

Training 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.

This part of the training should be supervised by a Diplomate of the ECVIM/ECEIM or ACVIM or (with the prior approval of the Credentials Committee) another recognised expert (See Element 4 for requirements). The Diplomate or recognised expert must be present for the duration of the Resident's training.

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.

## *Element 8: Presentation and Publication of Clinical Research*

Every Resident and trainee is expected to perform research activities that contribute to the advancement of veterinary surgery, and to publish and present their results.

### **Publications**

Residents are required to publish a minimum of two articles in double peer reviewed scientific journals. A double peer reviewed journal is one that is governed by policies and procedures established and maintained by a standing editorial board that requires each manuscript submitted for publication be subjected to critical review by two individuals separate to the editor.

One article must be a first-authored major publication that is an original contribution to the veterinary literature. The publication should discuss a surgical topic, or a topic allied to the field of surgery and should demonstrate sound scientific methodology. It must therefore be beyond the level of a single case report. A multiple case study (prospective or retrospective), that has significant conclusions that have not been previously documented, may count as a major publication. Alternatively, the publication may document the development of a new surgical technique or the results of original research. The conclusions must be based on data of more than one case. The minimum requirements for the acceptance of this publication are:

1. the Resident must be the first author. An equal contribution from two authors (co-primary authorship) is not accepted as fulfilling the primary author requirement for credentials applications regardless of the order of authors on the publication;
2. the article must be published as an original research article or equivalent. Articles published as brief communications or short communications will not be accepted to meet the minimum publication requirements.

The second publication may be another first authored or second authored major publication as described above, or a first authored case report. Review articles, textbook chapters, case reports that are not first authored do not qualify as a contribution to the publication requirements. Please be aware that first authored case reports have to be double peer-reviewed and will be evaluated on a case by case basis by the Credentials Committee prior to their acceptance as fulfilling the publication requirements for ECVS.

The first- or second authored major publication published in one of the journals listed below can be accepted by the Credentials Committee without detailed evaluation, provided it meets the criteria specified above. It is the Resident's responsibility to provide the Credentials Committee with a copy of the manuscript.

### **Accepted Journals:**

- Veterinary Research
- Equine Veterinary Journal
- Veterinary and Comparative Oncology
- Veterinary Pathology
- Theriogenology

- Journal of Veterinary Internal Medicine
- Veterinary Record
- Veterinary Ophthalmology
- Veterinary Journal
- BMC Veterinary Research
- Veterinary Dermatology
- Research in Veterinary Science
- JAVMA-Journal of the American Veterinary Medical Association
- Veterinary Anaesthesia and Analgesia
- Veterinary Surgery
- Acta Veterinaria Scandinavica
- Journal of Feline Medicine And Surgery
- Journal of Comparative Pathology
- American Journal of Veterinary Research
- Journal of Veterinary Emergency and Critical Care
- New Zealand Veterinary Journal
- Journal of Veterinary Science
- Veterinary Clinical Pathology
- Journal of Small Animal Practice
- Veterinary Radiology & Ultrasound
- Veterinary and Comparative Orthopaedics and Traumatology (VCOT)
- Equine Veterinary Education

Papers published in a journal that does not appear in the list will always be evaluated by the Credentials Committee prior to acceptance. If possible and recommended that the evaluation of an eligible published paper is requested by the Resident prior to submission of the Credentials package during the course of the training. It is the Resident's responsibility to provide the Credentials Committee:

- a copy of the manuscript. If the paper is published in a language other than English, then the Resident is required to provide a translation of the paper. To be eligible, those papers must have at least an English abstract published;
- evidence that the journal is double peer reviewed. A letter including the following information should accompany the article:
  - summary of the peer review and editorial process
  - composition of the editorial board.

Both articles must be fully accepted at the time of credentials submission by an appropriate journal. A manuscript is considered fully accepted when the author receives a letter of acceptance from the editor and no additional significant work is required. A copy of the published version of the manuscript (including the title page with author information and all images, tables and figures) must be submitted with the annual report, or credentials application as appropriate. Articles published more than 5 years prior to a Resident's credentials application will not be accepted as contributing to the publication requirement.

If a paper has not been published at the time of credentials submission, the Resident must provide the Credentials Committee with a copy of the manuscript together with a letter or a copy of an email from the journal proving that the paper has been fully

accepted for publication as described above. This letter or email must contain the following information:

- the title of the article;
- the list of authors in the order in which they appear in the article;
- the date of acceptance of the article;
- the mail needs to be written by the editor.

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.

### ***Presentations***

Each Resident is required to complete five presentations in the course of their programme of 156 weeks which fulfil the following criteria:

- format: the presentations can be in the form of research communications, short communications, Resident forum presentations, structured continuing education lectures, Resident seminars or the equivalent. The presentation should be followed by an informed discussion involving peers and more senior surgeons;
- audience: the audience must consist of postgraduate veterinarians. Presentations for undergraduate veterinary student lectures cannot be counted towards the minimum of five presentations, nor can presentations be addressed to non-veterinary audiences;
- type of presentation: the presentation must be logged as regional, national or international;
- content: the content of the five presentations must differ on subject;
- one of the five presentations must be a scientific presentation (research communications, short communications, Resident forum presentations, ECVS/ACVS oral presentation) to be given at either a national or an international meeting. Proof of presentation at the international or national meeting must be provided (e.g. copy of programme). A national meeting is one that is organised by a national veterinary organisation, where the speakers may be either from the host country or include some international speakers and where the delegates are expected to come from all areas of the host country. An international meeting is one where both the speakers and the delegates are expected to come from several different countries, such as with the ECVS or ACVS annual scientific meetings, the BSAVA Annual Congress, the BEVA annual meeting, ESVOT or VOS.

### ***Element 9: Participate in Continuing Education meetings***

Active participation in continuing education is considered an essential part of a Resident's training and the Credentials Committee will evaluate each submission to ensure that the Resident is participating in Continuing Education as expected.

Obligatory participation:

- at least one ECVS Annual Meeting must be attended during the residency prior to the submission of credentials.

Recommended participation:

- attendance at AO basic course, arthroscopy and laparoscopy course.

## 9. How to report to ECVS

### **1) Large Animals (all existing and new applicants)**

For large animals all surgical procedures need to be logged via RED (see *your ECVS*).

### **2) Small Animals only**

#### **a) For new applicants from 1<sup>st</sup> of August 2019 onwards**

For small animals all specialist surgical only procedures need to be logged via RED (see *your ECVS*).

#### **b) For Residents started before 1<sup>st</sup> July 2019**

The Resident/trainee is responsible for reporting to the Credentials Committee. All entries in a report must be written, in black font, using standard word processing software, on the original ECVS forms. No hand-written files are accepted. All reporting forms should be downloaded from the ECVS website ([www.ecvs.org](http://www.ecvs.org)). At the web site, the forms are found under "General information". To download the forms, click on the link and select either the **doc** or **XLS** format. Use the file, but **do not change the format of the file**. The file must then be saved, on the hard drive of the Resident's computer, using the "Save as" option. The Resident may use the forms during the course of the residency using standard word processing software. The forms should be saved without changing the format of the form.

When reporting for the annual report or credentials: **all forms need to be saved in pdf format and uploaded as originals. DO NOT SCAN signed reports. These will not be accepted.**

#### *Annual report*

The Resident or the trainee **must** provide written **and** electronic reports to ECVS every year until the Credentials application is submitted on the 15<sup>th</sup> August the year prior to planning to sit the certifying examination. Each report should be accompanied by the appropriate fee as detailed on the website ([www.ecvs.org](http://www.ecvs.org)). The application will not be evaluated or processed without the application fee being paid in full and the fee is non-refundable.

The instructions for reporting to the Credentials Committee that are given on [www.ecvs.org](http://www.ecvs.org), under "Residents and alternate Trainees". The instruction to trainees **must** be followed precisely. Late or incomplete reports will not be evaluated, and the

applicant runs the risk of losing a year of training. In addition, a Resident that has not received approval for each year of his/her residency may not submit a Credentials Application.

All submitted materials become the sole property of the ECVS and will not be returned to the Resident/trainee. However, ECVS will treat this material as completely confidential, according to the General Data Protection Regulation (AVG).

Once all the criteria of a SVSRP or AVSTP have been met, the last Annual Report is not needed, and only a Credentials Application should be submitted (see below for credentials application). In the event that the surgical training has been completed but not all the criteria of the programme have been met (e.g. a Resident lacking publications), the Resident/trainee must continue to submit a supervisor statement (with an update on the outstanding criteria) and payment.

#### **When to report**

The deadline for the annual reports, online submission, hard copy and electronic version, to be in the ECVS office is **July 31<sup>st</sup>**. The Annual Report is evaluated by the Credentials Committee at their September meeting and the Resident is informed of the results of this evaluation, by letter, after this meeting.

#### **What to report**

The **activities of the past year** of training should be reported. Activities completed prior to starting the programme, should not be included in the logs. Please read carefully per item what to report.

List of documents to submit for each annual report should be sent in in the following order:

1. Evaluation form.
2. Supervisor statement(s): the form is filled by the responsible supervisor(s) as recorded on the start residency letter from the Credentials Committee. In case of dual-site SVSRP two supervisor statements are needed: one from each Resident supervisor;
3. Curriculum Vitae (updated) with attended meetings, presentations and publications.
4. Programme Log Summary: the form is designed to give an overview of the achieved credentials during the reported year as well as an overview of the entire residency
  - a. every row in the Log Summary for **the past year of the residency** should be completed. The Cumulative Column must be completed with every annual report, including for the earlier reports;
  - b. the numbers of directly supervised primary and assisted procedures from your Surgery Case Log have to be counted. This needs to be done manually and involves separately counting up cases where there is a supervising surgeon. The total number of cases logged should be identical to the number assigned to the last case included in the Surgery Case Log;

- c. activity log: the total number of reported weeks per year should be identical to the number of weeks logged in the activity log, and does NOT include holiday;
  - d. presentations: supply with the number of attended congresses/seminars and with the number of given presentations at scientific meetings of the reported year;
  - e. publications: supply with the status of the publications, the name of the Journal, the title of the publication and the authors for both publications as required (see Element 8 in the Training Brochure).
5. Surgery Case Log:
- a. only the surgical cases from **the past year of the residency** should be provided for the annual report (i.e. from start of the residency to the first annual reporting period in July 31<sup>st</sup> and from then onwards July 31<sup>st</sup> to July 30<sup>st</sup> for the following years). Only at the final Credentials application the entire surgical case log should be submitted to sit the examination.
  - b. The cases in the log must be numbered consecutively from the start of the residency programme, starting with 1 and throughout the entire residency programme. Please take care of correct numbering.
  - c. The date of the surgery should be day/month/year (dd.mm.yy) and in chronological order.
  - d. All cases should have the appropriate patient case number given by the practice where the case was seen.
  - e. The diagnosis should be clear enough to truly understand the decision to intervene with a specialist surgical procedure. In case of tumours or biopsies pathohistological or cytological diagnosis need to be provided for. In case of urolithiasis the results of stone analysis needs to be supplemented. Extensive details on the diagnosis are not necessary.
  - f. Surgical procedure: only specialist surgical procedures are included in the Surgery Case Log. Non-specialist level surgical procedures, experimental surgical procedures and non-surgical procedures must not be included in the Small Animal Surgery Case Log Please use the correct terminology as is stated in prescribed literature to sit the exam.
  - g. Primary and assisting surgeons: supply with a list of surgeons referred to in the case log and use abbreviations for the surgeons involved. Use bold face when the surgeon is a Diplomate of ECVS, ACVS, ECVN, ACVN, EVCD, AVCD, ECVO, ACVO. Full professors with ECVS approval under the full professor rule should also appear in bold face. Other individuals with nationally recognized specialist may not appear in bold face. Interns or students should only appear as “student” and “intern” with no specifications of names.
  - h. Primary and assisting surgeons: only one surgeon per column is allowed for a specific procedure. Double-logging of cases is not accepted. Two Residents or trainees cannot log the same case as either primary or assist, but two Residents or trainees can log the same case if one is acting as the primary and the other is assisting. A Resident or trainee acting as primary surgeon in their third year of training with a supervising Diplomate present in the theatre should log that case with the Diplomate’s initials as the assistant surgeon. Another Resident or trainee acting as assistant surgeon can also log that same

case with the 3<sup>rd</sup> year Resident or trainee as primary and themselves as assisting. A third Resident, present during the procedure, is not allowed to log the case, unless the surgical procedure is a total joint replacement, open cardiac surgery, intra-articular Y-fractures. For the second and possibly third Resident the case cannot be logged as supervised.

- i. The Emergency column should only be filled with an “E” as the case is qualified as an emergency procedure (see Element 3); otherwise the box should be left blank.
6. Activity Log: the activity log is to show what a Resident has done for the training during the past reported year of training.
- a. only the weeks from **the past year of the residency** should be submitted.
  - b. Date of rotations: supply in weeks and written in day/month/year (dd.mm.yy) and in chronological order.
  - c. Number of weeks: rotations are preferably performed and reported in weeks; in case of other time periods use ‘0.2’ for one day’s activity.
  - d. Category: categorize the type of rotation by abbreviation for clinics, continuing education (at least one ECVS annual Scientific Meeting is compulsory), external rotation, obligatory rotations, holidays and others.
  - e. Journal clubs, seminars, special rounds: please supply these at the end of the activity log with the reference of ‘every week’/ ‘every month’ in the date box.
7. Presentation Log:
- a. only the presentations from **the past year of the residency** should be submitted.
  - b. Date of presentation: supply with dates of presentation in dd.mm.yy in chronological order.
  - c. Title of presentation: give the full title of the presentation.
  - d. Type of meeting: use the abbreviations for the type of meeting (international/national/regional/inside the institution).
8. Documentation of Anaesthesia/Diagnostic Imaging/Pathology/Internal Medicine training
- a. When external rotation is completed, the Resident should have signed documentation of this rotation by the corresponding supervising Diplomat. A copy of this documentation of the past year of the residency is sent in with the annual report. The original signed documentations should be submitted when credential application is done at the end of the residency.
  - b. External rotations are a full-time commitment. For small animals emergency cases can only be logged during obligatory rotations such as internal medicine, DI, pathology, and anaesthesia when a covering letter with the anaesthesia report for these cases is submitted with the annual report or final credential submission prior to acceptance of the case.

### How to report

The annual report must be uploaded as original pdfs to the ECVS website (online submission) before the deadline of 31<sup>st</sup> of July. In addition, an electronic version and

a signed paper version should be sent to the ECVS office before the deadline of 31<sup>st</sup> of July.

The lower part of the Evaluation Form contains a table listing the documents needed for each type of report.

**1. Online submission**

The reporting forms must be saved as a PDF file under the appropriate name and in the appropriate orientation, using standard word processing software. Do not Photostat the printed forms in PDF format. The files must then be uploaded, prior to the deadline, onto the ECVS data base using the Resident or trainee's identification.

**2. Electronic version**

The reporting documents must be correctly identified by numbering them in the right order, as stated above. All the reporting documents must be saved as separate PDF files, using standard word processing software in the appropriate orientation, on a CD or memory stick.

**3. Paper report**

The lower part of the Evaluation Form contains a table listing the documents needed for each type of report. All forms needed for any report must be included in the exact order as listed in the table on the Evaluation Form. The annual report documents must be saved individually, printed 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. The original papers must be bound with a clear plastic cover allowing the **Evaluation Form** to be seen.

Hand-written signatures or certified electronic signatures of Resident and supervisor(s) are required at the bottom of each form, indicating correctness and accuracy of the entries on each page. Please note that dual-site SVSRP need to have the signatures of both responsible supervisors on all logs. All paper documents should be sent with the corresponding CD or memory stick to the ECVS office.

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

*Resubmission*

When the Credentials Committee is not satisfied with an annual report after the September meeting, a revision and resubmission of parts or all of the report will be requested. For all Residents or trainees who receive correspondence from the Credentials Committee requesting information, clarification or documentation:

- the Credentials Committee will send a letter to the Resident and the supervisor with the points of attendance to correct;
- if the Credentials Committee requests a letter of explanation, clarification or documentation by a specific date, please provide a written response by that date. A covering letter needs to be added to the resubmission, addressing the points of attendance;

- *if the Credentials Committee requests corrections in the annual report to be included in the next annual report rather than requesting a resubmission, the corrected annual report has to be resubmitted with the next annual report with a detailed covering letter documenting that the requested changes have been made. Corrections and revisions should not be ignored with the risk of not accepting the next annual report.*

### **When to report**

The deadline for resubmissions of the requested documents is the **1<sup>st</sup> December for SA**. If the Credentials Committee is still not satisfied, revision and resubmission of the December documents should be submitted by the **1<sup>st</sup> June**.

### **What to resubmit**

All the listed points in the letter from the Credentials Committee should be explained and replied to point by point in a covering letter. This letter is essential next to all the requested revised documents. If there is no covering letter the Resident is at risk of not having the credentials re-evaluated during the February meeting and with risk of also not having a year of training accepted.

### **How to resubmit**

As for the annual report, only the resubmission documents should be saved as PDF files, identified correctly and in the appropriate orientation uploaded on the data base with the Resident or trainee's identification before the deadline. All the resubmission documents should be saved separately on a CD or memory stick.

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

### *Application for examination or Credentials application*

Once all training requirements of the 156 weeks training programme have been met, a Credentials Application can be submitted to the ECVS Credentials Committee instead of an annual report by the 15<sup>th</sup> August. A Resident or trainee who has made satisfactory progress through his or her approved programme and satisfied all the ECVS credentials requirements can expect to have his or her credentials accepted without incident.

The credentials application is assessed by the Credentials Committee at their September meeting. If the credentials are accepted by the Credentials Committee and approved by the Board of Regents, the applicant will be notified by October 31<sup>st</sup>.

The Credentials Application should be accompanied by the appropriate fee as detailed on the website ([www.ecvs.org](http://www.ecvs.org)). The application will not be evaluated or processed without the application fee being paid in full and the fee is non-refundable

Once all the criteria of a SVSRP or AVSTP have been met, a Credentials Application should be submitted. **The deadline for the credentials submission to be in the ECVS office is August 15<sup>th</sup>.**

### What to report

For credentials application, all activities since the start of the programme until the completion of training should be reported. ***Please be aware that the deadline for completing training is July 31<sup>st</sup> of the year of submission of credentials and no activities should be logged after this deadline.***

All reporting forms should be downloaded from the ECVS website ([www.ecvs.org](http://www.ecvs.org)), saved as Microsoft Word files or templates or Excel files, and filled in directly on a computer. These forms must not be modified in any way following download. All forms should be completed in black font.

List of documents to submit for the Credentials Application, in the following order:

1. Evaluation form (covering form of the complete credentials file)
2. Application form for review of credentials and fee
3. Supervisor statement, or two supervisor statements in case of a dual-site SVSRP. The form is filled by the Resident or trainee's named supervisor who is the Diplomate, as recorded on the start residency letter from the Credentials Committee.
4. Curriculum Vitae (updated) with attended meetings, presentations and publications.
5. Programme Log Summary:
  - a. Every row in the Log Summary for the reporting years should be completed. The Cumulative Column should be filled in.
  - b. The total number of cases logged should be identical to the number assigned to the last case logged in your Surgery Case Log.
6. Surgery Case Log:

All the cases recorded during the entire Resident or trainee's training period are submitted in one single file. **A thick line is required between years.**
7. Activity Log:

All the weeks of the training period are submitted. A thick line is required between years.
8. Presentation Log:

All the presentations of the training period are submitted. A thick line is required between years. Presentations must be given within the period of the training programme.
9. Documentation of Anaesthesia/Diagnostic Imaging/Pathology/Internal Medicine training. The documentation of training with the original signatures are submitted.
10. Publications:

PDF copies of the Accepted first authored paper and accepted second authored paper or first authored case report manuscripts have to be submitted unless they have already been accepted in a previous report. **Publications must not be more than 5 years old at the date of application deadline.**
11. Three reference letters: the 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 supervisor(s) need to send this reference letter in addition to the supervisor statement and at least one of these references must come from outside the training institution.

### **How to report**

The credentials application should be uploaded to the ECVS website while an electronic version and a signed paper version should be sent to the ECVS office before the Credentials submission deadline of August 15<sup>th</sup>.

#### **1. Online report**

The reporting forms should be saved as correctly orientated PDF files with the appropriate name and uploaded on the ECVS data base with the Resident or trainee's identification before the deadline.

**The three reference letters are confidential and should be sent in directly from the referees to the ECVS office ([credentials@ecvs.org](mailto:credentials@ecvs.org)) by the credentials submission deadline of August 15<sup>th</sup>. Hence, they should not be included in the submitted file.**

#### **2. Digital report**

The reporting documents should be correctly identified, saved as separate PDF files on a CD or memory stick, and be sent to the ECVS office before the deadline.

#### **3. Paper report**

The lower part of the Evaluation Form contains a table listing the documents needed for each type of report. All forms needed must be included in the exact order as listed in the table on the Evaluation Form.

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. The original papers must be bound with a clear plastic cover allowing the Evaluation Form to be seen.

Hand-written signatures or certified electronic signatures of Resident and supervisor(s) are required at the bottom of each form, indicating correctness and accuracy of the entries on each page. Please note that programmes running in two training institutions (Co-supervised SVSRP) need to have the signatures of the TWO responsible supervisors on all logs

All paper documents of the Credentials application should be sent with the corresponding CD or memory stick to the ECVS office before the deadline of the 15<sup>th</sup> August.

**Remember: Late, incorrect or incomplete reports will not be evaluated, and the Resident or trainee will have to wait until the next year for credentials evaluation.**

### *Reapplication of credentials*

Unsuccessful applicants can reapply a year later. A reapplication must include resubmission of those credentials which were found deficient with a new application form, an updated curriculum vitae, a supervisor statement (or two supervisor statements in case of a co-supervised SVSRP), all pertinent correspondence, and

the application fee. The application materials must be presented in the manner previously described.

## **10. Appeal process**

Any appeal against a decision of denying acceptance of the credentials should be submitted according to the ECVS Book of Procedures (BOP). The appeal will be handled by an Independent Appeals Committee. Insufficient surgical training, an unfinished programme or a late or incomplete application will not be reasons for a review.

## **11. Guidelines for the use of ECVS Diplomate status**

As stated in the Constitution and Bylaws of the European College of Veterinary Surgeons, Article IV, Section 1-7, the College authorises the use of the designations "Diplomate of the European College of Veterinary Surgeons", "Diplomate, ECVS", "Dip. 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 by members of the "American College of Veterinary Surgeons" that have been granted ECVS membership by the Board of Regents of the 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.

## **12. 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 requires research which must at times involve the use of animals. 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 ethical 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. It is advisable that correct statistical analysis such as a sample size calculation is performed prior to starting the experiment to ensure the correct numbers of animals are used to allow sufficient power for the planned experiment (Reduction/Replacement/Refinement). Survival after a surgical procedure is important in many studies but must be justified,

and the animals cared for in a humane and conscientious manner, with particular attention to postoperative management and analgesia. Humane care and high quality of life must be a priority.

If there is evidence that a training programme has not adhered to these guidelines, the Credentials Committee reserves the right to reject that part of the training programme on submission of credentials.

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 Union (EU) 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 EU and should be according to the highest scientific standards of humane care for animals.

[http://ec.europa.eu/environment/chemicals/lab\\_animals/home\\_en.htm](http://ec.europa.eu/environment/chemicals/lab_animals/home_en.htm)

Directive 2010/63/EU

B. Diplomates' Responsibility

1. Diplomates should follow the guidelines set forth by the governments of the EU with regarding welfare, care and use of animals in teaching, research and agriculture.
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.  
<http://www.aaalac.org/index.cfm>
3. Diplomates at educational and research institutions should assist in the development of a local Animal Care and Use Committee. Diplomates should take a leadership role in establishing and reviewing humane protocols for animal use for research or teaching purposes. Diplomates must ensure they are fully conversant with both National (local) and European legislation concerning animal use and that they uphold ECVS ethical guidelines.
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, audio-visual instruction or cadavers before surgical trainees engage in exercises using living animals.
  - b. Wherever possible, simulated models should be used 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 at all times.
6. Non-survival teaching laboratories, in which the animal is anaesthetised, does not regain consciousness, and is humanely killed at the conclusion of the laboratory, are recommended. Survival teaching procedures are discouraged and should be justified only if the learning experience of the student is materially enhanced and the knowledge gained cannot reasonably be obtained in another way.

#### C. Responsibility of the College

1. The ECVS accepts the obligation to remain current on all matters concerning ethical and moral issues of animal usage and to keep the members educated of alternatives to animal use and of the laws pertaining to animal use.
2. The programme committee of meetings sponsored by the ECVS shall carefully scrutinise all submitted abstracts for appropriate and humane care of animals and shall only accept those for presentation that follow the government guidelines and the Animal Welfare Acts of the European Countries.
3. The ECVS, through its affiliation with Veterinary Surgery, shall not publish any manuscript in which the materials and methods are not consistent with government guidelines and the Animal Welfare Acts of the European Countries.
4. The ECVS, through its Research Committee, shall fund research only at institutions which have accreditation by the National groups for use of laboratory animals or which follow government guidelines. Each proposal submitted for consideration must contain a statement, signed by the Diplomat 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.