



ECVS TRAINING BROCHURE

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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 in Europe, 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 speciality 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 speciality.

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 speciality and become familiar with new methods, before applying these in practice;
6. understanding of the limitations of the speciality 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 speciality 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 speciality 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 speciality;
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 speciality 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 practising in a European country, and intend to remain so for the foreseeable 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).

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 speciality. 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), in predominantly equine surgery (LA – Equine) or in large animal species that include horses along with food animal species (LA – General).

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 and maintain a Standard VSRP

Definitions:

Programme Director: Is a Diplomate of the ECVS who is responsible for the management of the residency programmes at his/her institution. This includes the establishment, modification and recertification of the programme.

Resident Supervisor: Is a Diplomate of the ECVS who is responsible for the entire training of a named resident(s).

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 should be received by the 15th 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. The Credentials Committee will not accept any training performed prior to the date of the acceptance of the programme.

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

1. Letter of intent from the programme director.
2. A description of how the requirements for each of the nine Training Elements will be fulfilled.
3. A detailed description of the equipment and the premises of the hospital / clinic, including a floor plan and a full staff list including qualifications and whether each individual is employed full or part time.
4. A detailed list of all surgical procedures routinely performed at the institution. Note that for acceptance of a programme a balanced caseload with an adequate number of specialist procedures is required.

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 hospital in a full time position during the entire programme.
3. At least two Diplomates must work full time in the training centre. The second Diplomate may have a specialty other than surgery but must be closely allied to the discipline of surgery (e.g. Internal Medicine, Diagnostic Imaging,

Anaesthesia, Emergency and Critical Care). In some circumstances the position of the second Diplomate may be divided between several individuals to make one full-time equivalent; however, this special arrangement must be agreed with the Credentials Committee in advance.

4. 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 Diplomates within the training centre, however, these ECVS Diplomates are not considered to be co-supervisors by the ECVS (see below).

Note that if the institution does not have sufficient case material for the resident to satisfy the recommended case log numbers, the resident's training can be supplemented with external rotations at another specialist training centre. Diplomate (ECVS or ACVS) supervision of the cases treated at the second specialist training centre or academic institution is an absolute requirement.

Co-supervised SVSRP

A co-supervised 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 is another way to expose residents to a sufficient and balanced caseload, would this be a problem. Note that in a co-supervised programme it is essential that the resident's time is divided equally as blocks of time between the two training centres.

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

1. A letter of intent from each of the co-supervisors.
2. A description of how the requirements for each of the nine Training Elements will be fulfilled in both institutions.
3. A detailed description of the equipment and the premises of both hospitals / clinics, including a floor plan and a full staff list including qualifications and whether each individual is employed full or part time.
4. A detailed list of all surgical procedures routinely performed at both institutions. Note that for acceptance of a programme a balanced caseload with an adequate number of specialist procedures is required.
5. A detailed schedule of the resident's planned time at each institution.

How to maintain a Standard VSRP

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 January/February of each year, with a request to receive the documentation by the 31st of May. When documentation is submitted for Programme Recertification, the following is required:

- An update of the 9 Elements of the Training Programme, highlighting the changes that occurred since the original programme approval.
- A completed Recertification Log (available on ECVS Website)
- A list of currently employed ECVS Diplomates at the institute/practice
- 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 process, or of any additional queries that the Committee might have regarding the programme.

4. 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 should be received by the 15th of the relevant preceding month at the latest.

The application must include:

1. A supervisor statement or two supervisor statements in the case of a co-supervised programme.
2. Veterinary Diploma
3. Proof of completion of internship or internship equivalence
4. Curriculum Vitae

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 first credentials committee meeting deadline that follows the proposed start date of the residency (e.g. for July 1st start date, the application must be received at the latest by the August 15th 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 after the deadline for the preceding Credentials Committee meeting. Please be aware that a new resident can only start logging (surgical) activities from the official start date of his/her residency on.

It is essential that the resident supervisor actively participates in the resident's training. Therefore, each Diplomat of the ECVS can supervise no more than 2 residents at any one time, even with co-supervised programmes. In exceptional cases the Credentials Committee may allow a Diplomat to supervise 3 residents for a restricted time period. A resident that is no longer in official training but is not able to apply for credentials because of outstanding publication requirements does not count towards these quota. However, the supervisor remains responsible for the outgoing resident until his/her credentials are fully accepted.

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.

5. How to establish 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.

The alternate VSTP does not exist to provide an easier route for those unable to cope with the demands of a Standard VSRP or who have elected not to pursue a Standard VSRP but to pursue an alternative career path. If an individual has attempted to gain a residency position but has not been successful, this will not be accepted as a 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 designing the programme it is recommended that the Elements as described for a SVSRP are read as well as the specific recommendations for an AVSTP. These recommendations are intended to guide the prospective alternate Trainee and their supervisor as to how an alternate VSTP Element might be constructed. They are not to be read as an exclusive or exhaustive list of possibilities. Any individual

considering submission of an alternate VSTP should contact the Chair of the Credentials Committee prior to submitting a full programme application.

The Credentials Committee will evaluate AVSTP applications at the February, July and September meetings. When submitting an AVSTP application, 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. When considering a proposed AVSTP Element, the Credentials Committee will address the following questions:

1. Why is it not possible, or has it not been possible to follow Standard VSRP Training?
2. Does the proposal conform to the aims of ECVS?
3. Will the established standards of ECVS surgery training programmes be maintained?

The Credentials Committee will be unable to approve any proposed alternate Training Element unless these 3 questions can be answered satisfactorily and unequivocally. Written approval must be obtained from the Credentials Committee of ECVS for each of the nine Training Elements before training begins.

Because the alternate VSTP is intended for experienced and established Veterinary Surgeons, typically a minimum of eight years' experience in a specialty surgical training centre and evidence of active involvement in furthering the field of veterinary surgery during this time is required for consideration of acceptance in an alternate VSTP. Prospective alternate trainees should provide evidence of the experience and expertise that makes them eligible for entering into an alternate VSTP.

6. Elements of the ECVS training programmes

Element 1: Duration of Training

SVSRP

The Standard VSRP requires 3 years (156 weeks including vacations) of full time (35 hours+ each week) training devoted to matters directly concerned with the Standard VSRP. The total time allowed for training will not exceed 6 years. Only in case of maternity (leave), illness or under exceptional circumstances, a prolongation is possible. The duration of the prolongation should be agreed with the Credentials Committee.

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 (for example PhD). It is, however, possible to combine a “Masters” programme with a Standard VSRP, providing this does not compromise other aspects of the VSRP.

The 156 weeks of training is a mandatory requirement prior to the submission of credentials and must be completed before July 31st for submission of credentials to take the certifying examination the following year.

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

AVSTP

Trainees working from a training centre in an alternate VSTP without daily direct supervision of a specialist surgeon will be required to complete an alternate VSTP of at least 3 years and will not exceed 6 years.

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 a Standard VSRP.

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 and not the programme itself. Reapplication for Board approval is required for any additional or future resident supervision and each application will be treated on a case by case basis. Full Professors will be expected to have an appropriate specialist surgical education and experience, and to be clinically active. Application should be made to the Board of Regents and should include:

- A complete CV
- A separate description of education and experience in specialised surgery
- A statement on how much time is spent with clinical activities and performing specialised surgical procedures
- A recent case log showing 3 years of relevant surgical activity.

Normally, approval of a non-Diplomate supervisor to take on a new resident is a temporary measure until an ECVS Diplomate is in place in the institution at which time supervision will revert to the ECVS Diplomate.

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

- The role of supervisor must be undertaken by one of the other ECVS Diplomates in the training centre.
- 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.

A specific scenario arises when a 1st or 2nd year resident is scrubbed in to assist a 3rd year resident acting as primary surgeon, with the supervisor either in the theatre or scrubbed in:

- The 3rd year resident should log the case as a supervised primary case (i.e. the initials of the 3rd year resident are placed in the primary surgeon column and the initials of the Diplomate are placed in the assistant column (bold face) in his/her Surgery Case Log).

- The 1st or 2nd year resident (directly across the table from the primary surgeon and scrubbed in throughout the procedure), should log the case as an unsupervised assisted case (i.e. the initials of the 3rd year resident are in the primary surgeon column and the initials of the 1st or 2nd year resident are in the assistant column in his/her Surgery Case Log).

AVSTP

A resident on an alternate training programme must spend the equivalent of at least 60% of 3 years working in the practice of his/her specialty, under direct supervision of a Diplomate of the College.

Direct surgical supervision means that a Diplomate (the programme supervisor or another Diplomate of ECVS, ACVS, ECVN, ACVN, EVDC, AVDC, ECVO, ACVO or an approved Full Professor) is scrubbed in together with the trainee, acting as primary or assistant surgeon, and logged in the case log as such. In the last year of training, a surgical procedure may also be considered as directly supervised when the trainee is the primary surgeon and the supervisor is in the operating room, without scrubbing in, supervising essential parts of the procedure. A minimum of 40% of the required total number of procedures must be performed under direct supervision, which is 160 cases for small animal candidates and 120 cases for large animal candidates.

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

SVSRP

It is essential that residents are exposed to a clinical case load which is adequate in size, type and variety. Such essential case experience is unlikely to be gained if case numbers are less than:

- Small Animals: 400 new surgical procedures in 3 years,
- Large Animals: 300 new surgical procedures in 3 years, and an additional 50 in-depth lameness investigations.

For small animal programmes, candidates must record a minimum of 160 primary cases and 240 cases as assistant surgeon. For large animal programmes candidates must record a minimum of 100 cases as primary surgeon and 200 cases as assistant surgeon. 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 Primary Surgeon when all of the following apply:

- The resident is responsible for examination of the patient and 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.

It is generally expected that in the Case Log there will be one primary surgeon and one assistant surgeon per procedure. Where the nature and complexity of the surgical procedure is such that it genuinely warrants a second assistant the Credentials Committee will accept two assistants, but not a greater number.

Cases should be of a type normally seen in referral institutions and which are considered to be specialist surgical procedures. Non-specialist level surgical procedures, experimental surgical procedures, and non-surgical procedures must not be included in the Surgery Case Log:

Non-Specialist Procedures Large Animals (not to be logged):

- 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 sinuscopy
- Temporary tracheostomy
- Castration without primary closure
- Caslick's Procedure
- Periosteal stripping

Procedures Large Animals with limit (maximum during entire programme) to be logged under category OO:

- Castration with primary closure (3)
- Oral pre-/ molar permanent tooth extraction (3)

Non-Specialist Procedures Small Animals (not to be logged):

- Closed reduction of joint luxations
- Cast application/changes/removal
- Diagnostic endoscopy or endoscopic retrieval of foreign bodies
- Draining an abscess, lavaging a wound and wound debridement
- Simple bite wounds
- Chest tube placement
- Central line placement
- Pin removal
- External fixator removal

- Screw and wire removal
- Dental procedures e.g. oral extraction of teeth
- PEG tube placement
- Incisional biopsy
- Aural haematoma drainage
- Small (skin/subcutaneous) mass removal
- Arthrocentesis, abdominocentesis, thoracocentesis, and CSF collection
- Rectal prolapse (unless surgical)
- Intratracheal stents or interventional radiography e.g. coil placement for PDA treatment
- Peripheral lymph node excision
- Simple anal sacculotomies for anal sacculitis/abscess
- Toe amputation
- Tail amputation
- Sinus trephination
- Enucleation/exenteration
- Simple umbilical and inguinal canal hernias
- Lumpectomy
- Mastectomy (single and regional)
- Simple entropion
- Temporary tracheostomy
- Cystostomy tube placement
- Mandibular symphyseal repair
- Feeding tubes
- Episioplasty
- BEARD (Bignathic encircling and retaining device)
- Non-laparoscopic neutering procedures
- Ocular proptosis
- Third eyelid flap
- Tarsorrhaphy
- Prolapse of the nictitans gland (cherry eye)
- Lateral wall resection of the vertical ear canal

Procedures Small Animals with limit (maximum during entire programme) to be logged:

- Laparoscopic sterilization procedures. (5 in total)
- Pyometra (5 in total)
- Caesarean section/en bloc ovariohysterectomy for dystocia (5 in total)

Interventional radiology is not considered to be a surgical procedure and may not be logged in the surgical case log. The only exception to this rule is treatment of guttural pouch mycosis in horses by coil embolization.

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.

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

AVSTP

The minimum requirements for size and type of caseload are described in the Standard VSRP. 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

SVSRP and AVSTP

A minimum of 80 hours (i.e. two weeks full time) should be devoted exclusively to the study of anaesthesia. This requirement should be completed in blocks of time of no less than 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.

Training is required to make the resident/trainee 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 study should be supervised by a Diplomate of the ECVAA or, ACVA or (with the prior approval of the Credentials Committee) another recognised expert.

Areas that 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

SVSRP and AVSTP

A minimum of 80 hours (two weeks full time) 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.

Training is required to make the resident/trainee familiar with current techniques in diagnostic imaging. Participation, discussion and observation within the various imaging modalities should lead to a deeper appreciation and understanding of the subject. The resident/trainee is expected to be proactive in searching out opportunities, materials and expert tuition.

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

Areas that 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. Multifformat 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

SVSRP and AVSTP

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

Pathology training is required to make the resident/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 study should be supervised by a Diplomate of the ECVP or ACVP or (with the prior approval of the Credentials Committee) another recognised expert.

Areas that may be covered in the 80 hours include:

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.

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.

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.

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

SVSRP and AVSTP

A minimum of 80 hours (i.e. two weeks full time) should be devoted exclusively to the study of internal medicine. This requirement should be completed in blocks of time of no less than 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.

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

A holistic view of patient care should be promoted.

Areas that may be covered in the 80 hours include:

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

Element 8: Produce, publish and present Clinical Research

SVSRP and AVSTP

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 or sole author. An equal contribution from 2 authors (co-primary authorship) is not accepted as fulfilling the primary author requirement for credentials applications regardless of the order of authors on the publication.
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.

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/trainee 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 category under which the article is to be published.
- The date of acceptance of the article

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.

A paper published in one of the journals listed below will be accepted by the Credentials Committee without further evaluation, provided it meets the criteria specified above. It is the resident/trainees' 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
- 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. It is the resident/trainees' responsibility to provide the Credentials Committee with a copy of the manuscript. If the paper is published in a language other than English then the resident/trainee may be required to provide a translation of the paper. To be eligible, those papers should have at least an English abstract published.

Furthermore, regarding journals that do not appear in the list, it is the responsibility of the resident to provide evidence that the journal is double peer reviewed. A letter including the following information should accompany the article:

- Summary of the review and editorial process
- Composition of the editorial board

Please be aware that publications such as Veterinary Record Case Reports, JFMS Open Reports and other similar open access journals are not considered to have the same status as the parent journals.

Presentations

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

- Format: the presentation should be followed by an informed discussion involving peers and more senior surgeons. The presentations can be in the form of research communications, short communications, resident forum presentations, structured continuing education lectures, resident seminars or the equivalent.
- Audience: the audience must consist of postgraduate vets i.e. undergraduate veterinary student lectures cannot be counted towards the minimum of 5 presentations, nor can presentations to non-veterinary audiences.
- One of the five presentations must be a scientific presentation (research communications, short communications, resident forum presentations) 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, or VOS.

Element 9: Participate in Continuing Education meetings

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

Every resident/trainee must attend at least one ECVS Annual Meeting during his/her residency prior to the submission of credentials.

7. How to report to ECVS

The resident/trainee is responsible for reporting to the Credentials Committee.

Every resident/trainee must submit an Annual Report to the ECVS Credentials Committee, every year until all the training requirements have been met. 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.

Once all training requirements of a residency or training programme have been met, a Credentials Application can be submitted to the ECVS Credentials Committee instead of an annual report. 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 31st.

The role of the supervisor is to help their residents or trainees with the preparation of their submissions. If a resident or a trainee is having difficulty understanding instructions or correspondence from the Credentials Committee, he or she can contact the committee using the email address: credentials@ecvs.org.

The instructions for reporting to the Credentials Committee that are given on www.ecvs.org, "Residents/Trainees", "Reporting Forms" must be followed precisely. Late or incomplete reports will not be evaluated, and the applicant 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.

ANNUAL REPORT

When to report

The resident or the trainee must provide written and electronic reports to ECVS every year until the credentials application is submitted. New residents will be informed of the date of their first submission of an annual report in their acceptance letter. The deadline for the annual reports to be in the ECVS office is July 31st.

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).

What to report

All reporting forms should be downloaded from the ECVS website (www.ecvs.org), saved as Microsoft Word files or templates or Excel files, and completed using standard word processing software. At the web site, the forms are found under "General information". To download the forms, click on the link and select either the **RTF** or **XLS** format. Open the file, but do not change the format of the file. The file must then be saved, on the hard drive of the computer, using the "Save as" option. The forms can be completed using standard word processing software, and should be saved without changing the format of the form. 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.

For annual reports, the activities of the past year of training should be reported except for the Log Summary where the activities of all years since the start of the programme should be reported. Activities completed prior to starting the programme, should not be included in the logs.

List of documents to submit for each annual report:

1. Each report should be accompanied by the appropriate fee as detailed on the website (www.ecvs.org).
 - a. The application will not be evaluated or processed without the application fee being paid in full.
 - b. The application fee is non-refundable
2. Completed Application Form.
3. Supervisor statement, or two supervisor statements in case of a co-supervised programme (dual-site training programme). The form is filled by the resident or trainee's named supervisor who is the Diplomate recorded on the start residency letter from the Credentials Committee. If the resident or trainee is not in a co-supervised programme, only the named supervisor should appear on the Supervisor Statement.
4. An updated Curriculum Vitae with attended meetings, presentations and publications.
5. Programme Log Summary :
 - a. Every row in the Log Summary for the reporting year should be completed. The Cumulative Column must be completed with every annual report, including for the first report.
 - 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.
 - c. The total number of cases logged should be identical to the number assigned to the last case included in the Surgery Case Log.
 - d. Publications: throughout the training period, the resident/trainee is required to publish at least 2 articles in double peer reviewed scientific journals and to provide the Credentials Committee with all necessary documentation (see element 8).

6. Surgery Case Log :
 - a. The cases in the log must be numbered consecutively from the start of the programme, starting with 1, and throughout the entire programme.
 - b. Residents in Large Animal General programmes should list Equine and Bovine cases in separate logs, each starting with Number 1 and proceeding consecutively through the residency.
 - c. Only the cases of the reported year should be submitted unless the Credentials Committee specify it in a corresponding letter.
 - d. All cases should have the appropriate case number given by the practice where the case was seen.
 - e. The date of the surgery should be day/month/year and in chronological order.
 - f. The diagnosis and the surgical treatment should be clear enough to truly understand the specialist surgical procedure and extensive details are not necessary.
 - g. Only specialist surgical procedures are included in the Surgery Case Log. Please refer to Element 3 for a description of a specialist procedure and a list of non-specialist procedures that should not be included or limited to a maximum of 5.
 - h. For the primary and assist surgeons, bold face should be used when there is a Diplomate of ECVS, ACVS, ECVN, ACVN, EVCD, AVCD, ECVO, ACVO present for the surgery. 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.
 - i. Double-logging of cases is not accepted. This means that the initials of 2 individuals cannot appear in either the primary or assist columns. Two residents or trainees cannot log the same case as either primary or assist, but 2 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 3rd year resident or trainee as primary and themselves as assisting.
 - j. The Emergency column should only be filled with an “E” for true emergencies cases (see element 3), otherwise the box should be left blank.
7. Lameness Log :
 - a. Only the cases of the reported year should be submitted unless the Credentials Committee specify it in a corresponding letter.
 - b. The Lameness Log is filled the same way as the Surgery Case Log.
8. Activity Log :
 - a. Only the weeks of the reported year should be submitted unless the Credentials Committee specify it in a corresponding letter.
 - b. The date of the weeks should be day/month/year and in chronological order.

- c. Attendance at meetings should be listed in the Activity Log. The meetings should be entered in the Activity Log in chronological order and marked with the code "CE". Attendance to at least one ECVS Annual Scientific Meeting in the course of the training programme is compulsory.
 - d. Journal clubs, seminars, special rounds are included at the end of the yearly log using 'every week', 'every month' ... in the date box.
9. Presentation Log :
- a. Only the presentations of the reported year should be included unless the Credentials Committee specify it in a corresponding letter.
 - b. Only given presentations should be included.
10. Documentation of Anaesthesia/Diagnostic Imaging/Pathology/Internal Medicine training
- a. The year of completion of the two weeks of Anaesthesia, Diagnostic Imaging, Pathology or Internal Medicine external rotation, the documentation of training should be signed by the corresponding supervising Diplomate and submitted.
 - b. External rotations are full time commitment, only emergency cases cut after hours will be accepted in the Surgery Case Log during the period of external training.

We recommend that supervisors check their resident/trainee's annual reports carefully. 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).

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.

How to report

The annual report must be uploaded to the ECVS website (online submission) before the deadline. In addition, an electronic version and a signed paper version should be sent to the ECVS office before the deadline.

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. 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, and be sent 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 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 programmes running in two training institutions need to have the signatures of the TWO responsible supervisors on all logs.

All paper documents should be sent with the corresponding CD or memory stick to the ECVS office before the deadline.

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 OF AN ANNUAL REPORT

When the Credentials Committee is not satisfied with an annual report, a revision and resubmission of parts or all of the report will be requested.

When to report

The deadline for resubmissions of the requested documents is the 31st December. If the Credentials Committee is still not satisfied, revision and resubmission of the December documents should be submitted by the 31st May.

What to resubmit

An explanatory letter is expected in addition to all the requested revised documents.

How to resubmit

As for the annual report, 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. All paper documents of the resubmission report should be sent with the corresponding CD or memory stick to the ECVS office before the deadline. Late, incorrect or incomplete reports will not be evaluated, and the resident or trainee will have to wait until the next deadline for evaluation.

Requested information

For all residents or trainees who receive correspondence from the Credentials Committee requesting information, clarification or documentation:

- If the Credentials Committee request a letter of explanation, clarification or documentation by a specific date, the Credentials Committee expect a written response by that date.
- If the Credentials Committee request corrections in the annual report to be included in the next annual report rather than requesting a resubmission, it has to be resubmitted with the next annual report. Corrections and revisions should not be ignored otherwise the next annual report will not be accepted.

CREDENTIALS APPLICATION

Before being allowed to sit the examination for the Diploma of ECVS, a candidate who has completed his or her training activity must have his or her credentials reviewed and approved at the September meeting of the Credentials Committee. 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.

When to report

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 15th.

What to report

For credentials application, all activities since the start of the programme until the completion of training should be reported and documented except for documentations of external rotations and publications if these have been approved in previous annual reports. Please be aware that the deadline for completing training is July 31st 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), 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:

1. The Credentials Application should be accompanied by the appropriate fee as detailed on the website (www.ecvs.org).
 - a. The application will not be evaluated or processed without the application fee being paid in full.
 - b. The application fee is non-refundable
2. Evaluation form (covering form of the complete credentials file)
3. Completed Application Form
4. Supervisor statement, or two supervisor statements in case of a co-supervised programme (dual site training programme). The form is filled by the resident or trainee's named supervisor who is the Diplomate recorded on the start residency letter from the Credentials Committee. If the resident or trainee is not in a co-supervised programme, only the named supervisor should appear on the Supervisor Statement.
5. An updated Curriculum Vitae with attended meetings, presentations and publications.
6. 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.
7. Surgery Case Log :

All the cases recorded during the entire resident or trainee's training period are submitted in a single file. A thick line is required between years.
8. Lameness Log :

All the cases of the entire training period are submitted in a single file. A thick line is required between years.
9. Activity Log :

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

All the presentations of the training period are submitted. A thick line is required between years.
11. Documentation of Anaesthesia/Diagnostic Imaging/Pathology/Internal Medicine training
Only the missing documentation of training are submitted. Documentations of training that have been approved by the credentials committee in previous annual reports do not have to be resubmitted.
12. Publications

Accepted first authored paper and accepted second authored paper or first authored case report 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.

13. 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 15th.

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 referent to the ECVS office (credentials@ecvs.org) by the credentials submission deadline of August 15th. 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 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.

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 found deficient and a new application form, an updated curriculum vitae, a supervisor statement, or two supervisor statements in case of a co-supervised programme (dual site training programme), pertinent correspondence, and the application fee. The application materials must be presented in the manner previously described.

APPEAL

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.

8. 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.

9. 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 post operative 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

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, audiovisual 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 Diplomate investigator (or co-investigator), that this requirement has been met.
5. Appeals procedure - ECVS has a procedure for dealing with appeals and grievances. To set this procedure in motion, in the first instance details of the grievance or appeal must be given, in writing, to the Chair of the Board of Regents.

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