ECVS

European College of Veterinary Surgeons

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 and to 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 field 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. 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 residency programme and examination, a Diplomate will be eligible for inclusion in the EBVS list of Specialists. This distinguishes the Specialist (European Qualifications Framework level 8) from the first clinical degree (Masters) level, which is EQF level 7, and the "middle tier" or the "Advanced Practitioner".

A small minority of ECVS Diplomates are Diplomates of the American College of Veterinary Surgery that have been awarded membership on application for ECVS Diplomate status. The requirements for applying for ECVS membership by an ACVS Diplomate can be found in the ECVS Book of Procedures (BoP), chapter 6.I. ACVS Diplomates wishing to obtain ECVS Diplomate Status.

Overall, specialists will have the intellectual qualities and those professional and technical skills necessary for successful employment in professional environments that require the exercise of personal responsibility and initiative. By the end of their residency, the specialist should have developed the self-confidence, self-criticism and sense of responsibility that is 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 the Residents 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 the 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 the Resident's work efficiently and effectively.

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

2. ECVS Training Programmes

Introduction

Veterinary specialist training programmes should aim to train specialists who will attain the professional and technical skills and qualities necessary for successful employment in professional environments. During their training, the Resident should develop attributes of self-confidence, self-criticism and a sense of responsibility that are essential for the practice of the specialty.

Veterinary specialist training programmes must also foster a culture which recognises the importance of continuous professional development.

Training Programmes may be established by any ECVS Diplomate who wishes to train Residents. The procedure to establish a training programme is described below. Residents apply directly to institutions with accredited programmes, and once accepted, they are then registered with ECVS for their training. Once the Resident has completed the training requirements, they can apply for approval of credentials and permission to take the examination.

Two different types of programmes are available and described in below in chapters 3 (Standard VSRP) and 4 (Dual-site Standard VSRP).

Objectives of a Resident Training Programme

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.

6. To provide mentorship and training for the communication and leadership skills needed to advise animal carers and work in complex teams in a referral setting.

3. Standard VSRP

Definitions

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 is completed in purely small animal surgery (SA) or purely in large animal surgery (LA).

Programme Director: is an active Diplomate of the ECVS who is responsible for the management of all residency programmes at the Resident's 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 has primary responsibility for the administration and training of a named Resident. The Supervisor is also the point of contact for that Resident. A 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.

Resident: a qualified veterinarian who works full-time on the training programme as specified by this training brochure. A Resident may use the title "Resident in Training" but no other title suggesting that they are a specialist or advanced surgeon. Following completion of the residency training period, the Resident may NOT use the terms "Board Eligible", "Residency Trained" or any other term suggesting a specialist surgical training.

Full-time: Full-time employment (or a full-time week) is defined according to the national employment regulations of the country or the institution's employment policy. In most countries, this is 35-40 hours per week.

How to establish a Standard VSRP

To obtain approval for a new SVSRP, the Programme Director must submit a detailed description of the proposed programme via RED (accessible via 'your ECVS', Programme Application, Propose a new Programme). The Credentials Committee will evaluate applications for new programmes at the **February**, **July** and **September** meetings. The application must be received by the 15th of the relevant preceding month at the latest.

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 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 more than one individual 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 defined as Co-Supervisors by the ECVS.

The following information and documentation is required (where supporting PDFs are uploaded, these must be original documents, not scanned):

1. letter of intent from the Programme Director that describes the goals of starting a residency. This is also a declaration that the Supervisor will undertake responsibility for the training of the Resident for a minimum of three years and an undertaking that they will continue to support the Resident up until credentials acceptance even if that occurs after they have left employment at this centre.
2. a detailed description of the nine Training Elements (as described in Chapter 8):
    a. **element 1**: outline how the clinical weeks, out-rotations, holidays and time off clinics will be allocated over each year (e.g. in which residency year are rotations planned, how many weeks of holidays per year, how many on-clinics and off-clinics are provided for per year);
    b. **element 2**: a detailed list of employed veterinarians including qualifications and whether each individual is in full or part time employment. If part time, give the full-time equivalent (e.g. 3 days equals 0,6 weeks FTE).
    c. **element 3**: a table summarising case numbers by category (as in a Programme Log Summary) covering the previous two years of surgery routinely performed at the

institution. The category table should contain total numbers for the individual categories using the definitions as described for the Residents' case logs e.g. for SA categories like UG, HN, AB, GI, TC, SY, JS, AR, NE and for LA categories like AB, AR, DE, FF, LP, OO, OP, TEN, UG, UR and WR. Note that a balanced caseload with an adequate number of specialist procedures is required.

d. **elements 4-7**: description of the provided rotation with the name of the supervising EBVS or AVMA-Diplomate. Where an external institution is providing training in Anaesthesia, Diagnostic Imaging, Pathology or Internal Medicine, a letter of agreement signed by the accepting Diplomate (or other recognised expert) needs to be provided. When this rotation is provided in-house, the supervising Diplomate must be in full-time employment. NB any change to these rotations during the course of the residency must be notified in advance to the Credential Committee via credentials@ecvs.org;

e. **element 8**: a description of how the Resident will be supported in their research, publication, and presentation activities.

f. **element 9**: description of the provision of continuing education

3. a detailed description of the available equipment (PDF);

4. a detailed description of the hospital / clinic premises, including a floor plan (PDF).

A Resident must be provided throughout their residency with either online or print access to the main study textbooks and the journals on the examined journals list. The current examination reading lists for Small Animal and Large Animal candidates are available from the ECVS website.

A new programme must be fully approved by the Credentials Committee prior to starting a Resident in the programme. The starting date of the Resident in the 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, the first Resident will need to complete one year of training with approval of the first Annual Report by the Credential Committee prior before a second Resident can be enrolled in the training programme.

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

4. Dual-site Standard VSRP

Definitions

Dual-site Standard VSRP: A dual site SVSRP is a standard training programme as described above, except the Resident spends equal time in two different training centres. The Resident has one primary Resident Supervisor and one Co-Supervisor.

Programme Director: is an active Diplomate of the ECVS who is responsible for the management of all residency programmes at the Resident's 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 has primary responsibility for the administration and training of a named Resident. The Supervisor is also the point of contact for that Resident.

Resident Co-Supervisor: is a second ECVS Diplomate who is responsible for the training of a dual-site Resident at an additional training site.Both Resident Supervisor and Resident Co-Supervisor must be in full-time employment in their respective institutions.

Each Resident entering a dual-site SVSRP accounts for one of the total of two Residents that each ECVS Diplomate is allowed to supervise (i.e a dual-site SVSRP with one ECVS Diplomate at each site can only train two Residents).

How to establish a Dual-site Standard VSRP

A dual-site programme is established 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 usually in order to fulfil the requirement for exposure to multiple Diplomates and/or expose the Resident to a sufficient and balanced caseload, should this be a challenge. A dual-site programme may also be considered to balance academic and private practice residencies. Note that in a dual-site Programme it is mandatory that blocks of time are divided equally between the two training centres.

Following acceptance of the new dual-site programme by the Credentials Committee, the first Resident will need to complete one year of training and gain approval of the first Annual Report from the Credentials Committee before a second Resident can be enrolled in the training programme.

If one of the institutions is unable to fulfil their obligations to train a Resident, the Credentials Committee must be notified immediately. A plan outlining how the Resident(s) can continue

with their training should be supplied by the Programme Director. Training will be suspended in the meantime.

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

1. the Programme Director must be a certified and practising Diplomate of the ECVS. The Programme Director will be at one site and is responsible for the main outline of the programme;
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 defined as Co-Supervisors by the ECVS.
4. It is generally not possible for the Supervisors of a dual-site programme to supervise more than one dual-site residency programme. However, it is permissible to have a single-site SVSRP existing alongside a dual-site SVSRP, provided the institute has sufficient caseload.The following information and documentation is required; some declarations need to be made for each of the two sites. Note this is the same as required for a single site training centre (when supporting PDFs are uploaded, these must be original documents, not scanned):

1. letter of intent from the Programme Director that describes the goals of starting a residency. This is also a declaration that the Supervisors (and co-supervisor if applicable) will undertake responsibility for the training of the Resident for a minimum of three years and an undertaking that they will continue to support the Resident up until credentials acceptance even if that occurs after they have left employment at this centre.
2. a detailed description of the nine Training Elements (as described in Chapter 8):
    a. **element 1**: outline how the clinical weeks, out-rotations, holidays and time off clinics will be allocated over each year (e.g. in which residency year are rotations planned, how many weeks of holidays per year, how many on-clinics and off-clinics are provided for per year);
    b. **element 2**: a detailed staff list including qualifications and whether each individual is in full or part time employment. If part time, give the full-time equivalent (e.g. 3 days equals 0,6 weeks FTE) (both sites).
    c. **element 3**: a table summarising cases numbers by category (as in a Programme Log Summary) covering the previous two years of surgery routinely performed at the institution using the definitions as described for the Residents' case logs. The category table should contain total numbers for the individual categories e.g. for SA categories like UG, HN, AB, GI, TC, SY, JS, AR, NE and for LA categories like AB, AR, DE, FF, LP, OO, OP, TEN, UG, UR and WR. Note that a balanced caseload with an adequate number of specialist procedures is required (both sites).

   d. **elements 4-7**: description of the provided rotation with the name of the supervising EBVS or AVMA-Diplomate. Where an external institution is providing training in Anaesthesia, Diagnostic Imaging, Pathology or Internal Medicine, a letter of agreement signed by the accepting Diplomate (or other recognised expert) needs to be provided. When this rotation is provided in-house, the supervising Diplomate must be in full-time employment. NB any change to these rotations during the course of the residency must be notified in advance to the Credential Committee via credentials@ecvs.org;
   e. **element 8**: a description of how the Resident will be supported in their research, publication, and presentation activities (both sites);
   f. **element 9**: description of the provision of continuing education;
3. a detailed description of the available equipment (PDF) (both sites);
4. a detailed description of the hospital / clinic premises, including a floor plan (PDF) (both sites).

A Resident must be provided throughout their residency with either online or print access to the main study textbooks and the journals on the examined journals list. The current examination reading lists for Small Animal and Large Animal candidates are available from the ECVS website.

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

5. Alternate VSTP

Alternate Veterinary Surgery Training Programme 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 acknowledged as holding advanced skills in their field and wants additional training to become eligible to sit the ECVS certifying examination.

The Alternate VSTP is intended for 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.

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. The AVSTP candidate will have to achieve the same credentials as a SVSRP candidate in order to be eligible to take the qualifying examination.

Any individual considering submission of an Alternate VSTP should contact the Chair of the Credentials Committee for advice at 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?

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

How to establish an AVSTP

The trainee must fulfil the following criteria:

1. the alternate trainee has a minimum of eight years' full-time experience in a specialty surgical training centre;
2. the alternate trainee 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 AVSTP:

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

It is to be noted that an AVSTP is established and approved for an individual trainee and not as a training programme as such. When the designated trainee completes or discontinues the training, the AVSTP expires and cannot enrol another alternate trainee without repeating the described application process.

An institution can only apply for a new AVSTP when the previous alternate trainee has successfully completed full credentials.

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

6. How to Maintain a Standard (Single- and Dual-site) VSRP and AVSTP

SVSRP (single and dual-site)

Formal recertification of accredited Resident Training Programmes is required once every five years, in order to maintain the quality of residency programmes and to ensure that the Credentials Committee is aware of alterations to programmes. This is separate to the recertification of Diplomates, which is for each individual Diplomate regarding their own professional status.

The **Programme Director** must inform the ECVS Credentials Committee of any changes to the programme that occur between recertification dates (e.g changes to out-rotations, staffing, premises). This should be done in a timely manner and the effects of these changes on the programme should be clearly stated. Failure to inform the Committee could result in suspension of the VSRP or non-acceptance of a period of training.

Reminder letters are sent to those programmes requiring recertification no later than December of the previous year, where a request is made to submit the necessary documentation by the 31st March.

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 Training Programme Recertification log (available on the ECVS website www.ecvs.org/ecvs-for/residents.php - residents-and-alternate-trainees);
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 Programme 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.

AVSTP

Alternate VSTPs must undergo a recertification process as per the same timelines and processes as defined for Standard VSRPs if the trainee's programme runs for more than 5 years. However, once the trainee for whom the programme has been established and approved has completed the training, the AVSTP expires and must be reapplied for in case a new alternate trainee is to start training (see above How to Establish an AVSTP).

7. How to Enrol a 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 15th of the relevant preceding month at the latest.

Application schedule

Jan	*Feb*	*Mar*	*Apr*	*May*	*June*	*July*	*Aug*	*Sept*	*Oct*	*Nov*	*Dec*
15th	meeting				15th	meeting	15th	meeting			

Applications to start a new Resident should be submitted before the Resident starts their 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 1st July start date, the application must be received at the latest by 15th June for review at the July 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 (i.e. 16th January, 16th June or 16th August).

Ideally the residency application is submitted to the Credential Committee before the start date. The official start date cannot overlap with any other employment or position. Please be aware that a new Resident can only start logging activities from the official start date of their residency.

How to register a new Resident

Applications to enrol a new Resident into a single- or dual-site SVSRP are to be submitted online via RED (accessible via 'your ECVS', Residency Application, Propose a new Resident). Only the Supervisor or Programme Director can submit an application, it is their responsibility to supply all the required information and to upload all the required documents.

The online application for an ECVS Resident must include:

1. Supervisor statement (or two Supervisor statements in the case of a dual-site programme). **The Supervisor statement must include a detailed description of the Resident's proposed research project** and expected time to submission for publication, covering subject, facilities and supervision.
2. Veterinary diploma/degree of the graduating institution of the Resident (plus translation in case of languages other than English, French, German, Dutch, Italian, Spanish and Portuguese);
3. Proof of completion of a rotating internship (minimum of 12 months of clinical rotations) or internship equivalence (at least two years of clinical experience at a well-equipped first opinion practice, appropriate to the intended residency programme (SA/LA));
4. an up-to-date Curriculum Vitae of the applicant in English.

New Residents will be informed of the submission date of their first Annual Report in their acceptance letter (also refer to annual reporting in chapter 9. How to report to ECVS).

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 College's rules and conditions, specifically the ECVS Professional Code of Conduct and the Guideline for Humane Care and Use of Animals. Particularly, but not exclusively, this implies an acceptance of the College's procedures for appeals and grievances (please refer to the Book of Procedures, Chapter 4.IX. Appeals and Complaints for details).

8. Elements of the ECVS Training Programme

Note: SVSRP refers to both Standard VSRP and dual-site Standard VSRP.

Element 1: Duration of Training

SVSRP

The Standard VSRP requires three 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 31st July for submission of credentials to take the certifying examination the following year. The total time allowed for training will not exceed 6 years.

Only in case of parental (leave), illness or under exceptional circumstances, to be approved by the Credential Committee, will an extension of this training period be possible. The duration of the extension should in all cases be agreed with the Credentials Committee in writing

The Annual report activity log must show the correct number of weeks allocated as shown below. If not enough off-clinic or holiday weeks are allocated, the Resident Supervisor will be asked to make them up in the programme following year. If this is not rectified, the credentials committee may refuse to allow more Residents to join the programme.

Training weeks: At least 60% of the residency programme must be dedicated to clinical case management. 40% of the time will be spent on supervised out-rotations, externships, clinical research, preparation of manuscripts, study, holiday and other experience.

Holiday weeks: The Resident must be allowed adequate annual holiday leave, of which at least some of the time must be in whole weeks. During the holiday weeks, the Resident must not participate in the on call rota or any other duties in the clinic

Off-clinics weeks: Off clinic time may not overlap with holiday weeks. Off clinic weeks must be taken in periods of at least one week duration whenever possible to allow adequate time to focus on research and study. Out-rotations may be taken during off clinic weeks, but only a maximum of 4 weeks out of the total 8 weeks of out-rotations (see below). The Resident may participate in the on call rota during off-clinic weeks, but they may only log emergency cases and provide proof (eg the anaesthetic record) that it was an emergency.

Out-rotations: It is recommended that the supervised training in Anaesthesia, Diagnostic Imaging, Pathology and Internal Medicine (8 weeks total) should be attained in the first 24 months.

Other qualifications or study: 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.

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 on clinical research, preparation of manuscripts, externships and supervised training in Anaesthesia, Diagnostic Imaging, Internal Medicine, and Pathology (same requirements as for SVSRPs).

Note that external rotations (anesthesia, DI, IM and pathology) can be taken during off clinics, BUT only a maximum of 4 weeks. Emergency surgery can only be logged during an external rotation if proof is provided that it was an emergency and it was out of hours.

Element 2: Supervision by an ECVS Diplomate

SVSRP

Residency Supervision

Only a certified active ECVS Diplomate can supervise the entire training of a named Resident in any training programme. One ECVS Diplomate can supervise no more than two Residents at one point in time, even if one of these Residents is part of a dual-site programme. A Resident who has completed the156 weeks of training but does not yet meet the credential requirements because of outstanding publication requirements does not count towards this quota. However, the Supervisor remains responsible for the outgoing Resident until the Resident's credentials are fully accepted.

In exceptional circumstances where no certified 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. The conditions and procedures for full professor applications are defined in the SOP Full Professor Rule.

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

- **the Credentials Committee should be contacted immediately on credentials@ecvs.org; failure to do this may result in future unapproved training periods for the Resident;**
- the role of Supervisor must be undertaken by one of the other ECVS Diplomates at the training centre. If there remains only one certified ECVS Diplomate Supervisor, who already supervises two Residents, the Supervisor may apply for temporary supervision of more than two Residents. No new Residents are allowed to enrol training at this institution;
- if there is no ECVS Diplomate working 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 if no ECVS Diplomate Supervisor enters the programme.

Supervision of Clinical Activities

Supervised clinical training implies direct 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, ACVIM (Neurology), 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. The Resident should receive an adequate level of supervision throughout the residency. 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. The 40% supervision rate is an average for the three years. A higher supervision rate is expected at the beginning of the residency, reducing as the Resident gains more experience.

Supervision of Annual Reporting

Every year or part year, the Resident must submit an annual report by July 31st. This is completed together with the Supervisor. A MSF (multi-source feedback assessment) 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 with the preparation of their submissions. The Supervisor is directly responsible for the quality of the residency and of the reporting results of this residency by the Resident.

It is recommended that Supervisors check their Resident's annual reports carefully in terms or accuracy, presentation, English spelling and grammar. The Supervisor is also responsible for monitoring progression in the development of publications/clinical research and writing, including arranging more time off clinics, or externships if necessary. The Credentials Committee is available to help or answer any questions Residents or their Supervisors may have in preparation of submissions to the committee (credentials@ecvs.org).

AVSTP

The requirements for supervision listed in the section for the SVSRP all apply to the AVSTP. The AVSTP Resident must also submit Annual Reports by July 31st each year.

A Resident on an alternate training programme must accumulate the equivalent of at least 60% of three full-time (ie 93 weeks) years working under direct supervision of an ECVS Diplomate. (Supervised clinical training implies direct interaction between Resident and Supervisor during the diagnosis, treatment, aftercare of patients, client communication and case related discussions.)

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. This should be anticipated and clarified at the time of approval of the programme – e.g. indicating where outrotations might be necessary and confirming that the required case load will be seen with this arrangement, and confirming the consent of the other centre.

It is essential that Residents are exposed to a clinical case load which is adequate in size, type and variety. The minimum number of cases to be logged are:

- Small Animals: 400 surgical cases in three years: a minimum of 160 primary cases and 240 cases as assistant surgeon;
- Large Animals: 300 surgical cases in three years: a minimum of 100 cases as primary surgeon and 200 cases as assistant surgeon. Additionally, 50 in-depth lameness investigations. Where a clinic does not have sufficient numbers of lameness cases, the Resident may arrange an additional two weeks out-rotation with an ECVS Diplomate or an ECVSMR/ACVSMR Diplomate. Cases seen at the other clinic should be logged in the lameness log. It will not be considered a major deficiency for the credentials submission if primary case responsibility is not possible during this out-rotation.

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.

Case Load for Large Animal Programmes

For Large Animal Programmes all surgical procedures shall be listed in the Surgery Case Log including non-specialist 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 programme, only specialist surgical procedures will be counted towards the fulfilment of the minimal required 300 surgical cases.

The electronic reporting system (RED) 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	Abbreviation	Expected minimum in category		
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
Lameness investigations (in-depth only) in lameness log		20	30	50

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.

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

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
- Tenotomy – Patellar ligament

Lameness Case Log

Only advanced lameness cases containing diagnostic anaesthesia and, whenever possible, at least one advanced diagnostic imaging modality (MRI, CT, Scintigraphy) should be logged. Examples of lameness cases that are commonly rejected include subsolar abscesses, degenerative joint disease/arthritis diagnosed with radiography alone, kissing spines diagnosed with radiography alone, etc. Please remember that for the LA Residents experiencing difficulties to fulfil their lameness log, an additional out-rotation of up to 2 weeks with an ECVS or ECVSMR Diplomate with a high advanced lameness case load can be scheduled. Cases observed during this out-rotation should be logged in the lameness log.

Case Load for Small Animal Programmes

Small Animal	Abbrev.	Expected minimum in category		
Category		Primary	Assistant	Total
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
Laparoscopic and Thoracoscopic**	LT	8	12	20
Other soft	OS			
Osteosynthesis	SY	20	30	50
Joint	JS	26	39	65
Arthroscopic **	AR	8	12	20
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, for example	**Maximized and numbered procedures for Small Animal**

• 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
• Oral inspection
• Chest tube placement
• Central line placement
• Implant removal (e.g. pin removal, external fixator removal, screw and wire removal)
• Dental procedures e.g. oral extraction of teeth
• Endoscopic-assisted 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 radiology e.g. coil placement for PDA treatment
• Peripheral lymph node excision
• Simple anal sacculectomies 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
• Interventional radiology procedures
	• LT surgeries (maximum numbers in brackets)
	  ○ Laparoscopic ovariectomy (5 in total)
	  ○ Laparoscopic (assisted) gastropexy (5 in total)
	  ○ Laparoscopic retained testicles (5 in total)
	  ○ Laparoscopic liver biopsy (5 in total)
	
	• Other surgeries
	  ○ Abdominal cryptorchidism (5 in total)
	  ○ Caesarean section/en bloc ovariohysterectomy for dystocia (5 in total)
	  ○ Pyometra (5 in total)

Coding of Specialist Procedures – Soft Tissue Surgery	Expected min. per category	
	Primary	Total
Total	**68**	**180**
Gastro-intestinal surgery (GI) 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
Urogenital surgery (UG) Such as cystotomy, correction of ectopic ureter, nephrectomy, ovariohysterectomy for pyometra, prostatic surgery, perineal hernia with cystopexy	12	30
Abdominal surgery (AB) 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
Head & Neck surgery (HN) Such as salivary gland removal, ear canal ablation, bulla osteotomy, rhinotomy, partial mandibulectomy / maxillectomy, thyroidectomy, arytenoid lateralization, ophthalmic procedures, BOAS surgery	10	35
Thoracic surgery (TC) Such as exploratory thoracotomy including sternotomy, ligation of PDA, lung lobectomy, esophagatomy, pericardectomy	6	15
Skin / reconstruction (SR) Such as skin graft, pedicle flap, axial pattern flap, degloving injury, removal of major superficial tumours, mastectomy	10	25
Laparoscopic and thoracoscopic surgery (LT) ** Including ovariectomy (5 maximum), gastropexy (5 maximum), retained testicles (5 maximum), liver biopsy (5 maximum), laparoscopic assisted procedures, pericardiectomy, thoracic duct ligation, cystotomy, enterotomy etc.	8	20
Other soft tissue surgery Such as amputation for soft tissue related conditions		

Coding of Specialist Procedures – Orthopaedics / Neurosurgery	Expected min. per category	
	Primary	**Total**
Total	**68**	**170**
Osteosynthesis (SY) Such as fracture repair with external or internal fixation, correction of angular limb deformities, sacroiliac luxation	20	50
Joint Surgery (JS) Such as total hip replacement, femoral head and neck ostectomy, cruciate ligament repair, TPLO, TTA, arthrotomy, arthrodesis, TPO/DPO	26	65
Arthroscopic Procedures (AR) ** Such as elbow arthroscopy, shoulder arthroscopy, stifle arthroscopy	8	20
Neurosurgery (NE) Such as spinal cord decompression / fenestration after intervertebral disc disease, spinal fracture stabilization, atlantoaxial stabilization, lumbosacral disease	14	35
Other orthopedic / neurosurgical procedures Such as symphysiodesis, amputation for orthopaedic condition		
Subtotal of specified procedures	136	350
Total of surgical procedures	160	400

** A new small animal Laparoscopic/Thoracoscopic (LT) category now (as of this version of the Training Brochure) exists and the number of arthroscopic procedures has been reduced accordingly.

1) Residents enrolled from the 31st July 2024 onwards will be required to log according to the new LT and AR minimum numbers given in the tables above.
2) By default, Residents enrolled before 31st July 2024 will continue to log according to previous AR minimum numbers of 12 primary and 30 total AR cases (with no LT cases being recorded). However, Residents enrolled before 31st July 2024 also have the choice of logging the new LT and AR minimum numbers if they wish to do so. To opt in the Resident should email credentials@ecvs.org and their logs will be retrospectively adjusted. Note that by doing so, any laparascopic or thoracoscopic cases that were previously logged under categories such as AB, TC, UG will be moved to the LT category, with a corresponding reduction in those AB, TC or UG numbers.

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 programmes, emergency cases can be logged during mandatory rotations such as Internal Medicine, Diagnostic Imaging, Pathology, Anaesthesia or off-clinics weeks, only if a covering letter and the anaesthesia report for these cases is submitted together with the annual report or final credential submission. Emergency cases cannot be logged during Annual Holiday weeks.

AVSTP

The minimum requirements for size and type of caseload are as described in the SVSRP guidelines above. 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 case load. 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 case load typically seen by specialist veterinary surgeons.

Element 4: Supervised Training in Anaesthesia

A minimum of two working 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. The completed form confirming participation in the rotation must be signed off by the supervising Diplomate as named in the programme's Training Element and then uploaded to RED on completion by the Resident.

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 (see SOP Recognised Expert Rule). The Diplomate or recognised expert must be present for the duration of the Resident's training.

Any subsequent change to the original application must be approved by the Credentials Committee in advance.

Areas that should be covered in the 2 weeks supervised training 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 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 named in the programme's Training Element and then uploaded to RED on completion by the Resident.

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 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.

Any subsequent change to the original application must be approved by the Credentials Committee in advance.

Areas that should be covered in the 2 weeks supervised training 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 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 named in the programme's Training Element and then uploaded to RED on completion by the Resident.

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 ECVP/ 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.

Any subsequent change to the original application must be approved by the Credentials Committee in advance.

Areas that may be covered in the 2 weeks supervised training 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 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 named in the programme's Training Element and then uploaded to RED on completion by the Resident.

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.

Any subsequent change to the original application must be approved by the Credentials Committee in advance.

Areas that may be covered in the 2 weeks supervised training include:

1. procedures for examination and investigation of internal medicine cases, with special emphasis on
    a. gastro-intestinal disease;
    b. urogenital 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 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 scientific journals. The articles should contain original scientific data. An editorial, comment piece or commentary will not be considered suitable.

At least one publication must be a first-authored major article in English. The second publication may be a first-authored or second-authored major article, or a first-authored case report.

The major and second publication published in one of the journals listed below can be accepted by the Credentials Committee without detailed evaluation, as long as it meets the criteria listed below in guidelines. In general, the Credential Committee strongly recommends publishing both the major and the second publications in one of the journals listed below. This will ease the review process and accelerate acceptance of credentials.

Details of the publication should be submitted at the time of the annual report or credentials submission.

List of Accepted Journals

Acta Veterinaria Scandinavica
Acta Biomaterials
Advanced Healthcare Materials
American Journal of Pathology
American Journal of Physiology
American Journal of Sports Medicine
American Journal of Surgery
American Journal of Veterinary Research
Anatomical Record
Anesthesiology
Annals of Surgery
Arthritis and Rheumatism
Arthroscopy: The Journal of Arthroscopic and Related Surgery
Australian Veterinary Journal
Biomaterials
BMC Veterinary Research
Bone
Canadian Journal of Veterinary Research
Cancer
Clinical Orthopaedics and Related Research
Equine Veterinary Education
Equine Veterinary Journal
Journal of the American Veterinary Medical Association- JAVMA
Journal of American Animal Hospital Association- JAAHA
Journal of Applied Physiology
Journal of Biomedical Materials Research Part A
Journal of Biomedical Materials Research Part B: Applied Biomaterials
Journal of Bone and Joint Surgery
Journal of Cell Biology

Journal of Clinical Investigation
Journal of Comparative Pathology
Journal of Feline Medicine And Surgery
Journal of Investigative Surgery
Journal of Orthopaedic Research
Journal of Small Animal Practice
Journal of Veterinary Cardiology
Journal of Veterinary Emergency and Critical Care
Journal of Veterinary Internal Medicine
Journal of Veterinary Pharmacology and Therapeutics
Journal of Veterinary Science
New Zealand Veterinary Journal
Osteoarthritis and Cartilage
Pain
Plastic and Reconstructive Surgery
Research in Veterinary Science
Scientific Reports
Theriogenology
The Veterinary Journal
Veterinary Anesthesia and Analgesia
Veterinary Clinical Pathology
Veterinary and Comparative Oncology
Veterinary and Comparative Orthopaedics and Traumatology (VCOT)
Veterinary Immunology and Immunopathology
Veterinary Journal
Veterinary Ophthalmology
Veterinary Pathology
Veterinary Radiology & Ultrasound
Veterinary Record
Veterinary Research
Veterinary Surgery

Guidelines for Resident Publications

	Major publication	Second publication
Language	English	At least English abstract if necessary, for review process the article must be translated to English for CC reporting
Authorship accepted	First authored major publication	First authored major publication Second authored major publication First authored case report
Authorship not accepted	Co-primary authorship	
Journal accepted	Double peer reviewed *	At least double peer reviewed Open and Online only journals from the list above are accepted
Journal not accepted	Open versions of journals from the list above. Any single peer reviewed journal.	Journals without peer-review process
Subject accepted	An original contribution to the veterinary literature related to surgery or an allied discipline (e.g.	An original contribution to the veterinary literature related to surgery or an allied discipline (e.g.

	imaging, pathology, traumatology or surgical disease epidemiology) The conclusions must be based on data of more than one case; the publication should demonstrate sound methodology. multiple case study (prospective or retrospective), that has significant conclusions that have not been previously documented; the development of a new surgical technique; the results of original research	imaging, pathology, traumatology or surgical disease epidemiology)
Subject not accepted	review articles case reports brief communications short communications consensus articles	review articles textbook chapters brief communications short communications consensus articles

* 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.

Credentials

At the time of completion of the training elements, the Resident may submit credentials for evaluation which includes evidence that Element 8 has been fulfilled. In normal circumstances, when submitting credentials both articles must be fully accepted by an appropriate journal at time of submission.

- A manuscript is considered fully accepted when the article is published. It is the Resident's responsibility to provide the Credentials Committee with a copy of the published version of the manuscript (including the title page with author information and all images, tables and figures) with the annual report or credential application as appropriate.
- If a paper has not been published at the time of credentials submission, or has been subject to early online publication, 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 editor of the journal proving that the paper has been fully accepted for publication. 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 letter should be signed by the editor.
- If at the time of credentials submission, one publication has been published/fully accepted but the other remains in review, SVSRP Residents *only* may take advantage of a delayed publication rule.

Articles published more than 6 years prior to a Resident's credentials application will not be accepted as contributing to the publication requirement.

Guidelines for Publishing in Non-Listed Journals

If a Resident wishes to publish either the major or second publication in a journal outside of the list of accepted journals, the Credentials Committee should be asked for permission BEFORE submitting the article to the journal with the following documentation:

- a letter of explanation;
- 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. The journal must have at least an English abstract published. To make the review process easier for the committee it is advised to translate the whole article into English;
- proof that the journal is double peer-reviewed, documented by a letter from the editorial board of the journal. This letter must include
    - a summary of the peer review and editorial process;
    - composition of the editorial board

The Credentials Committee will evaluate the request during one of the three annual meetings; no assessment of publication queries outside of the regular committee meetings will take place. If the publication or journal is not deemed of appropriate scientific quality, the Credentials Committee reserves the right to reject it. 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.

If all procedures are followed properly and the requirements for acceptance of scientific publications are met, both publications can, theoretically, be in non-listed journals.

Presentations

Each Resident is required to complete 5 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 5 presentations, nor can presentations be addressed to non-veterinary audiences;
- presentation type: Presentations are labelled as either “major” or “other”. A major presentation is a scientific presentation as described below. All other presentations are labelled “other”;
- content: The content of the 5 presentations must differ on subject.

At least one of the five presentations required must be a major presentation satisfying the following criteria:

- a surgical topic or a closely related topic with a surgical application;
- presented with sound scientific methodology (typically in the format of introduction, methods, results, discussion, conclusion);
- to be given at either an international* or national** meeting (see list below). Proof of presentation at the international or national meeting must be provided. A copy of the meeting programme AND a PDF of the presentation slides is required;
- the audience should be informed and knowledgeable, able to question the presenter at specialist level on the subject
- case reports and CPD lectures do not qualify as a major presentation.

* An international meeting is one where both the speakers and the delegates are expected to come from several different countries. International meetings recognised by the Credentials Committee are the ECVS and ACVS annual scientific meetings, the BSAVA Annual Congress, the BEVA annual meeting, ESVOT, ECVDI, ECVN, ECVIM, WVOC, ECVSMR or VOS.

** 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.

Some examples of national meetings that could be considered (non-exhaustive list):

Country	*Name of the meeting*
Germany	DVG
France	AFVAC, AVEF
United Kingdom	BSAVA, BEVA, BVOA, AVSTS, LVS
Italy	SCIVAC, SIVE
The Netherlands	Nationale Chirurgenmeeting
Portugal	Congresso OMV, APMVEAC, Congresso international Montenegro
Spain	SEVC
Australia / New Zealand	AZNCVS

Element 9: Participation 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 to an arthroscopy and/or laparoscopy course;
- the AOVET Principles and Advanced courses in Fracture Management prior to or during the residency
- other national and international surgery meetings

9. How to Report to ECVS

All Small and Large Animal Residents are required to submit their annual documentation via RED (accessible via 'your ECVS', RED submissions).

Definitions

Annual Report: Every Resident provides a report of their activities each year until all training elements have been completed.

Credentials: A Resident will submit credentials for evaluation once all nine elements of the training programme have been completed. If credentials are accepted, the Resident may sit the next scheduled examination.

Annual Report

The Resident must provide electronic reports to ECVS every year until the credentials application is submitted in the year prior to planning to sit the certifying examination. Each report should be accompanied by the appropriate fee as detailed on the website. 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 (see https://www.ecvs.org/ecvs-for/residents.php#residents-and-alternate-trainees) must be followed precisely. A Resident that has not received approval for each year of the residency (Annual Report) 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 (GDPR).

Once all the criteria of a SVSRP or AVSTP have been met, only a credentials application should be submitted (see below for credentials application). **The annual report of that year does not need to be submitted**; it is substituted by the credentials application. Only the fee for the credentials application applies. 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 an annual report (with an update on the outstanding criteria) and payment by the time of the annual report submission 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 or may even lose a year of training.

When to Report

The deadline for the submission of the annual report is 31st July. The annual report is assessed by the Credentials Committee at their September meeting and the Resident is informed via email of the results of this evaluation.

Note that

- If the starting date of the residency is before 15th May, the first annual report must be submitted by the 31st July of that same year.
- If the starting date of the residency is after 15th May, the first annual report should be submitted by the 31st July of the following year.
- The expected submission date of their first Annual Report will be indicated to the Residents and Supervisors in the original acceptance email following the application.

What to report

All activities (clinical and research) 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:

1. Multi Source Feedback: the form is filled by the responsible Supervisor(s) as recorded on the acceptance letter / email from the Credentials Committee. In case of a dual-site SVSRP the second Supervisor should also fill the form together with the Resident and at least one co-worker.
2. Curriculum Vitae (updated) with attended meetings, presentations and publications.
3. Programme Log Summary: the form is designed to give an overview of the achieved target during the reported year as well as an overview of the entire residency
    a. presentations: supply the number of attended congresses/seminars and with the number of given presentations at scientific meetings for the reported year;
    b. publications: supply the status of the publication(s), the name of the Journal, the title of the publication(s) and the authors for all publications as required (see Element 8).
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 on 31st July and from then onwards 31st July to 30th July for the following years).
    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 to use 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. In cases of urolithiasis the results of stone analysis needs to be included. Extensive details on the diagnosis are not necessary.
f. Surgical procedure: for Small Animal Residents, 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. For Large Animal Residents, all surgical procedures are to be included, but only specialist procedures (see Element 3) will be counted towards the total. Please use the correct terminology as is stated in scientific literature.
g. Primary and assisting surgeons: supply a list of all surgeons referred to in the case log and use abbreviations for the surgeons involved. 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 acceptable. Two Residents or trainees cannot both 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 3rd 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. 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, an intra-articular Y-fracture or an acetabular fracture. For the second and possibly third Resident the case cannot be logged as supervised.

How to log a surgery as supervised or non-supervised?					
		Supervision by ECVS / EBVS /ACVS specialist (or full professor)	Supervision by a 3rd year Resident	Surgery non supervised or with co-Resident	Supervised surgery with ECVS or EBVS specialist and 2 Residents
Resident (you)	Primary surgeon	Log specialist as AS Log Resident as PS Counts as PS (supervised)	Log 3rd year Resident as AS Log Resident as PS Counts as PS (non-supervised)	Log Resident as PS Log intern or student as AS if needed Counts as PS (non-supervised)	Log other surgeon as AS Log Resident as PS Counts as PS (supervised)
	Assistant	Log specialist as PS Log Resident as AS Counts as AS (supervised)	Log 3rd year Resident as PS Log Resident as AS Counts as AS (non-supervised)	Log other surgeon* as PS Log Resident as AS Counts as AS (non-supervised)	Only one Resident cant log as AS Except if open cardiac surgery, THR, Y articular fracture, acetabular fracture Counts as AS (non-supervised)
*should not be an intern, student or nurse					

   i. The emergency column should only be filled with an “E” if the case qualifies as an emergency procedure (see Element 3); otherwise the box should be left blank. Upload the anesthesia record if an out of hours case is logged during a different rotation. Note that cases cannot be logged during holiday weeks.

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 12 months of the residency should be submitted.
   b. Date of rotations: supply in whole weeks and written in day/month/year (dd.mm.yy) and in chronological order.
   c. Number of weeks: rotations should be performed and reported in whole weeks
   d. Category: categorise 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 12 months 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 an external rotation is completed, the Resident must upload documentation of this rotation signed by the corresponding supervising Diplomate. A copy of this

documentation from the past year of the residency is submitted with the annual report.

b. External rotations are a full-time commitment. For Small Animal Residents emergency cases can only be logged during obligatory rotations such as Internal Medicine, Diagnostic Imaging, Pathology, and Anaesthesia when a covering letter with the anaesthesia report for these cases is submitted with the annual report or final credential submission.

How to report

The Resident is to complete the forms in RED (access via 'your ECVS') as per the details given in the 'Instructions' menu in RED. The report can only be submitted when all forms are complete and approved by the Supervisor(s) where required. Any supporting documents (such as proof of presentations, publications, confirmations of outrotations etc.) must be uploaded in PDF format in the appropriate orientation (landscape / portrait) and as an originally created PDF file.

Re-submissions

When the Credentials Committee is not satisfied with an annual report after the September meeting, a revision and re-submission 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 general and individual points to be corrected;
- 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 re-submission, addressing the points of concern;
- if the Credentials Committee requests corrections in the annual report to be included in the next annual report rather than requesting a re-submission, the corrected annual report has to be re-submitted with the next annual report with a detailed covering letter as above 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 re-submit

The deadline for re-submissions of the requested documents is 1st December (for the February meeting). If the Credentials Committee is still not satisfied, revision and re-submission of the December documents should be submitted by 1st June (for the July meeting).

What to re-submit

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 annual report re-evaluated during the February meeting and with risk of also not having a year of training accepted.

Application for Examination / Credentials Application

Once all training requirements of the 156 weeks training programme have been met, a credentials application should be submitted to the ECVS Credentials Committee by 15th August instead of an annual report. 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 15th October at the latest.

The credentials application should be accompanied by the applicable fee. The application will not be evaluated or processed without the application fee being paid in full and the fee is non-refundable.

What to report

For credentials applications, all activities since the start of the programme until completion of training should be reported. The deadline for completing training is 31st July of the year of submission of credentials and no activities should be logged after this deadline.

How to report

All technical processes and requirements described for the annual reports (e.g. regarding download of forms from the ECVS website, conversion into PDF files, orientation of PDF files, signatures etc.) apply to the credentials submission process as well.

Reporting to RED

The Resident is to complete the forms in RED (access via 'your ECVS') as per the details given in the 'Instructions' menu in RED. The report can only be submitted when all forms are complete and approved by the Supervisor(s) where required. Any supporting documents (such as proof of presentations, publications, confirmations of outrotations etc.) must be uploaded in PDF format in the appropriate orientation (landscape / portrait) and as an originally created PDF file.

Reference letters

The three reference letters are confidential and should be sent in directly from the referees to the ECVS office (credentials@ecvs.org) by the credentials submission deadline 15th August. They are not to be submitted by the Resident and are not uploaded on RED.

Reference letters are to be submitted as formal letters (i.e. with sender's and recipient's address), ideally on a letterhead and with the referee's signature. Letters are to be submitted in PDF format, both scanned documents as well as converted PDFs will be accepted. References typed into an email only will not be accepted, and the ECVS office will ask the referee to re-send the reference in a proper letter format.

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.

Re-application for Credentials

Unsuccessful applicants can re-apply a year later. A re-application must include re-submission of those elements which were found deficient with a new application form, an updated Curriculum Vitae, an updated MSF form from the Supervisor (or both Supervisors in case of a dual-site SVSRP), and all pertinent correspondence. The application materials must be presented in the manner previously described.

The credentials fee and the three reference letters will be carried over from the original application. The credentials fee does not need to be paid again, and references do not need be provided again.

10. Temporary suspension of a Training Programme

A Resident can request temporary suspension of their training in case of illness, parental leave or other exceptional circumstances. The Resident must inform the Credentials Committee via email at credentials@ecvs.org of the anticipated period of suspension. The Credentials Committee will treat any request in the strictest of confidence. The Credentials Committee will agree a plan with the Resident and the Resident's Supervisor. A period of suspension shall not exceed two years but must be requested by the Resident and will be reviewed by the Credentials Committee annually. Unilateral suspension of training by a Resident is not permitted – an annual report is expected and must be submitted for every year of training.

The Credentials Committee can also suspend a Resident's training or the entire programme should their programme fail to meet the requirements of the Training Brochure (for example if the supervising Diplomate leaves the VSRP and no alternative supervision can be arranged; if the sole Diplomate Supervisor or the Resident behaves in a significantly unprofessional manner that results in sanctions by their regulatory body).

During a period of suspension the Resident can still work on publications but cannot log any clinical activity (no surgeries or presentations may be logged and no out-rotations undertaken). The six-year time limit from the start date of the programme is still in effect. Any extension to the six-year time limit would require leniency to be requested from the Board of Regents.

In the event that a Resident's Supervisor departs from an institution and no qualified Diplomate is available to continue supervising the Resident's program at the site, it is the departing Supervisor's responsibility to assist the Resident in finding a workable solution and to integrate into another residency program. The institution's residency programme is terminated, and the Resident's training is suspended. The Resident can continue logging explicitly external rotations such as anesthesia, diagnostic imaging, internal medicine, and pathology and work on publications not to exceed the planned weeks of study leave of the programme.

11. Resignation of a Resident from a Training Programme

A Resident wishing to resign from their programme should inform the Credentials Committee, giving their reasons in writing via email to credentials@ecvs.org.

12. Resident Ombuds

The role of the Ombuds is to represent the interests of all Residents enrolled on ECVS training programmes. If a Resident has a complaint or serious issue with their training programme or Supervisor they can contact the Ombuds in the strictest confidence at ombuds@ecvs.org. The Ombuds are independent of all ECVS committees. See https://www.ecvs.org/ecvs-for/residents.php#resident-ombuds for more details.

The matter will also be kept confidential from the Board of Regents.

13. Appeal Process

Any appeal against a decision of denying acceptance of the credentials should be submitted according to the ECVS Book of Procedures and the SOP Appeal Process. 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.

14. Guidelines for the Use of ECVS Diplomate Status

As stated in the Constitution of the European College of Veterinary Surgeons, Article V, Section 1-5, 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 of the ECVS or by members of the American College of Veterinary Surgeons that have been granted ECVS membership by the Board of Regents of the ECVS.

Residents and in-exam candidates can use the title "Resident in Training", but no title other than that. The terms "board eligible”. “board qualified” or “residency-trained” are not to be used. An individual who identifies professional credentials using these terms may be eliminated from the credentials evaluation or examination process.