

**Instructions to Diplomates:**

Please type in the boxes / tables and expand the number of lines as required. Point and click the boxes to tick.

The deadline for this form is 1st Feb or 1st Sept.

Submit this form directly to the Chair of Education and Re-certification Committee (education.ecvaa@gmail.com)

I am applying for:

[ ]  **STANDARD RESIDENCY CENTRE or** [ ]  **ALTERNATIVE RESIDENCY CENTRE**

[ ]  **FIRST APPLICATION**  **or** [ ]  **APPLICATION FOR RE-APPROVAL**

**Full and complete address (including country) of the ECVAA Training Centre:**

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| --- |
| *Address:* |

**Mandatory:** Provide an internet address (website) where information can be accessed about your activity (*we strongly recommend that you include a short description of the proposed Residency programme or specific service offered to Residents).* This internet address will be provided on the ECVAA website as a link from the list of available training centres.

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| *Centre website address:*  |

FOR APPROVED TRAINING CENTRE: I HEREBY CERTIFY that this Centre can

[ ] provide a Standard Residency Training Programme (minimum 3 years) in Veterinary Anaesthesia and Analgesia complying with the requirements formulated by ECVAA. (See POLICIES AND PROCEDURES Chapters 3 and 4) including the specific requirements for facilities, services and equipment.

FOR SATELLITE TRAINING CENTRE: I HEREBY CERTIFY that this Centre can

[ ] contribute to Residency training for the following species (please specify):

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| *Please type here* |

**DETAILED DESCRIPTION OF THE RESIDENCY TRAINING PROGRAMME**

***(If this description accompanies an application for re-approval of an existing programme, please highlight the differences with the formerly approved version including last approved changes)***

**1. RESIDENCY PROGRAMME IN VETERINARY ANAESTHESIA AND ANALGESIA**

How and where is the detailed description of Residency programme available to the public?

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| *Please type here* |

**1.1. OBJECTIVES OF THE RESIDENCY TRAINING PROGRAMME.**

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| *Please type here* |

**1.2. DURATION**

Please specify the effective duration of the Residency and whether this is flexible.

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| *Please type here* |

**1.3. ANAESTHESIA DIPLOMATES PARTICIPATING: Please complete the table below**

\*100% clinical activity = equivalent of 40 hours/week, 45 weeks per year

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| --- | --- | --- | --- |
| **Names of active Diplomates actually present at the site and participating in the programme** | **Diploma****(ECVAA or ACVAA)** | **Estimation of % time in clinical activity\*** | **Does the Diplomate contribute to Resident training?**  |
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1.3.1. Number of Residents (standard / alternative) effective / foreseen in the next five year period. *(Please note that each Diplomate can act as main Supervisor to a maximum of three ECVAA Residents, of which maximally two can be enrolled in a standard ECVAA Residency programme)*

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| --- | --- |
| Standard:  | Alternative:  |

**1.4. SUPPORTING NON-DIPLOMATE EXPERTISE**

Specify number and expertise level of non-Diplomate staff with **>5 years** **full time anaesthesia** **experience** providing additional support to Residents in training (Certificate in Vet Anaesthesia holders, Veterinarians, Anaesthesia Technicians)

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| --- | --- |
| *Number of Certificate in Veterinary Anaesthesia holders* |  |
| *Number of Other Veterinarians* |  |
| *Number of Anaesthesia Nurses/Anaesthesia Technicians* |  |
| *Others (please specify)* |  |

**1.5. FOR STANDARD APPROVED CENTRE: SPECIFIC PROGRAMME DESCRIPTION
( FOR SATELLITE TRAINING CENTRES, PLEASE GO DIRECTLY TO POINT 3.)**

**1.5.1.** **Schedule for the Resident** demonstrating how requirements of the Residency will be met (SEE ECVAA POLICIES AND PROCEDURES, Chapter 4) i.e. plans to ensure timely completion of research and publications so as meet credential requirements and deadlines including submission of a final acceptance letter. This schedule should demonstrate the *number of weeks* each year that the Resident is expected to spend in the activities below (this may vary between years).

1. **Anaesthesia clinical service**; small and large animal and including intensive care and/or emergency. (If the Resident is to spend ‘weeks’ in small or large, state the division; if the small and large animal services are not separated, please state this).

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| --- | --- | --- | --- |
| **Year** | **Small Animal Anaesthesia** | **Large Animal Anaesthesia** | **ICU / Emergency** |
|  |  |  |  |
|  |  |  |  |

1. **Specify planned rotations** (discipline, weeks) in other related clinical disciplines (e.g. cardiology).

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| --- | --- | --- |
| **Year** | **Discipline & details** | **Weeks** |
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1. **Specify planned external clinical anaesthesia rotations** (location, weeks), especially but not exclusively: training visits to zoos, human hospitals and laboratory animal research facilities.

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| **Year** | **Location & details** | **Weeks** |
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1. **Research and Study** – weeks per year in which the Resident will perform and write-up the research project(s) for publication, for production of 2nd publication, case reports and personal study; this may vary between years.

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| --- | --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Other** |
|  |  |  |  |  |

1. **Vacation time** – weeks per year

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| --- | --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Other** |
|  |  |  |  |  |

**1.5.2.** **Teaching responsibilities of the Resident (in relation to anaesthesia, analgesia or intensive care).**

Per Residency year, specify the audience, the nature and the estimated time spent (in hours per day/week/year as appropriate)

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| --- | --- | --- | --- |
| **Year**  | **Audience** | **Nature of teaching** *(e.g. hands-on, seminar, didactic teaching)*  | **Time** |
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**1.5.3.** **Continuing Professional Development (CPD).** This should include

(i) **Internal CPD in anaesthesia/analgesia/perioperative care**: frequency of Resident seminars / journal clubs, ‘rounds’ etc. at which the Resident is expected to attend and frequency of expected presentation at such meetings.

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| **Year**  | **Internal Anaesthesia CPD**  | **Attendance frequency***(e.g. once per week)* | **Presentation frequency** |
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(ii) **Internal CPD in other areas – clinical and research**. Include any CPD organized for Residents in all areas (e.g., statistics courses). Indicate frequency of such meetings and the input (e.g. presenting) expected from the Resident.

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| --- | --- | --- | --- |
| **Year**  | **Other Internal CPD**  | **Attendance frequency** *(e.g. once per week)* | **Input** |
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(iii) **External CPD and conferences, including AVA meetings with their associated pre-congress days**. Indicate the expected attendance of the Resident, and indicate at what stage of their training they will be expected to present to such a meeting.

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| --- | --- | --- | --- |
| **Year**  | **External CPD & conferences**  | **Attendance frequency** *(e.g. once per year)* | **Presentation** |
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**1.5.4.** **Any other coursework**. State what other ‘coursework’ is expected of the Resident. In particular state if the Resident is also registered for a higher degree, (e.g. Masters,) and if so, explain what requirements further to those already part of the Residency this will entail and how these may affect clinical training.

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| *Please type here*  |

**1.5.5.** **Provision to compensate for deficiencies in the programme** - e.g. lack of certain species (see facilities below). Demonstrate how these deficiencies are to be met (e.g. external rotations).

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| *Please type here* |

**1.5.6.** **Evaluation of Resident’s performance**. Describe the system used for assessment of the Resident’s progress and performance; how often it is performed and by whom.

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| **Method of Assessment** | **When performed** | **By whom** |
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**2. OTHER SPECIFIC or ADMINISTRATIVE ASPECTS NOT COVERED ABOVE (e.g. Visa requirements): STANDARD APPROVED CENTRES ONLY. (FOR SATELLITE TRAINING CENTRES: PLEASE GO DIRECTLY TO POINT 3.)**

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| *Please type here* |

**3. FACILITIES, SERVICES AND EQUIPMENT OF THE TRAINING CENTRE
(FOR STANDARD APPROVED AND SATELLITE TRAINING CENTRES)**

3.1. **Are the following *minimal* requirements met**? [ ]

3.1.1. Medical library: a library or full on-line access to recent textbooks and current journals relating to veterinary and medical anaesthesia and its supporting disciplines must be accessible to the programme participants; there must be full access to internet. [ ]  Yes[ ]  No****

3.1.2. Medical records: a complete medical and anaesthetic record must be maintained for each individual case and those records must be retrievable. [ ]  Yes [ ]  No

* an example of the case-record (or records) for anaesthesia **and** intensive care which the Resident will use and will present for acceptance of credentials must accompany this application (as pdf document). [ ]  Yes[ ]  No****
	+ The **anaesthetic record** must be a scanned copy of a clinical case requiring ventilation, and labelled/highlighted to show the location of each item listed as ‘minimum information that should be recorded’ by annotating the example with small numbers 1 to 18 according to requirements from policies (See [Appendix II, under ‘Approval of format of records’, page 36](http://www.ecvaa.org/files/P%26P.pdf#page=36)).
	+ The **intensive care record** can be a blank copy.
* If a form of supporting **electronic anaesthetic case** recording is contemplated, (automated electronic recording will not suffice) provide a detailed description **and** printed examples.

 [ ]  Yes****[ ]  No****

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| *Please type here* |

3.1.3. Medical facilities:

* Full surgical and anaesthetic facilities must be available to the candidate, including breathing systems, compressed gases, a range of monitors and facilities for post- operative and intensive care. Facilities must be available for a wide range of surgical procedures and species. [ ]  Yes****[ ]  No
* Separate rooms and appropriate equipment for comprehensive diagnostic imaging must be available. [ ]  Yes****[ ]  No
* ECG facilities must be available. [ ]  Yes****[ ]  No
* Cardiac ultrasound is desirable. [ ]  Yes [ ]  No
* A clinical pathology laboratory for haematological and clinical chemistry, including blood gas analysis, must be available. Clinical pathology reports must be retained and retrievable

[ ]  Yes [ ]  No****

3.2. **Details concerning the Facilities, Services and Equipment**

3.2.1. **Buildings** – i.e. numbers of operating theatres/consulting rooms / examination facilities/housing for small and large animals. Full descriptions are not required.

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| --- | --- | --- | --- |
|  | **Operating rooms** | **Consulting / examination rooms** | **Kennels / stables** |
| **Small** |  |  |  |
| **Large** |  |  |  |
| **Other** |  |  |  |

3.2.2. **Overall caseload.** Overall approximate annual caseload admitted to the hospital in each species.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equidae** | **Dogs** | **Cats**  | **Farm (pigs & ruminants)** | **Non-domestic** |
| **Rabbit, rodent, avian** | **Zoo / Exotic / Wild** |
|  |  |  |  |  |  |

3.2.3. **Anaesthetic caseload**. Approximate annual number of each species anaesthetised per year. Please indicate the type of cases that are presented and the number of cases anaesthetised out of hours. Numbers may include an ambulatory clinic where relevant (e.g. cattle practice), as long as the Resident will have access to such cases.

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| --- | --- | --- | --- | --- |
| **Equidae** | **Dogs** | **Cats**  | **Farm (pigs & ruminants)** | **Non-domestic** |
| **Rabbit, rodent, avian** | **Zoo / Exotic / Wild** |
|  |  |  |  |  |  |

3.2.4. **Anaesthetic and monitoring and measuring equipment available** (type, numbers, details). Please add to this list as required and give adequate details of your equipment.

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| --- | --- | --- |
| **Equipment**  | **Number** | **Details** |
| *Anaesthetic machines* |  |  |
| *Breathing systems* |  |  |
| *Ventilators* |  |  |
| *Fluid pumps* |  |  |
| *Syringe drivers* |  |  |
| *Pulse oximeters* |  |  |
| *Oscillometric BP* |  |  |
| *Doppler BP* |  |  |
| *Invasive BP* |  |  |
| *ECG* |  |  |
| *Capnograph* |  |  |
| *Multi-gas analysis* |  |  |
| *Spirometry* |  |  |
| *Nerve stimulator* |  |  |
| *Nerve locator* |  |  |
| *Ultrasound* |  |  |
| *Heating devices* |  |  |
| *Defibrillator* |  |  |
| *Multiparameter monitors* |  |  |
| *Other (specify)* |  |  |

3.2.5. **Diagnostic Imaging equipment available** (and if available for large / small animals).

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| --- | --- | --- |
| **Modality** | **Large / small?** | **Details** |
| *Radiography* |  |  |
| *Ultrasound* |  |  |
| *CT* |  |  |
| *MRI* |  |  |
| *Other (specify)* |  |  |

3.2.6. **Nuclear medicine services (Scintigraphy, radiotherapy, PET scanning etc)**

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| *Please type here* |

3.2.7. **Other Services available** with prominent involvement of Residents and Supervisors.

**A.** **Facilities for intensive care:**

Specific intensive care unit for **small animals**? [ ]  Yes****[ ]  No****

Do anaesthesia Residents and Supervisors actively participate in this service? [ ]  Yes****[ ]  No****

Specific intensive care unit for **large animals** (e.g. foals) [ ]  Yes****[ ]  No****

Do anaesthesia Residents and Supervisors actively participate in this service? [ ]  Yes****[ ]  No****

|  |  |
| --- | --- |
| **ICU case load per annum for small animals:**  | **ICU Case load per annum for large animals :** |
|  |  |

**B. Pain Clinic**

Pain consultations for small animals in which anaesthesia Residents and Supervisors participate? [ ]  Yes****[ ]  No****

Pain consultations for large animals in which anaesthesia Residents and Supervisors participate? [ ]  Yes****[ ]  No****

|  |  |
| --- | --- |
| **Pain clinic case load per annum for small animals** | **Pain clinic case load per annum for large animals** |
|  |  |

3.2.8. **List of Diplomates in other specialties who may contribute directly or indirectly to the Residents’ education.** Please expand the table as required.

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| --- | --- |
| **Name** | **Diploma in:** |
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3.2.9. FOR SATELLITE CENTRES: **Please detail how the centre will contribute to Residency training**

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| --- |
| *Please type here*  |

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| Programme Director (Name in block capitals):Programme Director (Signature \*) Place Date |

NB: (Re) Approval of a Centre for Standard Residencies is based on the information provided.

ANY CHANGES AFTER APPROVAL MUST BE NOTIFIED TO THE EDUCATION AND RECERTIFICATION COMMITTEE.

Failure to do so in a timely manner may invalidate the Residency programme.

By signing this document, you agree to your information being used as per the ECVAA Privacy Policy, which is available at [www.ecvaa.org](http://www.ecvaa.org). If you do not agree with this Privacy Policy, please contact the ECVAA Secretary: ecvaa.secretary@gmail.com.