

Policies and Procedures

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Chapter 1. FOUNDATION AND OBJECTIVES OF THE ECVAA

Foundation of the ECVAA

The European College of Veterinary Anaesthesia and Analgesia (ECVAA) is a veterinary specialty organisation originally recognised by the E.U. Advisory Committee for Veterinary Training (ACVT). It is subject to the rulings of the European Board of Veterinary Specialisation (EBVS). The EBVS recognises ECVAA members to be designated as “*Diplomate of the European College of Veterinary Anaesthesia and Analgesia*” (Dip. ECVAA), and Certified Diplomates to be registered as and to use the title of “EBVS® *European Specialist in Veterinary Anaesthesia and Analgesia*”.

The EBVS was established as result of initiatives in the late eighties/early nineties in Europe in response to a growing demand for better veterinary services for companion animals through specialisation, and a need to harmonise certification in this area for better consumer information.

The foundation of the ECVAA was an initiative of the Association of Veterinary Anaesthetists (AVA, <http://www.ava.eu.com>), based on their Constitution.

Objectives of the ECVAA

Veterinary Anaesthesia as a specialty covers all aspects of anaesthesia, analgesia and perioperative care in all domestic and non-domestic species.

The ECVAA aims to improve:

- the quality of health care, by making available specialised knowledge and skills in veterinary anaesthesia, analgesia and perioperative¹ care for the benefit of animals, including within biomedical and veterinary research settings
- the awareness of the quality of general practice through the contacts of general practitioners with registered specialists
- the quality of specialist service to the public
- the animal health care, thereby improving its perception and understanding by owners, veterinarians and those interested in animal health, ensuring the quality of personnel in veterinary clinics
- the development of veterinary anaesthesia, analgesia and perioperative care.

The primary objectives of the ECVAA shall therefore be to advance veterinary anaesthesia, analgesia and perioperative care in Europe and increase the competence of those who practise in this field by:

- establishing guidelines for post-graduate education and training prerequisites to become a specialist in veterinary anaesthesia and analgesia.
- examining and authenticating veterinarians as specialist in veterinary anaesthesia and analgesia.
- encouraging research and other contributions relating to veterinary anaesthesia, analgesia and perioperative care and promoting the communication and dissemination of this knowledge.

¹ Note that the term **perioperative** care has been chosen instead of perianaesthetic care throughout this document, and also includes care for patients that have been anaesthetised for non-surgical procedures.

Quality assurance

The ECVAA imposes special training beyond the professional veterinary degree to enhance the ability of candidates to meet certification requirements and to update the competence of specialists in veterinary anaesthesia and analgesia.

Therefore, the ECVAA has established:

- a policy (and associated formal mechanisms) for the approval, periodic review and monitoring of the programmes and awards;
- a system of collection, analysis and use of up-to-date, impartial, objective, relevant information on management of the training programmes as well as other activities of the College, to be regularly submitted to the EBVS;
- a policy (and associated procedures) for re-certification of the Diplomates every five years;
- mechanisms to avoid conflicts of interest (e.g. applications for enrolment as a Resident, approval of Residency programmes, approval of credentials, examinations, appeals procedures);
- a policy (and associated procedures) for complaints, appeals and disciplinary actions against Diplomates or Residents/Candidates.

Working under the umbrella of the EBVS, the ECVAA also ensures:

- development of a culture, which recognises the importance of quality (and quality assurance) in its activities;
- defence of the interests of society and the veterinary profession in the quality and standards of specialist education and training;
- characterisation of any specified experience requirement relevant to the objectives of the speciality, and amenable to evaluation;
- establishment of a global strategic plan (every ten years);
- availability of the strategy plan, constitution, bylaws, policies and procedures, and all major documents of the College;
- assessment of Residents using published criteria, regulations and procedures;
- staff involved with the training of Residents are qualified and competent;
- availability of the resources for the support of Resident learning;

The ECVAA has in place its own procedures which include the following:

- a published policy for the assurance of the quality of the agency itself, made available on its website;
- documentation which demonstrates that the processes and results reflect its mission and goals of quality assurance;
- documentation which demonstrates that the processes and results enforces a no-conflict-of-interest mechanism in its own activities or in the activities of its Diplomates and Residents/Candidates;
- has reliable mechanisms that ensure the quality of any of its activities and material produced;

In accordance with its objective to function as an organisation developing and enhancing standards and guidelines on quality assurance in the area of Veterinary Anaesthesia, Analgesia and Perioperative care¹, and to maintain and develop co-operation with other appropriate European stakeholder organisations, the ECVAA is committed to a continuing cooperation with partner organisations in Europe and beyond. These mainly include the other EBVS-recognised Colleges, the respective Associations in Europe and specialist Colleges in other parts of the world (e.g. North America, and Australasia).

A member of the ECVAA is appointed as representative at the EBVS Board (see policies of the EBVS). The appointment is suggested by the Executive Committee of the ECVAA and generally holds for a maximum of 3 years, with possible extension.

¹ Note that the term **perioperative** care has been chosen instead of perianaesthetic care throughout this document, and also includes care for patients that have been anaesthetised for non-surgical procedures.

Chapter 2. MEMBERSHIP FOR DIPLOMATES OF THE ECVAA

The constitution of the ECVAA has established requirements for certified membership status. Appointment of *de-facto* specialist status ceased in 1998.

Categories of Diplomat Status

New members registered by the College are **certified Diplomates**, currently working in the field of anaesthesia, analgesia and perioperative¹ care. Should a Diplomat no longer meet the requirements for recertification, he/she will become **non-certified** member until such requirements are met (see [Constitution 4.9](#)). Once permanently retired, a Diplomat becomes a **retired** member (see [Constitution 4.7](#)), is no longer active in any aspect of the College, pays no fees and cannot vote on College matters. The College may confer **Honorary Member** status to persons who have made exceptional contributions to veterinary anaesthesia, analgesia or perioperative care¹. Honorary Members shall have all the rights and privileges of Diplomates except the right to vote or hold office in the College (see [Constitution 4.8](#)). Only the certified Diplomates (henceforth named Diplomat) may be registered as ‘Specialists’.

Criteria for Membership

A veterinarian wishing to become a Diplomat of the ECVAA must: (see [Constitution 4.3](#))

- Have been graduated for at least five years from an EAEVE approved veterinary school (listed at <http://www.eaeve.org>). Degrees granted from non EAEVE approved Veterinary Schools will be considered at the discretion of the Education and Recertification Committee, which may grant dispensation from this requisite on an individual basis.
- Have undergone training for at least 4 years; in the general case, 3 years of these include specialist training (i.e. a Residency) in the practice of veterinary anaesthesia, analgesia and perioperative care by the deadline for submission of credentials to sit the examinations (March 1st). See details in the next section.
- Have passed the examinations and received certification by the ECVAA.
- Be licensed to practise veterinary medicine and surgery in Europe. The Executive Committee may allow dispensation from this requirement upon request of the candidate and proposal of the Education and Recertification Committee.
- Have a high moral and ethical standing in the profession. Evidence of professional or legal misconduct may be reason for disqualification.
- Contribute significantly to veterinary anaesthesia / analgesia / perioperative care¹, as represented by publications and demonstrated by a high standard of proficiency in the specialty. In keeping with the Constitutional objectives of the ECVAA, each applicant must demonstrate willingness to contribute to the literature.

¹ Note that the term **perioperative** care has been chosen instead of perianaesthetic care throughout this document, and also includes care for patients that have been anaesthetised for non-surgical procedures.

Specialised Training to become eligible for Membership

In order to become eligible for Membership, the following sequence of training is required (I+II, or III):

(see [Bylaws 5.1](#))

- I. A first period of 1 - 1.5 year(s) prior to beginning the Residency (**pre-Residency training**) which shall consist of a rotating internship (or equivalent) beyond the professional degree. It is important that an internship be truly a rotation, involving a wide range of clinical activities, composed of broad clinical assignments within the major divisions of veterinary medicine. An equivalent period in general practice or other institution will be subject to approval by the Education and Recertification Committee and must attest of a comprehensive broad postgraduate clinical training and experience.

AND

- II. A second period of at least three years called **Residency** constituting a postgraduate training programme under the supervision of Diplomates of the ECVAA, or Diplomates of the ACVAA, as defined by the ECVAA Education and Recertification Committee. An alternate Residency programme, at least as long as the standard Residency programme can be approved for an individual candidate. The precise form of the programme is at the discretion of the Education and Recertification Committee, and must be approved before the training begins.

OR

- III. Be internationally recognised in the field of veterinary anaesthesia, analgesia and perioperative care, at the discretion of the Credentials Committee. The candidate also must provide evidence of training. The standard normally used to define such recognition would be that originally applied to de-facto Diplomates ([See Constitution 4.2](#)). Diplomates of the American College of Veterinary Anesthesia and Analgesia may petition the ECVAA Credentials Committee to be allowed to take the certifying examinations without providing further evidence that they fulfil the credential requirements. The petition must be submitted to the Chairperson of the Credentials Committee before January 1st of the year of the examination.

Knowledge, Skills and Competences of the Diplomates

The required specialised training targets European Qualifications Framework of level 8 (doctoral degree). It allows graduate veterinarians, who have completed a minimum of one year internship programme, or its equivalent, and a minimum of a 3-year Residency Training Programme to acquire in-depth knowledge of the scientific field of Veterinary Anaesthesia, Analgesia and Perioperative care¹, and its supporting disciplines under the supervision and guidance of a Diplomate of the College.

This distinguishes the Specialist level from the first clinical degree (Masters) level (EQF level 7), as well as from the “middle tier” or the “Advanced Practitioner”.

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

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

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

- 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;
- a high moral and ethical standard with regard to his/her contribution to the protection of animal health and welfare, human health and the environment;
- willingness to maintain up to date knowledge through congresses and literature;
- the ability to be acquainted with the structure, objectives, approaches and problems of the veterinary profession and specifically with regard to Veterinary Anaesthesia, Analgesia and Perioperative care¹;
- the ability to keep abreast of new developments in the speciality and become familiar with new methods, before applying these in practice;
- understanding of the limitations of the speciality of Veterinary Anaesthesia, Analgesia and Perioperative care¹;
- understanding of the possibilities that other specialties may have to offer;
- familiarity with the potential of multidisciplinary cooperation;
- awareness of current E.U. and national regulations with regard to all aspects of Veterinary Anaesthesia, Analgesia and Perioperative care¹;
- 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 Anaesthesia, Analgesia and Perioperative care¹;
- a detailed understanding of applicable techniques for research and advanced professional enquiry to support all the above.

¹ Note that the term **perioperative** care has been chosen instead of perianaesthetic care throughout this document, and also includes care for patients that have been anaesthetised for non-surgical procedures.

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

1. perform at a high level of professional expertise in the speciality area of Veterinary Anaesthesia, Analgesia and Perioperative care¹ 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 knowledge of patient safety 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 Anaesthesia, Analgesia and Perioperative care¹ to their own professional work;
7. approach problems in an analytic, scientific way and attempt to find solutions;
8. assign priorities to identified problems;
9. use modern standards of skills and equipment;
10. find required information quickly;
11. organise all aspects of his/her work efficiently and effectively.

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

1. perform at a high level of competency through teaching, research and practice in the speciality of Veterinary Anaesthesia, Analgesia and Perioperative care¹;
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 Anaesthesia, Analgesia and Perioperative care¹.
6. continue to undertake research and/or clinical studies in the field of Veterinary Anaesthesia, Analgesia and Perioperative care¹ at an advanced level, contributing substantially to the development of new techniques, ideas or approaches in the speciality;
7. develop their professional practice and produce a contribution to professional knowledge;
8. maintain both professional expertise and research through advanced scholarship;
9. develop applied research relevant to their professional area and other scientific activities in order to contribute to the quality of the speciality of Veterinary Anaesthesia, Analgesia and Perioperative care¹.

¹ Note that the term **perioperative** care has been chosen instead of perianaesthetic care throughout this document, and also includes care for patients that have been anaesthetised for non-surgical procedures.

Duties of Diplomates

The specialist in Veterinary Anaesthesia, Analgesia and Perioperative care¹ will work in an academic setting, research institution, a primary or referral practice, or in any other settings where animal anaesthesia, analgesia or perioperative care is performed. The main part of his/her time will be devoted to the specialty.

A registered specialist should practise in an institution with adequate facilities for Veterinary Anaesthesia, Analgesia and Perioperative care¹. When the specialist is practising in more than one location, there should be at least one location with adequate facilities.

Certified Diplomates who are registered as Specialists should be actively working in the field of Veterinary Anaesthesia, Analgesia or Perioperative care¹ for at least 60% of their working activity. They are expected to maintain their knowledge at specialist level by attendance at, and contributions to, suitable meetings of specialists. They are expected to advance the subject of Veterinary Anaesthesia, Analgesia and Perioperative care¹ by high quality practice, by research and by contributing to training as outlined above.

Certified Diplomates are expected to contribute actively to the affairs of the College (See [Constitution 4.5](#)). They must attend an ECVAA General Meeting at least once every 3 years (See [Bylaws 1.1](#)) and must provide written apologies for absence to the Secretary of the College if not attending a General Meeting. Should a Diplomate not attend a General Meeting in three years without prior dispensation, the Executive Committee may assign non-certified status. They should be willing to assist in the examination process by marking work submitted for credentials and examination papers, and/or by assisting in Oral/Practical Examinations as requested. They must contribute to the examination questions as detailed in next section. Repeated unexcused failure to contribute actively to the affairs of the College may render a member subject to disciplinary action by the College (See [Constitution 4.5](#)).

Certified Diplomates must contribute to training programmes as relevant to their practice. Diplomates working in suitable establishments may apply for these to be recognised as Approved Training Centres and for their programmes to be recognised as Standard Residency programmes, as described in detail in chapter 4 and its related appendix. Those working elsewhere may supervise or contribute to Alternate programmes, which **MUST** be approved in advance by the Education and Recertification Committee, and should apply to be recognised as Satellite Training Centres. Contributions may also be made at training courses, including those run in conjunction with the AVA/ECVAA meetings.

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Maintenance of Diplomate status

Diplomates may be voted for **removal from membership** of the College (suspension of certification as Diplomate of the ECVAA) if they have failed to pay their annual dues for two consecutive years (See [Constitution 4.6](#)). If annual dues are not paid by March 1st, a first reminder will be sent (by email) on behalf of the Executive Committee which will include a warning that, if the fee remains unpaid by 31st March, then an additional administration fee of €50 will also become payable. After the end of March, one additional reminder will be sent, before the autumn general meeting, with a further administrative fee of €50; that is, two administrative fees will become payable.

The EBVS demands that the Colleges **evaluate and recertify** the status of the Diplomates at 5-year intervals (See [EBVS Policies & Procedures](#)). Deadline to submit the **recertification form** is May 1st (following the 5-year period under evaluation). At this point, Diplomates must submit proof that, in the past 5 years, they have submitted a sufficient number of ECVAA examination questions that were approved by the Examination Committee. Although these questions may be submitted to the Examination Committee at any time, **please note** that only questions submitted before February 1st can be considered for recertification in a specific year. This allows time for constructive feedback and revision (where necessary), such that the questions may be approved before the recertification deadline. Any questions submitted after February 1st will only be taken into account for the following year. A reminder to submit exam questions will be sent to all Diplomates in December.

The [recertification form](#) details the current standard requirements for evaluation. Other evidence of certified status may be considered by the Education and Recertification Committee. In addition, reference letters from two properly qualified colleagues must accompany the application for recertification. It is recommended to use the [Reference letter template](#). Important details can be found on this document. For example, at least one of the reference should arise from an ECVAA Diplomate from the same country, otherwise a specialist in other disciplines or a senior colleague may be required to act as referee.

The certified Diplomate of the ECVAA cannot be certified Diplomate in another College, and must be **actively practising veterinary anaesthesia, analgesia and/or perioperative care** for at least 60% as a mean over the 5-years period under evaluation.

Examples of calculation: (100% based on a 40h/week, ca. 47 working weeks/year)

Year 1	Year 2	Year 3	Year 4	Year 5	Total
100%	0%	50%	100%	100%	70%=OK
60%	60%	50%	80%	60%	62%=OK
60%	0%	60%	60%	60%	48%=insufficient

Extensions of the 5-year period must be granted for maternity or paternity leave, serious health issues and exceptional circumstances.

In case of marginal failure to meet the required number of points for recertification, an extension of one year may be provided at the discretion of the Education and Recertification Committee, in order for the Diplomate under evaluation to achieve at least the number of missing points/specifications. If following this extra year the

Diplomate is then successful at maintaining his/her certified status, the next evaluation will be four years from the end of the extra year. The points/specifications accrued during the extension period will not be considered for the subsequent re-evaluation.

The certified Diplomate status ceases by default when the specialty has not been practised for at least 60% of the 5-year period, and/or should the applicant not meet the requirements for the quinquennial recertification (See [Constitution 4.9](#)). Such Diplomates will become non-certified Diplomates and be removed from the EBVS specialist register.

The non-certified Diplomate may use the title 'Diplomate', but not the title of "Specialist". Non-certified Diplomates must pay the fee for yearly membership (non-certified Diplomate fee) and can act as a co-supervisor in a Residency Training Programme, but may not be an office member of one of the main ECVAA Committees, nor represent the College on the EBVS Board. Exceptions are allowed for membership of the Credentials, Education and Recertification, and the Examination Committees.

Temporary ECVAA Diplomate status for ACVAA Diplomate

Diplomates of the ACVAA practising in Europe can apply to be temporarily certified Diplomate of the ECVAA. The application is made through the certification process, that is, the ACVAA Diplomate must complete, sign, and return the [recertification form](#) to the Executive Secretary of the ECVAA (ecvaa.secretary@gmail.com) demonstrating that all requirements are fulfilled. While a minimum of 60% of the past five years must have been spent **actively practising veterinary anaesthesia, analgesia and/or perioperative care**, it does not have to be spent in Europe. Moreover, attendance to past ECVAA general meetings is not required for first certification of ACVAA diplomates.

The temporary certified Diplomate status ceases by default when the specialty is not practised anymore in Europe, and/or should the applicant not meet the requirements for the quinquennial recertification (See [Constitution 4.9](#)). Such Diplomates will be removed from membership of the College (suspension of certification as temporary Diplomate of the ECVAA).

Diplomates granted temporary certified status must pay the full fee for yearly membership (certified Diplomate fee) on the year of approval. They then have all the rights and duties of other ECVAA Diplomates, but are not allowed to vote, or act as officer of the College..

ACVAA Diplomates acting as Resident Supervisor

Diplomates of the ACVAA acting as ECVAA Resident Supervisor but without temporary ECVAA status must also undergo certification from the ECVAA Education and Recertification Committee, followed by quinquennial re-certification. A (re-) certification fee of 100.00 Euros will be requested. **The [recertification form](#) must be submitted. It details the current standard requirements for evaluation. Attendance to AVA meetings and ECVAA general meetings is not required, neither submission of questions for the ECVAA examinations.**

Award for Lifetime Achievement

The College may confer the Award for Lifetime Achievement on ECVAA Diplomates who have made exceptional contributions to veterinary anaesthesia, analgesia and perioperative care and/or to the working of the College. The Award is a distinction and does not provide any particular right within the College. Nominations for the Award shall be made through the sponsorship of two Diplomates of high standing. The sponsors shall communicate their nomination to the Executive Committee and provide suitable information to the Executive Committee. Election of the award will require a two-thirds majority vote of the Executive Committee and a two-thirds majority vote of the Diplomates attending the Annual General Meeting of the College or participating in an electronic vote. No more than one award can be conferred per calendar year.

Chapter 3. OFFICIAL RECOGNITION OF CENTRES FOR ECVAA TRAINING PROGRAMME

Different types of centres for training programmes

All institutions willing to contribute to training of Residents must be approved by the Education and Recertification Committee.

- ECVAA Training Centres
 - o Training Centres which fulfil all requirements to run a full Standard Residency Programme will be designated as **Approved Training Centre**. The validation is provided to the Centre for 5 years.
 - o Training Centres which fulfil only specific aspects of Veterinary Anaesthesia allowing for contribution to Residents' training by offering regular rotations in their institutions under Diplomate supervision will be designated as **Satellite Training Centre**. The validation is provided to the Centre for 5 years.
- All other Centres where Residents may rotate occasionally (eg. zoo) or without providing Diplomate supervision (eg. main working institution of alternate Residents) will be approved on a case-by-case basis (through submission of a [non-approved centre evaluation form](#)). The approval is granted only under the conditions of the application (location, duration) and a new application is required for each Resident.

Requirements to register as ECVAA Training Centre

Approved and Satellite Training Centres are required to provide a minimum standard of facilities, services and equipment. Availability of such facilities must be documented at the time of centre approval (through submission of [training centre \(re-\)approval form](#)).

Basic centre requirements may include:

1. Medical library: a library containing recent textbooks, current journals relating to veterinary and medical anaesthesia and its supporting disciplines, and internet must be accessible to the Programme participants.
2. Medical records: a complete medical and anaesthetic retrievable record must be maintained for each individual case. The anaesthetic and intensive care records used must be approved by the Education and Recertification Committee. Further details on important features which are expected to appear on the record are given in chapter *Approval of format of Records* ([Appendix II](#)).
3. Full anaesthetic facilities must be available to the Resident, including breathing systems, compressed gases, a range of monitors and facilities for perioperative¹ care. Facilities must be available for a wide range of surgical procedures and species.
4. Diagnostic imaging facilities: separate rooms and appropriate equipment for comprehensive diagnostic imaging must be available.
5. Cardiology: ECG facilities must be available, and cardiac ultrasound is desirable.
6. A clinical pathology laboratory for haematological and clinical chemistry, including blood gas analysis, must be available. Clinical pathology reports must be retained and retrievable.

¹ Note that the term **perioperative** care has been chosen instead of perianaesthetic care throughout this document, and also includes care for patients that have been anaesthetised for non-surgical procedures.

Application to register as ECVAA Training Centre

ECVAA or ACVAA Diplomates seeking full (standard approved centre) or partial (satellite centre) approval of their institution to become a Resident training centre must provide satisfactory evidence proving that they offer sufficient facilities and a programme that fulfils the necessary criteria for approval as a training centre offering a standard Residency training programme. The [training centre \(re-\)approval form](#) should be completed, signed and returned (electronically as scanned PDF document) to the Secretary and the Chairperson of the Education and Recertification Committee. It is important to state clearly who is taking the roles of Centre Supervisor, and Resident Supervisor(s).

Approval is granted for a five-year period, and re-approval is necessary every five years thereafter. An example of a successfully submitted re-approval can be found on the ECVAA website ([Important documents / Useful Resources / Examples](#)).

For first approval of a new training centre, the [training centre \(re-\)approval form](#) must be submitted before February 1st of September 1st to be evaluated by the Education and Recertification Committee at their next meeting. Upon approval of the Education and Recertification Committee, the Executive Committee will consider the application at its next meeting. If the proposed programme is approved, the Centre will be designated as an Approved Training Centre to run Standard Residencies or, if applicable, a Satellite Training Centre to contribute to Residents' training in respect of some specific aspects of veterinary anaesthesia.

Approved training centres will enable the Residents to gain familiarity with anaesthesia, analgesia and perioperative care of a wide range of species, such that the Resident will be able to submit a log-book with fewer than 60 anaesthetic records collected in other institutions.

In **satellite training centres**, training of Residents is limited to a smaller number of species (e.g. only small animals or horses or zoo animals) or to specific aspects of anaesthesia (e.g. laboratory animal anaesthesia). Approval of a Satellite training centre applies only for the species mentioned in the form and does not allow running a standard Residency programme. Residents on a standard Residency programme based elsewhere are allowed to visit Satellite training centres without seeking prior approval of the Education and Recertification Committee. In the event of Residents on an alternate programme visiting that centre, approval is necessary prior to the visit by submission of the [non-approved centre evaluation form](#), while detailed description of the facilities will not be necessary as the satellite centre must have been approved previously by the Education and Recertification Committee.

The Centre Supervisor is responsible to the ECVAA for the smooth running of the Residency programme (according to the content of the programme itself, facilities, rotations, etc) in the Centre for which the approval is requested. He/she is responsible for sending the documents requested for approval/re-approval of the programme to the ECVAA, and for communicating any modification of the programme to the Chairperson of the Education and Recertification Committee.

A Centre Supervisor must be a certified ECVAA Diplomat (full or temporary) approved by the Education and Recertification Committee.

The Resident Supervisor is responsible for the Resident's programme. He/she defines the details and structures, within the framework of the approved programme, the programme of the Resident(s), has an educational role, and provides supervision for research projects, case log and case reports. The Resident Supervisor is responsible for the official communication to the ECVAA regarding the Resident(s). He/she submits the [annual report forms](#) as well as the final recommendation letter.

A Resident Supervisor must be a certified ECVAA or ACVAA Diplomat. Note that ACVAA Diplomates acting as ECVAA Resident Supervisor must undergo the (re)certification process (see chapter 2).

Re-approval of ECVAA Training Centre

Re-approval of training centres and programmes is necessary every five (5) years through submission of the [training centre \(re-\)approval form](#). Submission deadlines are February 1st and September 1st following the end of the five (5) years period. Approval applies to the programme at the named institution and as long as it is supervised by the named Centre Supervisor. Any changes in the structure of the programme or in Diplomates working at the institution must be notified as soon as they happen to the Secretary of the College and the Chairperson of the Education and Recertification Committee. The Approval of the programme ceases immediately if the above-mentioned changes are not communicated to the College within a month of occurring.

Chapter 4. TRAINING PROGRAMME TO ACHIEVE ECVAA DIPLOMATE STATUS

Definition of the Training Programme

The European requirements for specialisation emphasise the importance of evidence of training as well as success in examinations. It is thus essential that each candidate undergoes an approved training programme (as described in the [Appendix I](#)) An ECVAA Training Programme allows a graduate veterinarian (Resident) to acquire in-depth knowledge of Veterinary Anaesthesia, Analgesia and Perioperative care¹, and supporting disciplines under the supervision of a Diplomat of EITHER the ECVAA or the ACVAA.

The Residency training programme is normally provided by approved centres (Standard Approved Residency Programme), but more flexible arrangements for those working outside veterinary schools can also be arranged, subject to advance approval by the Education and Recertification Committee (Alternate Programme).

Objectives of the Training Programme

- To promote clinical proficiency in veterinary anaesthesia, analgesia and perioperative¹ care.
- To provide instruction of the candidate in the science and practice of veterinary anaesthesia, analgesia, perioperative care and supporting disciplines.
- To provide an opportunity to follow career goals in teaching, research, clinical service, and/or specialty practice.

Outline of core curriculum / syllabus material / required knowledge to become a specialist.

The core curriculum for the Dip. ECVAA examinations is composed of two main parts, each of which has subsections. To qualify as a specialist, the Resident will be expected to demonstrate knowledge and understanding of the following topics:

- A. Basic Sciences Applied to Anaesthesia
 1. Physiology (including biochemistry) and anatomy
 2. Pharmacology
 3. Biophysics and physiological monitoring
- B. The Practice of Anaesthesia, Analgesia and Perioperative Care.
 4. Clinical anaesthesia
 5. Anaesthesia in research settings
 6. Analgesia
 7. Perioperative care (including critical/intensive care)
 8. Medicine, surgery and pathology

¹ Note that the term **perioperative** care has been chosen instead of perianaesthetic care throughout this document, and also includes care for patients that have been anaesthetised for non-surgical procedures.

A. Basic Sciences Applied to Anaesthesia

The Resident is expected to demonstrate a thorough knowledge of fundamental and applied aspects of the basic sciences, including techniques of biological measurement used in clinical and experimental settings. They should be aware of how physiological and biochemical studies associated with anaesthesia can be performed in animals and be able to investigate the functional characteristics of anaesthetic apparatus. Residents should be able to apply their knowledge of basic science to the development of veterinary anaesthesia.

1. Physiology (including biochemistry) and anatomy

- | | |
|-----|---|
| 01. | Cardiovascular system and haematology. |
| 02. | Respiratory system and gas exchange. |
| 03. | Central, peripheral and autonomic nervous systems including cerebral metabolism, blood flow and autoregulation. |
| 04. | Renal physiology. |
| 05. | Acid-base and electrolyte physiology, water balance. |
| 06. | Hepatic and gastrointestinal physiology and metabolism (monogastric and polygastric). |
| 07. | Endocrinology. |
| 08. | Maternal, foetal, neonatal and geriatric physiology. |
| 09. | Main biochemical pathways in carbohydrate, fat and protein metabolism and energy production. |
| 10. | The effects of endogenous biologically active substances e.g. histamine, serotonin, prostaglandins and neural peptides. |
| 11. | Thermoregulation |
| 12. | Anatomy, in particular of the thorax, abdomen, head, neck and blood vessels as they relate to anaesthesia. |
| 13. | Anatomy of the central nervous system, spinal cord and nerves desensitised by regional analgesic techniques. |

2. Pharmacology

- | | |
|-----|--|
| 01. | Basic and applied pharmacokinetics (PK) and pharmacodynamics (PD) of all drugs (including infusions) used in anaesthesia, analgesia, fluid therapy and supportive care. |
| 02. | Principles of drug transport across biological membranes. |
| 03. | Influence of pathophysiology on PK and PD. |
| 04. | Potential adverse reactions and interactions of all drugs used in anaesthesia, analgesia, fluid therapy and supportive care. |
| 05. | Current legislation governing drug administration in companion animals, domestic and non-domestic animals, including food producing species. Off-label use of drugs and the prescribing cascade. |
| 06. | The chemical and physical characteristics of crystalloids, colloids and blood products. |

3. <u>Biophysics and Physiological Monitoring & Measurement</u>	
01.	Operating principles, function, limitations and related safety considerations of equipment used to provide anaesthesia, analgesia, fluid therapy and critical care, including resuscitation.
02.	Operating principles, functions, limitations and interpretation of monitoring equipment used in anaesthesia and critical care.
03.	Techniques/Interpretation of measurements used in research settings. Awareness of VICH guidelines, GLPs and GCPs.
04.	Electrical safety, basics of electricity and electrical circuits.
05.	Physical laws including those relating to temperature, pressure and flow of gases and liquids, with particular reference to the design of anaesthetic equipment.
06.	Operating principles, functions and limitations of equipment used to scavenge waste anaesthetic gases
<p>B. <u>The Practice of Anaesthesia, Analgesia and Perioperative Care</u></p> <p><i>The Resident is expected to demonstrate a thorough knowledge of the theoretical and practical aspects of anaesthesia, analgesia and critical care of animals, including specialised clinical and research techniques, statistics and interpretation of results.</i></p>	
4. <u>Clinical Anaesthesia</u>	
01.	Anaesthesia in the range of species normally encountered in clinical practice
02.	Supportive care of animals before and after anaesthesia, surgery and diagnostic procedures.
03.	Anaesthesia of captive and feral wild animals.
04.	Specialised techniques used in anaesthesia or requiring anaesthesia (e.g. angiography, cardiopulmonary bypass, controlled hypotension, hypothermia).
05.	Recent developments in the relevant aspects of medical anaesthesia that may be applied to veterinary anaesthesia.
06.	History of veterinary anaesthesia and related professional organisations.
07.	Major ethical issues raised by advanced veterinary medicine (Moral responsibility, Human-animal relationship, Harm/Benefit evaluation)
5. <u>Anaesthesia in Research Settings</u>	
01.	Principles of Good Laboratory Practice (GLP), the 3 Rs, Humane endpoints, the ARRIVE guidelines, and legislation for animal experimentation in the Resident's respective (European) country (including housing, care, staff education).
02.	Ethics of experiments on animals (5 freedoms & 5 domains in animal welfare, Harm/Benefit evaluation, non <i>in vivo</i> models)
03.	Influence of anaesthesia and analgesia on the results of an experiment and how this would be considered in study design.
04.	Methods of restraint and euthanasia used in laboratory animals.
05.	Anaesthetic and analgesic techniques suitable for survival and non-survival (acute) procedures in research laboratories.

06.	Interpretation of experimental results including common statistical methods and evaluation of internal/external validity.
07.	Interpretation and critical evaluation of published work.
08.	Knowledge of design of experimental trials to evaluate anaesthetic and ancillary drugs or other scientific goals (i.e. drug development, medical device, surgical interventions), and how to guarantee internal and external validity.
6. <u>Analgesia</u>	
01.	Methods of pain assessment and interpretation.
02.	Fundamental and applied aspects of pain physiology and specific pharmacology.
03.	Pathophysiology of pain (including chronic and pathological pain), and its treatment and prevention.
04.	Analgesic strategies in the range of species normally encountered in clinical practice and research settings.
05.	Recent developments in ethical perception, animal welfare/husbandry and legislation.
7. <u>Perioperative Care (including critical/intensive care)</u>	
01.	Theoretical and practical aspects of intensive perioperative care in animals.
02.	Theoretical and practical aspects of cardio-pulmonary cerebral resuscitation
03.	Principles and application of haemodynamic and renal support.
04.	Functions and use of the equipment used in intensive care of the critically ill patient.
05.	Principles and application of artificial lung ventilation as it relates to anaesthesia and intensive care of the critically ill patient.
06.	Recent developments in the relevant aspects of medical critical care that may be applied to peri-operative care in animals.
8. <u>Medicine, Surgery, Pathology, ancillary Diagnostic</u>	
01.	General clinical veterinary medicine and surgery of relevance to the practice of veterinary anaesthesia, analgesia and perioperative care.
02.	Pathophysiology and treatment of medical and surgical diseases of domestic animals, which are of importance in the practice of veterinary anaesthesia, analgesia and perioperative care.
03.	Problems encountered in the application of diagnostic techniques such as radiography, ultrasonography, electro-diagnostic tests, CT and MR imaging, and the influence of anaesthetic methods on these procedures.
04.	Interpretation and assessment of the results of diagnostic / laboratory tests of importance in the practice of veterinary anaesthesia, analgesia and perioperative care, including knowledge of the limitations of these tests in the diagnosis of disease.
05.	Recent developments how pathological processes affect anaesthesia, analgesia and perioperative care, and vice versa.
06.	Special aspects of disease in non-domestic animals, birds, fish, amphibians and laboratory animals.

Chapter 5. ENROLLMENT FOR TRAINEES IN AN ECVAA TRAINING PROGRAMME

To become a candidate eligible for Diplomate status at the ECVAA and sit the examinations, the applicant must enrol in a training programme named “Residency”. The applicant must fulfil preliminary criteria, and obtain individual validation of his training programme (Residency) from both the Secretary and the Chairperson of the Education and Recertification Committee before the starting date can be officially recognised. Read fully the Appendix I to see more details and obtain a more complete overview.

Criteria to enroll in an ECVAA Training Programme

A period of 1 - 1.5 year(s) of training is necessary prior to beginning the Residency, which should cover a range of clinical veterinary disciplines. This pre-Residency training generally consists of a 1 - 1.5 year(s) rotating internship or equivalent, and should be validated by the Education and Recertification Committee. See further details in [Chapter 2](#).

Procedure to enroll in an ECVAA Training Programme

Enrolment in a standard Residency

Applicants must submit the [enrolment form](#) for enrolment in a Standard Residency Programme **before the next coming deadline following the starting date of their Programme**. Deadlines to send the application are on 1st February and 1st September. Applicants are encouraged to submit the application as soon as possible. After each deadline, the received applications are then processed at the next coming meeting of the ECVAA Executive Committee.

The [enrolment form](#) must be submitted by e-mail to **both** the Chairperson of the Education and Recertification Committee and the Secretary of the College, and one printed copy (with the necessary signatures and photograph of the Resident) scanned and sent by email as PDF document, to the Secretary. Further important details are provided in [Appendix I](#).

Enrolment in an alternate Residency

Applicants must apply for enrolment in an Alternate Residency as well as for approval of their programme, before training begins. Therefore an alternate Residency programme can start only after approval by the Executive Committee.

[Enrolment form](#), [Alternate Residency Programme form](#) and [non-approved centre evaluation form\(s\)](#) must be submitted before the 1st February or 1st September to be considered and processed at the next coming meeting of the ECVAA Education and Recertification Committee. The documents must be sent by e-mail **both** to the Chairperson of the Education and Recertification Committee and to the Secretary of the College, and a printed copy (with the necessary signatures) scanned and sent by email as PDF document, to the Secretary. Further important details are provided in [Appendix I](#). In particular, note that one program approval form must be sent for each centre mentioned in the program description.

Maximal number of Residents per Centre / Supervisor

A certified ECVAA or ACVAA Diplomate can act as main Supervisor to a maximum of three (3) ECVAA Residents; no more than two (2) of the Residents can be enrolled in a standard ECVAA training program.

Chapter 6. APPLICATION PROCEDURE FOR VALIDATION OF CREDENTIALS AND TO SIT THE QUALIFYING EXAMINATIONS

This chapter presents the general frame of credential submission. Details are available in the [Appendix II](#). A practical checklist as well as a table with all relevant deadlines for submission can be found on the ECVAA website ([Important documents / Useful Resources](#)).

Reminder ([Appendix I](#)): The maximum duration of standard and alternate Residencies will be 4 and 5 years, respectively. The Resident must then submit his/her credentials to the Credentials Committee within 24 months of completion of the Residency (See [Bylaws 5.2](#)). Credentials documenting completion of the Residency training must be submitted even if the required publications have not been accepted and/or the Resident does not wish to take the examinations in that year. Exceptions to any of these rules must be requested in due time and following the appropriate procedure, as described in the relevant paragraphs ([Appendix I, II](#)).

First submission of the credentials must always follow the procedure detailed below, and include both [intention to submit form](#) and [application to submit form](#). If the candidate knows in advance that he/she does not intend to sit the qualifying examination on the same year, this can be notified in the forms. If the credentials receive approval by the Credentials Committee, but the candidate decides later not to sit the qualifying examination on the same year, withdrawal of attendance to the examinations must be communicated to the Secretary (per electronic mail, ecvaa.secretary@gmail.com, describing briefly the main reason) no later than July 1st. The paid examination fee can be refunded at the candidate's request (with charges for bank transfer paid by the candidate and an additional administrative fee of 10 Euro), or it can be rolled over until the following year (no interest will be refunded). For late cancellation (after July 1st), read [Appendix III](#).

Submission of the “Intention to (re-)submit / sit examinations form”

All candidates intending to submit their credentials for approval and/or to sit the qualifying examinations MUST send the [intention to \(re-\)submit / sit the examinations form](#) at any time but no later than January 1st of the year they wish the procedure to happen. A signed ‘hard copy’ should be scanned and sent by email as a .pdf document to the Secretary of the Executive Committee (ecvaa.secretary@gmail.com) and to the Chairperson of the Credentials Committee. Reception of the [intention to \(re-\) submit / sit the examinations form](#) will be acknowledged by the Secretary. If submission is not acknowledged within 3 days, please contact the Secretary immediately and keep a copy of all communications.

Late or incomplete applications (even if received prior to the deadline) will be rejected. Applications to take the examinations ([Application to \(re-\)submit / sit examinations form](#)) submitted without having sent Intention form by the relevant deadline will not be considered.

Procedure to submit credentials and/or to sit or re-sit the qualifying examinations

A [intention to \(re-\)submit / sit the examinations form](#) must have been submitted. The intention to submit credentials or to sit the qualifying examinations must then be confirmed by the following:

1. For Residents enrolled in 2012 or later, the minimum training programme (3 years) must have been completed by the 1st March. This should be taken into account when deciding the starting date of the Residency. For Residents starting before 2012 a minimum training period of 2.5 to 3 years must have been completed by June 1st of the year concerned.
2. The [application to \(re-\)submit / sit examinations form](#) must be submitted via email **any time before deadline, but must be received no later than March 1st by the Chairperson of the Credentials Committee and the Secretary of the Executive Committee. Late or incomplete applications (even if received prior to the deadline) will be rejected.** Receipt of the [application to \(re-\)submit / sit examinations form](#) will be acknowledged by the Secretary. If submission is not acknowledged within 3 days, please contact the Secretary immediately and keep a copy of all communications.
3. All required documents (see [Appendix II](#)) and the relevant fee must be received by the 1st March, with the exception of the published papers.
4. Published papers or a letter/email from the editor of an internationally refereed scientific journal certifying their FINAL acceptance (subject to minor editorial modifications before printing), must be **received** by the **Chairperson of the Credentials Committee and the Secretary of the Executive Committee by 1st July** of the year the candidate wishes to sit the examinations. Full acceptance of the submitted credentials is conditional until this point.
5. Those who fail to **submit** their credentials within the required timeframe (24 months from the end of the Residency) may be asked to provide further evidence of their continuing practice in veterinary anaesthesia, analgesia and perioperative¹ care. The Credentials Committee may also require them to undergo further training before their credentials can be resubmitted.
6. The credentials deadline may be extended by one year at the discretion of the Credentials Committee if the Resident can prove extenuating circumstances. If a further extension is required, the request should be made annually to the **Chairperson of the Credentials Committee.**

It is the responsibility of the Resident to keep copies of all material submitted to, and correspondence with, the College. Such material may be required as evidence of completion of credentials. The ECVAA is not responsible for any material not received or not acknowledged. The responsibility for accuracy and availability of all required credentials rests with the applicant.

¹ Note that the term **perioperative** care has been chosen instead of perianaesthetic care throughout this document, and also includes care for patients that have been anaesthetised for non-surgical procedures.

In case of credential refusal

If any of the submitted work is considered to be of inadequate standard, the applicant will not be allowed to proceed further with the examinations. The Chairperson of the Credentials Committee will send unsuccessful applicants a notification letter, explaining the deficiencies in the credentials. A subsequent reapplication must include resubmission of the credentials found deficient, a written outline of the actions taken to correct these deficiencies, a new application form, updated curriculum vitae, pertinent correspondence, and any further application fee required. The application material must be presented as previously described.

The procedure for appeal of an adverse decision is described in [Appendix IV](#).

Chapter 7. APPLICATION PROCEDURE TO RE-SIT THE QUALIFYING EXAMINATIONS

The candidate may re-sit each part (1. written, 2. oral/practical) of the examinations three (3) times within 8 years after the end of the Residency (See [Bylaws 5.2](#)).

- no more than 4 attempts at the written examination
- no more than 4 attempts at the oral examination

In case an exception should be requested by the candidate to the Credentials Committee, resubmission of the credentials will be necessary and additional period of training may be required (up to an equivalent of a full Residency).

Application to re-sit any part of the examinations

For candidates who have failed part or all of the examinations but whose credentials are still valid, the [intention to \(re-\)submit / sit examinations form](#) must be received no later than January 1st of the year they wish to re-sit the examinations. Furthermore, the [application to \(re-\)submit / sit examinations form](#) must be received no later than March 1st of the year they wish to re-sit the examinations, **stating which part (written/oral) they are required to re-sit**, together with the relevant fee (see in the website [Important documents: Fees related to the ECVAA](#)) and evidence for passing the credentials (relevant correspondence, acceptance letter).

Chapter 8. QUALIFYING EXAMINATIONS

The examinations will test all aspects of veterinary anaesthesia, analgesia, and perioperative¹ care including aspects of intensive care, and is composed of written and oral/practical sections. Precise details of the format of the examinations and pass marks will be provided each year by the Examination Committee, and can be found in [Appendix III](#), which will be updated annually. The examinations test both theoretical and practical application of this knowledge.

Traditionally, both the written and the oral/practical examinations take place at dedicated centres in Europe (Hannover/Germany and Ghent/Belgium, respectively). Because of the COVID-19 pandemic, options for remote examinations (entirely on computer) have been organized since August 2020. Because of the unpredictable nature of the COVID-19 pandemic, the Examination Committee has decided to continue with the format of remote examinations until further notice. The Examination Committee will ensure that changes in examination format will be communicated to the examination candidates at least 3 months before set examination dates.

The general format of the examinations is as follows:

1. The written part consists of multiple choice, short answer and essay questions.
2. Only those candidates who pass the written part of the examination will proceed to the oral/practical examinations.
3. The oral/practical examinations consist of a 'spots' examination and two oral examinations. During the oral/practical examinations, each candidate will be examined by two examiners. An observer will be present to ensure that the conduct of the examination is fair and equivalent for all candidates. A voice recording will be made of the oral/practical examinations. This part of the examinations may include discussion of the clinical examination of animals, discussion of both anaesthetic and monitoring equipment, and evaluation of real and hypothetical scenarios. Candidates should be prepared to answer questions regarding all areas of veterinary anaesthesia, analgesia, perioperative care including aspects of intensive care, and laboratory/research conditions.
4. Both parts of the examinations must be successfully completed to qualify as a Diplomate of the European College of Veterinary Anaesthesia and Analgesia.
5. Candidates may **resit both written and oral/practical exams** three times.
6. Candidates are reminded that all parts of the examination must be passed within 8 years of completion of the residency programme.

The ECVAAs apply a "fit-to-sit" policy for the examinations. Candidates who apply to sit the exam ([application to \(re-\)submit / sit examinations form](#)) are **automatically** declaring themselves "fit to sit", and appeals on the basis of physical fitness alone will not be considered. If a candidate feels unwell during the examination process, he/she should immediately notify the Chairperson of the Examination Committee (See more details in [Appendix III](#)).

Guidelines and detailed information about the format of the examinations are presented in [Appendix III](#) and will also be sent by the Chairperson of the Examination Committee

¹Note that the term **perioperative** care has been chosen instead of perianaesthetic care throughout this document, and also includes care for patients that have been anaesthetised for non-surgical procedures.

to each candidate before the exam. The candidate will be asked to acknowledge receipt of any communication regarding the exam.
The examination process is continually reviewed to uphold the quality and standard of Diplomate status.

APPENDIX I – TRAINING PROGRAMME

Please note that in addition to the "General description of Training programmes:" described in the first section, there are also important “

Additional requirements common to both Training programmes” mentioned in the next section.

General description of Training programmes:

A Veterinary Anaesthesia Residency Programme must take place in approved centres to guarantee adequate facilities and case load, and consists of a period of at least 3 years of supervised training, postgraduate education, and clinical experience in the science and practice of veterinary anaesthesia, analgesia and perioperative¹ care, as well as supporting disciplines. On acceptance of their enrolment, Residents will be notified of the expected completion date of their Residency. The Resident is continuously under the supervision of at least one certified ECVAA or ACVAA Diplomate who participates actively in that Programme.

Based on a 3-year or 4-year programme, the Resident must respectively allocate at least 94 or 120 weeks (approximately 60%) but not more than 124 or 166 weeks (approximately 80%) of the total time of the Residency to **clinical activity**, that is provision of anaesthesia, pain management and perioperative¹ care (including critical/intensive care) in animals. At least 28 weeks of this time must be spent working with small animals, and at least 28 weeks with large animals. The equivalent of two (2) weeks spent in anaesthesia of animals in a research setting is strongly suggested. *One week is expected to include at least 40 hours of working time.*

The degree of responsibility assumed by the Resident for their cases during clinical activity shall be appropriate to the nature of the procedure and training experience, but must include daily management of anaesthetised animals, provision of perioperative analgesia and the necessary postoperative care.

The Resident must participate in a veterinary anaesthetic out of hours on call service.

Definition of direct supervision

The Resident must spend a large part (see below for specific requirements) of their **clinical activity** under **direct supervision** of a certified ECVAA or ACVAA Diplomate. **Direct supervision** means that a supervisor is present on site and contactable at short notice. Physical presence in the same room would be expected at earlier stages of training, varying with Resident progression, case complexity etc. There should be clear communication between supervisors and Residents regarding expectations for stage of training, including when to provide or ask for help. It is accepted that for out-of-hours coverage a supervisor may not be present on site, but the timing of when this transition occurs should be based on Resident proficiency rather than an arbitrary timeline, and availability of the supervisor by phone would be expected.

¹ Note that the term **perioperative** care has been chosen instead of perianaesthetic care throughout this document, and also includes care for patients that have been anaesthetised for non-surgical procedures.

The Residency Programme can be either a Standard Approved Residency Programme, or an Alternate Programme approved specifically for the individual Resident.

Specifications for Standard Residency Programme

A Standard Veterinary Anaesthesia Residency Programme takes place in one Approved Centre, and does not last more than 4 years. Time spent in **clinical activity** must be **under direct supervision** (see definition above) and must lie between 94 and 124 weeks (60 to 80%) for a 3-year programme, and between 120 and 166 weeks (60 to 80%) for a 4-year programme.

Applicants **MUST** submit the [enrolment form](#) for enrolment in a Standard Residency Programme **before the next deadline following the starting date of their Programme**. Deadlines to send the application are on 1st February and 1st September. Applicants are encouraged to submit the application as soon as possible. After each deadline, the received applications are then processed at the next meeting of the ECVAA Executive Committee.

The [enrolment form](#) must include signatures of the Supervisor and Resident, a [photograph of the Resident](#), and be submitted by e-mail to both the Chairperson of the Education and Recertification Committee and the Secretary of the College as a PDF document.

External rotations (externships) to perform veterinary anaesthesia, analgesia and perioperative¹ care in another place than the home centre are allowed under approval of the Resident's Supervisor. It is the responsibility of the Resident to remind the Supervisor (ECVAA or ACVAA Diplomate) assigned to the Resident in that guest centre to complete an [externship evaluation form](#) and send it to the main Supervisor. This will allow keeping track of the externships of the Resident and the competencies gained. Part one of the [externship evaluation form](#) will be required at the time of approval of credentials.

Specifications for Alternate Residency Programme

A veterinarian whose circumstances do not permit enrolment in a Standard Residency Programme may submit an Alternate Programme to the College. The requirements for the training are comparable but it may take a longer time to complete an Alternate Programme compared to a Standard one as there will be periods of time spent without direct supervision from a Diplomate of the ECVAA/ACVAA.

The total length of this programme is between 3 and 5 years. A main Supervisor (Diplomate of the ECVAA/ACVAA) responsible for the entire programme **MUST** be specified and will follow the Resident through the entire Residency programme. The Alternate Residency Programme must be arranged and approved before the Resident begins training. The Resident must spend variable periods of training **under the direct supervision** (see definition above) **of different Diplomates of the ECVAA/ACVAA** at recognized training centres (approved or satellite), **accumulating at least 65 weeks**. The Alternate Residency Programme should be tailored to the specific conditions of each Resident, and will be evaluated and approved by the Education and Recertification Committee. Programme approval is specific to the Resident named on the application form.

¹ Note that the term **perioperative** care has been chosen instead of perianaesthetic care throughout this document, and also includes care for patients that have been anaesthetised for non-surgical procedures.

The Residents must work during their entire programme in centres approved by the Education and Recertification Committee (approved or satellite training centre), to guarantee adequate facilities and case load. If the home centre or a centre visited for an occasional externship (occasional rotation or without diplomate supervision) is not already approved as standard or satellite centre, it requires approval through the [non-approved centre evaluation form](#).

Over the first 3 years, the Resident must allocate at least **94** weeks (approximately 60%) but not more than **124** weeks (approximately 80%) of the total time of the Residency to **clinical activity** (see definition above). **During the fourth and the fifth years**, the Resident must allocate at least **26** weeks per year (but not more than **41**) to **clinical activity**.

Summary table:

One week is expected to include at least 40 hours

		of which
Clinical activity (provision of anaesthesia, analgesia and perioperative care in animals)	at least 94 weeks	at least 65 weeks
- Dogs & cats	at least 28 weeks	at least 20 weeks
- Equids & food-prod. species	at least 28 weeks	at least 20 weeks
- Research setting	at least 2 weeks	at least 2 weeks
- Any species	remainder	remainder
Non clinical activity (studying, rotations, research, holidays)	at least 32 weeks	-
Total (over 3 years)	156 weeks	at least 65 weeks
		are under the direct supervision of a Diplomate of the ECVAA / ACVAA at recognized training centres (approved or satellite)

Note: the table above is based on a 3-year training programme. If training extends to 4 or 5 years, the required clinic time would increase to 120 and 146 weeks, respectively. However, the number of directly supervised weeks (Diplomate of ECVAA/ACVAA at recognized training centres (approved or satellite)) remains at 65 weeks over 3/4/5 years.

Application procedure for Alternate Residency programme:

Application for enrolment in an alternate training programme requires submission **of three forms: enrolment form, Alternate Residency programme form, and non-approved centre evaluation form** (for this last form, submit one document per visited institution). These forms are downloadable from the ECVAA website (section 'Important documents'). Particular attention is to be paid to including the following information:

- a. [Enrolment form](#) / Section 12: **The main Supervisor's agreement** (ECVAA or ACVAA Diplomate). This main Supervisor will assist the Resident during the preparation of the programme and ensure its smooth running. He/she will be the direct contact for the College regarding matters concerning the alternate Residency programme;

- b. **Alternate Residency Programme form**: A **detailed** programme that will demonstrate how all the requirements of the Residency are met. Please complete the tab pages 'Cover' and 'Programme Description', and using the tab page 'Summary', verify that all requirements are met. An example of this document can be found on the ECVAA website ([Important documents / Useful Resources](#));
- c. **Non-approved centre evaluation form**: **Details for each institution** where the Resident will work and that is not approved by the ECVAA as either full or satellite training centre (! One form per institution !). Approval by the Education and Recertification Committee of the facilities and case load of the institution(s) for the purpose of training a Resident will be valid for that Resident only, and only for the specified part of the training. In such institutions which are not recognised training centres (approved or satellite training centres), the Resident may use the anaesthetic and intensive care records of one of the approved centres in his/her programme, or may ask for approval of the anaesthetic and, if applicable, intensive care records used in the institution by the Education and Recertification Committee. Such approval can only be granted prospectively, with deadlines for submission to the Education and Recertification Committee of 1st of February and 1st of September (for evaluation by the Education and Recertification Committee at their next upcoming meeting);

The precise details and venue(s) will depend on the Resident's specific requirements. On acceptance of their enrolment, Residents will be notified of the expected completion date of their Residency.

Any change to the initially agreed programme must be approved by the Education and Recertification Committee before implementation.

Additional requirements common to both Training programmes

Activity unrelated to clinical anaesthesia (Non clinical activity)

Residents must spend at least 20% (at least 32 weeks for a 3-years programme) of their time within their programme on other than clinical activity. For example:

- Studying in the specialty, Graduate degree studies
- Research or clinical investigation, as well as preparation of scientific manuscripts. The Resident must meet the requirements for Credentials as specified in the [Appendix III](#).
- Rotations in non-anaesthesia, but related disciplines (e.g. cardiology, radiology). If practical, a visit to a human medical hospital is encouraged.
- Attendance of Laboratory Animal Science courses is encouraged to gain knowledge in study design, regulations, animal care and anaesthesia in research settings.
- The Resident is required to participate in the clinical education of graduate veterinarians and/or veterinary medical students assigned to the veterinary anaesthetic rotations.
- Residents must attend some relevant conferences on (veterinary) anaesthesia, perioperative care and related subjects including human medical conferences. During veterinary anaesthesia rotations, the Resident is required to attend "in

house" Residents' seminars and ward rounds as well as scientific journal clubs and other scientific presentations. Residents must provide a list of all lectures, conferences and seminars attended (at their place of work as well as external meetings), as well as all papers presented at conferences and other professional meetings. This list will be submitted to the ECVAA Education and Recertification Committee by the Resident's main Supervisor in the Annual Trainee Report ([annual report forms](#)).

Logbook of case records

During a Residency programme the Resident must maintain a complete record of each anaesthetic and intensive care given. At least three hundred (300) anaesthetic records and fifteen (15) perioperative/intensive care case summaries (all 15 cases presenting significant intensive care) must be collected for approval of credentials. **Anaesthetic records which are not previously approved (see *Approval of format of records*), incomplete, illegible or judged of poor quality will not be considered.** Details on rules for the logbook are in [Appendix II](#).

Note – The logbook will be evaluated based on the detailed spreadsheet, and an electronic copy of 30 selected anaesthetic records will be requested after credential submission. Personal identification of the owner as well as animal name must then be hidden on the submitted copy (see details in [Appendix II](#)).

Meeting with Supervisors, Reports

Residents must meet with their Supervisor at least twice yearly for evaluation of performance and progress. Each new year (January), an Annual Trainee Report ([annual report forms](#)) for the period from January to December of the past year must be filled and submitted by February 1st per Email to the Chairperson of the Education and Recertification Committee. It is the responsibility of the Residents to provide their Supervisors with the information necessary for completion of the ECVAA Annual Trainee Report, and to ensure that the form is submitted by the deadline. The period of Residency included in the report may not cover 12 months if for example the Residency started during the past year.

Duration of the Residency programme, application deadlines

The **maximum duration** of Standard and Alternate Residencies will be 4 and 5 years, respectively.

If circumstances demand an extension of the Residency (maternity leave, illness, exceptional circumstances out of Resident's control...), this may be granted at the discretion of the Education and Recertification Committee. The Resident must submit a request with all the pertinent documentation both to the Secretary and to the Chairperson of the Education and Recertification Committee. The request should be accompanied by a letter from their Supervisor supporting the application. An administrative fee will apply.

The Resident must submit his/her **credentials** ([intention to \(re-\)submit / sit examinations form](#), [application to \(re-\)submit / sit examinations form](#), [checklist Appendix II](#)) to the Credentials Committee **within 24 months of the end of the Residency** (See [Bylaws 5.2](#)) to be eligible to sit the examinations for the Diploma. Credentials documenting completion of the Residency training must be submitted even if the required publications have not been accepted and/or the Resident does not wish to take the examinations in that year.

The Resident must pass the examinations within 8 years of the end of the Residency. Those who fail to do so for any reason are deemed to have withdrawn their candidacy. Should such a Resident wish to continue, and have mitigating circumstances for their failure to meet the targets, they must apply to the Credentials Committee.

Application to extend the period between end of Residency and examination should be accompanied by:

- a. A written outline of the re-applicant's self-evaluation and his/her remedies to correct these deficiencies, and of any mitigating circumstances.
- b. An updated curriculum vitae (use [curriculum vitae template](#)). An addendum should reflect training and experiences directed towards correcting the deficiencies noted in the self-evaluation or in the examination feedback, in the case of multiple examination failures.
- c. An updated case-log as proof of continued experience in the field of veterinary anaesthesia, analgesia and perioperative care. This must contain at least 100 records of anaesthetics given during the previous 3 years, and of these 100, at least 30 must be horses and 30 cats and dogs.
- d. At least one letter of reference. These letter(s) must specifically address the efforts taken by the applicant to correct the deficiencies of previous examinations.
- e. At least one publication (additional to those required for the first submission) in the field of veterinary anaesthesia, analgesia and/or perioperative care with the applicant being the first author. The publication must have been published or finally accepted for publication (proof must be provided) by an internationally refereed scientific journal. The publication must be less than five years old at the date of the current application deadline.
- f. All pertinent correspondence must be provided. This must include a list of all dates of previous applications and appropriate correspondence.

The candidate must contact the Secretary for details regarding to whom and in what form this material should be sent.

Documentation and verification of the Training Programme

The Supervisor, the Resident and the ECVAA have responsibilities for documentation and verification of satisfactory training for each Resident.

The Supervisor is responsible for:

1. The presence of suitable veterinary anaesthesia facilities, equipment, and supplies and ensuring that the educational facilities required for the Resident are available.
2. Being aware of all the details regarding training programmes described within the present Policies and Procedures.
3. Full evaluation of progress and performance once yearly, including quality of anaesthetic records, case reports, conference attendance and presentation of papers. A yearly Annual Trainee Report ([annual report forms](#)) for each supervised Resident (standard and alternate programme) must be sent by the 1st February of each year of candidature to the designated member of the Credentials Committee.
4. For the Centre Supervisor: Applying for re-approval of the training centre and programme every five years ([training centre \(re-\)approval form](#)).
5. Completing the [externship evaluation form](#), for visiting Residents.
6. Maintaining their certified Diplomate status (quinquennial revalidation). ACVAA Diplomates who act as Supervisor of ECVAA Residents must also pass the ECVAA's recertification process.

The Resident is responsible for:

1. Enrolment as a Resident ([enrolment form](#), [alternate Residency Programme form](#) and [non-approved centre evaluation form\(s\)](#) if alternate Residency programme).
2. Maintenance of case records, documentation of conference attendance, and paper presentations.
3. Ensuring documentation of external training by reminding the supervising Diplomate to send [externship evaluation form](#) to the main Residency Supervisor.
4. Ensuring timely submission of the yearly Annual Trainee Report ([annual report forms](#)) to its main Residency Supervisor.
5. Submitting the application for approval of credentials within 24 months of the completion date of the Residency. Credentials must be submitted even if the required publications have not been accepted and/or the Resident does not wish to take the examinations in that year.
6. Application to sit the Diploma examinations so as to enable him/her to pass the examinations within 8 years of completion of the Residency.

The ECVAA is responsible for:

1. Evaluation of each Resident's progress and communication of deficiencies to the Resident and Supervisor.
2. Acknowledgment of receipt of all necessary documents

APPENDIX II - REQUIREMENTS FOR CREDENTIALS EVALUATION

In general, this is the approximate timeframe for credentials and examinations: Intention to sit for January 1st, Final annual report for February 1st, Credential submission for March 1st, Credential approval for May 1st, Letter of paper final acceptance for July 1st, Written examinations beginning September, Results in October, Oral examinations end November, Final results in December.

Reminder (*Appendix I*): The maximum duration of standard and alternate Residencies will be 4 and 5 years, respectively. The Resident must then submit his/her credentials within 24 months of completion of the Residency (See [Bylaws 5.2](#)), **even if the required publications have not been accepted and/or the Resident does not wish to take the examinations in that year**. The credentials deadline may be extended by one year upon request, and at the discretion of the Credentials Committee if the Resident can prove extenuating circumstances. If further extension is required the request should be made annually to the Credentials Committee.

List of material to submit for credentials

A [checklist](#) for submission of Credentials can be downloaded on the ECVAA website ([Important documents / Useful Resources](#)).

The following material must be submitted to the Chairperson of the Credentials Committee for approval of Credentials:

1. Complete [application to \(re-\)submit/sit examinations form](#).
2. Curriculum Vitae. The [curriculum vitae template](#) provided should be used.
3. A reference letter from the applicant's programme Supervisor, sent electronically to both the Secretary and the Chairperson of the Credentials Committee. It is the applicant's responsibility to ensure that the reference letter is sent on time by the Supervisor. The Chairperson of the Credentials Committee and the Secretary are responsible for absolute discretion and confidentiality regarding the reference letter(s).

Reference letters must document the following:

- a. Part one
 - i. Verification of Veterinary Anaesthesia Training Programme and level of supervision.
 - ii. The applicant's proficiency, judgment, knowledge and competence, in view of their readiness for sitting the examinations and, when successful, to work as a specialist.
 - iii. The commitment of the applicant to the Constitutional objectives of the ECVAA.
- b. Part two (on a separate page of the reference letter)
 - i. The anaesthetic case records were personally handled by the applicant, except for some exceptions as noticed in the next Section.
 - ii. The Supervisor approves the submission of the case logbook in its current format.

After approval of the credentials allowing the candidate to sit the examinations, the reference letter(s) will be destroyed.

4. A complete logbook of a series of case records as detailed [in the next section](#). Case records and logbooks not complying with the guidelines will not be considered. Cases listed in the logbook should reflect a diverse caseload (varying procedures, case management and anaesthetic protocols).

5. Two papers on the subject of veterinary anaesthesia, analgesia, or anaesthesia related intensive care. If the paper(s) is/are in a language other than English, the candidate should also provide an extensive summary in English. The papers must be either published or accepted for publication. Letters of final acceptance and copies of accepted manuscripts must be sent electronically to the Chairperson of the Credentials Committee and to the Secretary of the Executive Committee. Due to the time-consuming reviewing process, early submission of the manuscripts to scientific journals is strongly encouraged to meet the deadline. Residents that started the Residency before 1st January 2007 must submit ONLY 1 paper, fulfilling the condition listed below in point [a]-first paper.
 - a. The first paper must be an original paper published in an internationally refereed scientific journal, and the applicant must be first author.
 - b. The second paper can be a case report or a review of which the applicant is first author, or an original scientific paper of which the applicant is first or second author, published in a peer-reviewed international journal. Articles which have not been peer-reviewed will not be considered. Editorial editing process is not a peer-review. (For Residents that started the Residency before 1st January 2016, non-peer-reviewed alternate publications, such as CPD articles, letters or any contribution in a non-peer-reviewed journal may be considered at the discretion of the Credentials Committee.)
6. Two case reports (three case reports for Residents who started the Residency before January 1st 2011) in a form suitable for publication of which the applicant is the first author. They must primarily be related to anaesthesia, analgesia and perioperative¹ care. Case reports of *in-vivo* experiments are acceptable if they are primarily related to anaesthesia, analgesia, or perioperative care. Details on the required format and subjects of case reports are illustrated in the next section.

Case reports already published may not require review process from the Credentials Committee and be directly accepted (final acceptance must be provided before March 1st). Case reports already published in another language must be submitted with an extensive summary in English for the Credentials Committee to appreciate if the topic is appropriate. If the topic is judged appropriate, published case reports that have undergone peer-review will be accepted without further evaluation by the Credentials Committee

Published case reports submitted to fulfil the case report requirement cannot be used to fulfil the requirement for a second publication.

Each case report must be accompanied by a [case report authorship form](#).
7. Previous correspondence pertinent to the training programme and application, if relevant.
8. The final Annual Trainee Report ([annual report forms](#)) covering the whole duration of the Residency programme, and [externship evaluation forms](#), if applicable. The final Annual Trainee Report must include documentation of attendance at ‘in house’ seminars, at conferences and paper/abstract presentations. It is the responsibility of the Supervisor to verify this information.

¹ Note that the term **perioperative** care has been chosen instead of perianaesthetic care throughout this document, and also includes care for patients that have been anaesthetised for non-surgical procedures.

9. Application fee ([Appendix I](#)). The application will not be considered if the application fee has not been paid. The application fee is non-refundable. If any part of the application has to be resubmitted, an administrative fee will be charged.

Responsibility for evaluating the quality of publications, case reports and case records rests with the Credentials Committee.

Note: Residents must keep the original copy of all documents and send photocopies of good quality (in particular documents difficult to replace, such as the case records) using a secure method that allows tracking the parcel and record delivery. The ECVAA is not responsible for lost material, or for material submitted to an address different from the one indicated to the Resident. All documents submitted become property of the ECVAA; they will be destroyed after the full credentials have been approved. Reception of the [intention to \(re-\)submit / sit examinations form](#) and the [application to \(re-\)submit / sit examinations form](#) will be acknowledged by the Secretary. If you do not receive acknowledgements within 3 days after submission, please contact the Secretary immediately and keep a copy of all communications.

Written manuscripts (papers and case reports) may be checked for plagiarism which will not be tolerated.

Collection and submission of the logbook (case records)

During a Residency programme the Resident must maintain a complete record of each anaesthetic and intensive care given. Exactly three hundred (300) anaesthetic records and fifteen (15) perioperative / intensive care case summaries must be submitted for approval of credentials. **The submitted cases are expected to reflect a diverse caseload.**

Approval of format of records

This applies for all Residents. **Only records with an approved format from the ECVAA Education and Recertification Committee will be considered.**

The language of the record is preferably English; other languages are allowed, but if the language used is such that the marking process cannot be carried out, the Credentials Committee will request the Resident to annotate the record in English.

Residents are advised to ensure, at the start of their Residency, that the record templates (anaesthetic and intensive care records) they use have been approved by the Education and Recertification Committee. If the form of the records changes during the Residency, approval must be sought before these can be used.

Residents undertaking an alternate programme must submit for approval the records that they will use at the time of their initial application for enrolment. If, when undertaking a rotation at an Approved Centre, the Resident wishes to use that Centre's record (instead of their own approved version), it is the Resident's responsibility to ensure that the Centre's record has been approved.

Electronic records may be considered by the committee. The record must have been generated by the Resident inputting the data, rather than automatic generation from the monitor. The output of the record must comply with the requirements detailed herein regarding the level of detail and extent of information provided, and be presented in a graphical format where trends can be followed and interventions appreciated.

An anaesthetic record should represent a legal record of significant events and illustrate recognition of trends in monitored parameters. It is expected that the case records presented can be used as evidence should a medico-legal problem arise. The records submitted must be copies of good quality and easily legible. Illegible and incomplete records will not be considered and they may lead to failure of approval of the credentials.

The **minimum** information that should be recorded is (each piece of information listed below must be included in the anaesthetic record):

1. Signalment (including species, breed, age, sex, body weight, body condition score).
2. Details of preanaesthetic examination (physical examination), including any information that affected the choice of a specific anaesthetic protocol (e.g. presence of concurrent disease, results of blood tests or other diagnostic investigations).
3. Physical condition according to the American Society of Anaesthesiologists (ASA) classification system, and notification if emergency (“E”).
4. Procedure to be performed.
5. Details of venous and arterial vascular access (location).
6. Details of the drugs administered as preanaesthetic medication (drug, dose, route, time of administration, effect).
7. Details of the drugs used to induce anaesthesia (drugs, doses, route, time).
8. Details of the drugs used to maintain anaesthesia (drugs, doses, route, time).
9. Size of endotracheal tube (if used) and quality of intubation.
10. Monitoring modalities used (e.g. non-invasive vs invasive blood pressure, peripheral nerve stimulation during neuromuscular block).
11. Breathing system used. Ventilator settings (peak inspiratory pressure, tidal volume, frequency, PEEP) if appropriate.
12. Fluids administered and rates.
13. Blood loss, if applicable.
14. Beginning and end of the procedure.
15. Monitored parameters should be recorded on a regular basis of a minimum of ten minute intervals and consist at least of the essential clinically obtainable cardio-respiratory parameters and signs of anaesthetic depth.
16. Details of postoperative care and postoperative analgesia (if desired, these details can also be recorded on a separate, dedicated sheet).
17. Time of extubation.
18. Notes on quality of recovery.

It should be emphasized that even if a record template has been approved, potentially some of the details mentioned above are not explicitly requested by the form itself, but the Resident is still expected to mention all of them and provide the proof of a complete and appropriate management (pre-, peri-, and post-anaesthetic). The records will be evaluated for this and missing information may lead to loss of marks.

The arrangement and individual components of the record can be varied, but only approved records can be used (not retrospectively).

Details on case record collection

This applies for all Residents.

1. Anaesthesia records

During the training period, Residents should collect the paper record, its copy or a scanned version (pdf format) of 300 cases they anaesthetise.

As general rule (see possible exceptions below):

- The Resident must be the primary anaesthetist
- The procedure must be performed during the Resident's Residency period at an approved training centre in which there is an ECVAA or an ACVAA Diplomate as a Supervisor.
- These cases should have undergone general anaesthesia exceeding 15 minutes duration.

The 300 case records must include at least 50% (150 cases) of clinical cases (i.e. not from a research setting), **reflect the range of ASA categories and the range of your skills** (for example neuromuscular blockade, management of ventilation, diversity of anaesthetic protocols...), and be ordered according to the species including

- i. at least 100 records in domestic small animals (dogs and cats)
- ii. at least 100 records in equidae (horses, ponies, domesticated donkeys and mules)
- iii. at least 25 records in domestic ruminants, pigs and small camelids*
- iv. at least 10 records in other species (for example rabbits, rodents, birds, fish, amphibians, reptiles, wild/feral and zoo species, primates, camelids*).

* Please note that small camelids (llamas, alpacas, guanacos and vicuñas) can be included in both categories iii. and iv. above, but in both categories the number should be limited, such that a variety of other species can still be included.

Within each species they must be organised according to the ASA category.

At least 60% of records should provide details of post-operative care and analgesia (at least in the form of a plan or in the [electronic logbook spreadsheet](#)).

Within the 300 records, a number of case records may be exempted from the general rules as detailed below:

- a. Up to 30 case records involving sedation and/or loco-regional analgesia (without general anaesthesia) for surgery may be included. Local nerve blocks for diagnostic purposes are not acceptable (e.g. lameness workup). These records should include full details of sedation, including drug doses, efficacy of sedation and regular monitoring (at a minimum of 10 minute intervals) of vital signs of the sedated animal. Vascular access and concurrent analgesic use should be noted.

- b. A maximum of 5 cases of less than 15 minutes duration may be included if they (or a series of such) are being used to illustrate a specific technique (e.g. TIVA for field castration in a horse).
- c. For standard Residency programmes, in order to gain experience not otherwise available, up to 60 records (20%) may be of anaesthetics carried out at establishments other than the primary site of the Residency. Such records must not come from the six first months of the Residency, unless previously agreed by the Education and Recertification Committee.
- d. In special circumstances, for example situations where European or American Diplomate supervision is difficult to obtain (e.g. non-human primates, or zoo animal anaesthesia), the College may consider anaesthetic records produced in institutions which have not been already approved or where there is no ECVA/ACVA Diplomate supervision (see also Chapter 3). This exemption is granted only in special circumstances by the Education and Recertification Committee, and must be requested at least 2 months before the visit, by submitting a [Non-approved centre evaluation form](#) and a statement from the Residency Supervisor specifying the reason for the request.
- e. The Credentials Committee accepts that the Resident may not be documented as primary anaesthetist in specific cases, but the Resident must always be actively involved in preparing and managing the case. Such cases must not exceed 15 in total (5%), and must correspond to one of following categories (must be clearly stated on the protocol):
 - a. when working in rotations outside the normal place of their Residency;
 - b. when actively participating in a challenging case of which the indication, management or the species is unusual and not otherwise present in the caselog.

In these circumstances the primary anaesthetist may be another Resident, such that the same case can be included in both case collections. Further exceptions must be requested to the Education and Recertification Committee before the end of the Residency.
- f. Prior permission from the Education and Recertification Committee must be gained if a Resident wishes to submit records obtained during experience gained outside the period of the Residency.

2. Intensive care case summaries

To substantiate the experience gained in perioperative / intensive care, the Resident must collect fifteen (15) cases **including a significant period of intensive care** and write a separate description (case summary) for each case with maximum 500 words on one A4 page using the [description of ICU cases template](#) for guidance. Photocopies of intensive care record sheets are not acceptable and will not be considered for credentials evaluation. The cases must be presented in English. The written case summaries must be submitted, not the intensive care records.

At least three (3) cases must be of large animals, and three (3) of small animals. Up to a maximum of five (5) cases illustrating intensive care in animals, which did not undergo anaesthesia, may be included to fulfil this requirement.

Electronic submission of the logbook (case records) for Residents enrolled after October 2013

Residents enrolled in a Residency Program after October 2013 must submit the logbook via email attachment. Residents enrolled prior to this date can opt to submit the logbook electronically or as paper photocopies via post (*see the next section [Hard copy submission of the logbook](#)*). The choice of submission form (electronic or paper) must be specified to the Chairperson of the Credentials Committee at the time of submitting the [intention to \(re-\)submit / sit examinations form](#).

The deadline for submitting the electronic logbook is the 1st March of the year in which the Resident wishes to validate his/her credentials. The 300 cases anaesthetised during the Residency and used towards approval of the logbook must be entered in the [electronic logbook spreadsheet](#), and the 15 cases for which an intensive care summary has been written must be entered in the [summary table ICU cases document](#).

Do not forget the list of all abbreviations used in the records as well as within the [electronic logbook spreadsheet](#), within the [description of ICU cases form](#) and within the [summary table ICU cases document](#).

Provide a glossary with translation of the relevant medical terms used in the records if in a language other than English, as well as a list must specify the active ingredients if trade names of drugs have been used.

A [summary table ICU cases document](#) must be submitted together with the [electronic logbook spreadsheet](#), AND a separate description page **for each case** with maximum 500 words on only one A4 page using the [description of ICU cases form](#) for guidance.

Note that a designated member of the Credentials Committee will request a pdf (scanned) copy of 30 anaesthetic records from the case log spreadsheet. This request will be made by the Credentials Committee to the candidate via email shortly after submission of credentials. Candidates must be prepared to submit electronically a pdf of the records requested within one week. The records must fulfill the requirements as stated above. Any **personal identification of the owner** as well as animal name (but not institutional ID number) **must be hidden** (black overwritten). If you are unable to meet this deadline for any reason (e.g. holiday, externship) you should make the Chair of the Credentials Committee aware **at the time of submission**. During review of the 30 submitted anaesthetic records, the Credentials Committee may request additional anaesthetic records to aid the evaluation of credentials.

Hard copy submission of the logbook (case records) for Residents enrolled before October 2013

Residents enrolled in a Residency Program before October 2013 may, but are not obliged, to use electronic submission (*see the previous section [Electronic submission of the logbook](#)*). If electronic submission is not used, the Resident must submit the same documents as described for electronic submission, with the exception that the [electronic logbook spreadsheet](#) is not required but replaced by a complete hard copy of the logbook respecting following rules:

- a. A hard copy of the 300 selected anaesthetic case records should be presented and be ordered according to the species
- b. The case records must be bound (ring binders or spiral binding are acceptable). It is expected that it will be necessary to bind them in more than one volume. Loose copies will not be considered for credentials evaluation, resulting in failure.
- c. Within each species, they must be organised according to the ASA category
- d. Each species category must begin with a [summary table per species case log](#)
– This document is required only for hard copy submission. Abbreviations used in this summary table must be added to the abbreviation list on the **general index of case log** .

Details on case reports submission

The Objectives:

- To demonstrate that the Resident can write a case report in a manner suitable for publication.
- To demonstrate the Resident's ability to use the literature in a manner such as to discuss controversial aspects of veterinary anaesthesia.

The case reports (case-based studies; either single or multiple animals) must be submitted in a form suitable for publication (or already published) with the applicant as first author.

An example of [case report](#) of good quality is available on the ECVAA website ([Important documents / Useful Resources](#)).

Written manuscripts (papers and case reports) may be checked for plagiarism which will not be tolerated.

Choice of the cases

It is accepted that not all cases can be original, although originality will be an advantage. However, the case must be interesting, providing challenging anaesthetic situations, and raise questions and possibly controversies, worthy of discussion at a specialist level. Poor marks for discussion may reflect a poor choice of case. The case reports must be relevant to anaesthesia, analgesia or perioperative care including anaesthesia-relevant intensive care.

At least one case report must relate to anaesthesia and they cannot be from the same species, therefore when choosing the case reports it is necessary to consider both the subject and the species.

When considering the species, animals from at least two of the four categories used for the purpose of the logbook should be included. Camelids cannot be included twice.

When considering the subject:

1. at least one case report should be directly related to anaesthesia (i.e. no intensive care or analgesia other than perianaesthetic)
2. at least one case report should describe animal(s) in a clinical setting (i.e. not experimental)

Presentation of the case

All the case reports should be submitted in English.

When a case report has been published, a pdf of the publication must be submitted electronically (by e-mail) without further editing (no need for anonymizing or reformatting). Suitability of the submitted case report will be evaluated by the Chairperson of the Credentials Committee. **Final acceptance without revision required must be provided before March 1st**, otherwise the case report must be submitted as if it would not have been published (see appropriate format below). Case reports already published in another language must be submitted with an extensive summary in English for the Credentials Committee to appreciate if the topic is appropriate. If the topic is judged appropriate, published case reports that have undergone peer-review will be accepted without further evaluation by the Credentials Committee.

When a case report has not been published (including manuscripts under revision), it must be submitted in a form suitable for publication **strictly following the requested format**. Failure to abide by these rules will affect marking of the case report.

- The case reports should contain a title page, an abstract, an introduction, a description of the case, a discussion, acknowledgements and references. When marking the case reports, particular emphasis is placed on the quality of the discussion (see below).
- The maximum length is 3000 words NOT including title, tables, figures or references. A word count should be provided on the title page. Font size 12 and 1.5 line spacing should be used throughout. Harvard style of referencing should be used and references should be limited to the most relevant. Tables and graphs should be kept to the minimum to facilitate understanding of patient care.
- The case reports should be submitted electronically (by e-mail) and for each case, should include one version in pdf-format and a second anonymous version in word format. These should be sent electronically to the Chairperson of the Credentials Committee. In the anonymous version, the author's name, the work address, as well as any indication of the place where the work was done such as trade names of drugs and addresses of any manufacturers of machines and drugs must be removed. In the word-format version, please ensure that you have removed all electronic traces of the changes you have made.
- A [case report authorship form](#) should accompany each case report, even when the Resident is the only author. In particular, the Resident certifies with the authorship form that the case management is in compliance with local laws (for instance appropriate use of drugs for the species of interest).

Examples of case reports can be found in the literature. The writing of a case report is also described e.g. in: "How to write a paper", by George M. Hall, BMJ Publishing Group, 1994.

Marking scheme for case reports

Each case report (except if already published) is marked on 3 major areas by two reviewers:

1. **Description of the case**
2. **Quality of discussion**
3. **Presentation of the document**

In the event of disagreement between two reviewers, the report will be sent to a third reviewer.

The total mark is 100%, of which 30% is dedicated to Case description, 60% to Discussion and 10% to Presentation. A score of zero is given if no case is presented. Each of the 3 areas is evaluated as Poor, Inadequate, Adequate, Good or Excellent. The details of each category can be downloaded on the ECVAA website ([Important documents / Useful Resources](#)): [Marking scheme for evaluation of the case reports as credential](#). The pass mark for each case is 66% (i.e. averaging 'Adequate'). Normally it is expected that all cases should reach a 'pass' grade, although some compensation between cases may be allowed at the discretion of the Credentials Committee.

The marking scheme:

1. Case Description

30% - Excellent. The case and its treatment are fully and concisely described. If peer reviewed the referee would accept with no changes at all.

25% - Good. The case and its treatment are well described. If peer reviewed the referee would accept the presentation with only very minor changes, which could be made at the editorial stage.

20% - Adequate. The case and its treatment are adequately described to justify the discussion, although the reader may be left with some minor questions. If peer reviewed the referee would return to author for corrections, but would be happy for the Editor to ensure they were completed.

15% - Inadequate. After reading the case description the reader is left with several questions, which, if reviewing the report would need to be addressed before considering acceptance. If peer reviewed the referee would return to author for major corrections and request that they viewed it again before it could be considered for acceptance.

0% - Poor. The case description is poor and totally inadequate as a basis for the subsequent discussion. If peer reviewed the referee would reject.

2. Discussion

60% - Excellent. All the relevant points are chosen for discussion, which considers the treatment/mistreatment of the case and other courses of action available. It is self-critical where relevant. During the discussion the author demonstrates a wide knowledge of the current literature, and the ability to use the literature to discuss or to defend their actions. No flaws were found in the discussion. If peer reviewed the referee would accept with no changes.

50% - Good. All the relevant points are chosen for discussion, which considers the treatment/mistreatment of the case and other courses of action available. There is some attempt to be self-critical where relevant. During the discussion the author demonstrates adequate knowledge of the current literature, and uses such references in all the relevant areas. If peer reviewed the referee would accept with minimal changes.

40% - Adequate. Most relevant points are chosen for discussion, but there may be important points not considered. It demonstrates some self-criticism where relevant. Discussion of the treatment/mistreatment of the case and other courses of action available is made with reference to the current literature, but this may be limited, or there may be an over-use of non-evidence based textbook quotes. If peer reviewed the referee would accept with changes, which they would wish to see before acceptance.

30% - Inadequate. Although several points are discussed, the most relevant may not be. Self-criticism, where relevant, is inadequate. References to support discussion of the treatment/mistreatment of the case and other courses of action available are inadequate. There may be an over-use of non-evidence based textbook quotes. If peer reviewed the referee would reject.

0% - Poor. The relevant points are not discussed, or if they are, are not adequately referenced. The author is inadequately self-critical of the handling of the case and doesn't demonstrate much knowledge of the current literature in the field. If peer reviewed the referee would reject.

3. Presentation

10% - Excellent. Presentation is of a very high standard, and the format is exactly as described above. References in text and reference list are always correctly presented.

8% - Good. Presentation is of a good standard, and the format is in general as required. References in text and reference list are, in the main, correctly presented. If peer reviewed the referee would accept with only very minor changes.

6% - Adequate. Presentation may differ in one or two respects from that of the guidelines (e.g. the word count may exceed the limit by up to 10%) and/or there may be one or two mistakes referencing. There may be quite a lot of typing errors and a naive style. If peer reviewed the referee would return to author for corrections.

4% - Inadequate. Presentation does not follow the guidelines either in several smaller respects or in one major respect (word limit more than 10% in excess of the guidelines; lack of abstract etc. many referencing mistakes). If peer reviewed the referee would return to author for major corrections and request that they viewed it again before acceptance.

0% - Poor. Presentation requirements not adhered to. There may be many typographical errors, many major errors of English, and/or many referencing errors. There may be many departures from the guidelines. If peer reviewed the referee would reject on presentation grounds.

APPENDIX III – QUALIFYING EXAMINATIONS

Practical Information on the Written and Oral/Practical Examinations

The ECVAA strongly recommends that candidates arrange personal injury and liability insurance that provides cover for the examination period. If your current employer is a University, you may be covered by its insurance, but we advise that you check this. The ECVAA does not accept any responsibility for injuries which may occur to candidates, or to others, as a result of his/her actions during the written and oral/practical examinations.

The ECVAA applies a "fit-to-sit" policy for the examinations. Candidates submitting an [application to \(re-\)submit / sit examinations form](#) are **automatically** declaring themselves "fit-to-sit", and appeals on the basis of physical fitness alone will not be considered.

- If you feel unwell during the examination process, you should immediately notify the Chair of the Examination Committee. **Abandonment during the examination process** for any reason (including declaration of being unfit) will be considered as an examination attempt. The paid examination fee will not be refunded. For the next examination attendance the re-sit fee will apply.

Any candidate having applied to sit the qualifying examination ([application to \(re-\)submit / sit examinations form](#) received by the Secretary of the ECVAA Executive Committee) and having received confirmation of approval for his/her credentials, **who does not attend the qualifying examinations without prior notice to the Secretary before July 1st and without presenting a valid declaration of being unfit to the Chair of the ECVAA Examination Committee before the start of the examinations**, is susceptible to be charged a penalty fee of €100 (doubled at second occurrence). The non-attended examination will not be considered as an examination attempt. Examination fees will not be refunded. For the next examination attendance the re-sit fee will apply.

- After July 1st, a **declaration of being unfit** for the examination (medical certificate required) must be communicated to, and validated by the Chair of the Examination Committee as soon as possible before the start of the examination process (i.e. before the start of either the written or the practical/oral examinations, respectively). The non-attended examination will not be considered as an examination attempt. The paid examination fee can be refunded at the candidate's request (with charges for bank transfer paid by the candidate and an additional administrative fee of €10), or it can be rolled over until the following year (no interest will be refunded).

Part I: Written Exams

Written examinations are generally held at the end of August or the beginning of September. Because of the unpredictable situation regarding the COVID-19 pandemic, the written examinations will be undertaken remotely (computer-based via a secure professional examinations software - ExamSoft) until further notice. All candidates will have the opportunity to familiarize themselves with the software before the actual examinations. Each candidate will be allocated a candidate number which is used to log onto the examsoft system. The examinations will have to be undertaken under examination conditions with appropriate supervision (invigilation). All examinations may have to be taken simultaneously, regardless of time zone.

All candidates scripts will be marked independently by two Diplomates. The identity of the candidates will be withheld from those marking the examination scripts. The Multiple Choice Questions (MCQs) will be marked electronically.

All examination questions will remain in the possession of the Examination Committee. The Examination Committee will aim to inform candidates of the results of the written examinations within six weeks.

The Written Examinations comprise three 4-hour papers:

1. Day 1

a. **Multiple Choice Paper**

- i. Time allowed - up to 4 hours.
- ii. 100 questions.
- iii. All questions will be in single best answer format, i.e. a 'stem' or statement, followed by FOUR or FIVE answers, only ONE of which is correct.
- iv. Pictures and graphs may appear in the MCQs.
- v. The questions are intended to give the candidate a chance to demonstrate a wide range of knowledge.
- vi. The MCQ examination is positively marked: there is no subtraction for a false answer or an unanswered question.
- vii. An electronic system will be used for the MCQ paper. The correct answers can be ticked on the screen, but answers are not finalised until the whole exam is submitted. Questions will appear in a randomized order for each candidate. The answers are continuously saved on the server, should the laptop/computer malfunction, so that answers are not lost.

b. **Essay Paper**

- i. Time allowed - up to 4 hours.
- ii. Four questions (details below). There are four sections on the paper. Each section has two questions and the candidate must choose one question per section. A total of 4 questions should be answered.
- iii. The four sections are as follows: (i) biophysics, equipment, and monitoring; (ii) pharmacology; (iii) physiology; and (iv) the practice of anaesthesia including perioperative¹ care, how

¹ Note that the term **perioperative** care has been chosen instead of perianaesthetic care throughout this document, and also includes care for patients that have been anaesthetised for non-surgical procedures.

pathological conditions affect anaesthesia (including diagnostic methods), and considerations when planning anaesthesia for research studies.

- iv. Each question should be read very carefully, and it is highly recommended that a plan for each answer is made.
- v. Marking will be on quality, not on quantity.
- vi. The marking scheme allocates marks for: (i) content, factual information and organisation and presentation of material; and (ii) demonstration of understanding, critical ability, originality and integration of knowledge.
- vii. As a guide, each answer is expected to be approximately 2000 words. Any additional text not directly relevant to the question will NOT be taken into consideration.

2. Day 2

a. **Short Answer Paper**

- i. Time allowed - up to 4 hours.
- ii. 15 compulsory questions. There is no choice and all 15 questions should be answered.
- iii. The questions cover all aspects of veterinary anaesthesia (basic science and clinical practice).
- iv. The questions should be answered in the form of 'essay notes'.
- v. Answers should be concise, with facts rather than discussion (unless discussion is specifically requested).
- vi. As a **guide**, each answer is expected to be approximately 300-400 words although this depends on the formulation of the question. Diagrams may be used in addition to this. Any additional text not directly relevant to the question will NOT be taken into consideration.

General considerations for the written examinations

1. Names should never be written on any of the answer papers to guarantee anonymity. Only the unique candidate's number should be used.
2. Diagrams as part of an answer may be drawn on paper and should be handed over to the invigilator for scanning at the end of the examination. Diagrams should be clearly labelled with the candidate number, the examination paper (e.g. SAQ, Essay) and the question number. The candidate's name should NOT be noted on the paper as this will compromise anonymity.
3. All scripts will be sent as PDFs to the markers.
4. Candidates may use an English dictionary during the examinations but no other books are permitted.
5. Examination papers may NOT be removed from the examination hall.
6. Electronic equipment, including mobile phones and other laptops must not be brought to the examinations. Calculators should be shown to the invigilator and may only be used if simple in nature.
7. Examples of multiple choice questions, short answer questions and essay questions are available on the ECVAA web-site (*See 'guide for questions'*).
8. Appropriate feedback of the candidate's performance at the written examinations will be provided in case of failure only.

Marking of the written examinations

1. Maximum score is 300 points – derived by adding the individual percentages scored for each written exam paper: Multiple choice questions (max score 100%), short answer questions (max score 100%) and essay questions (max score 100%).
2. Candidates are expected to pass the MCQ paper according to a minimum pass mark calculated by the *Ebel Method*; this is a system of standard setting by a group of Diplomates, so that a pass mark for each year's MCQ exam is reached by a system of consensus.
3. Compensation for a MCQ score below the set pass mark is not allowed.
4. Candidates must also obtain an overall pass (achieve at least 50%) in the written papers (short answer questions and essay questions combined) to be admitted to the oral/practical examinations.
5. Compensation is not allowed if a score of 40% or lower is achieved for either the essay questions or short answer questions.
6. General framework for marking essay questions (20 points per essay):

<i>Descriptor A (10 points):</i> Content, factual information and organisation and presentation of material	<i>Mark to award</i>	<i>Comment</i>	<i>Descriptor B (10 points):</i> Demonstration of understanding, critical ability, originality and integration of knowledge
Outstanding answer; an exceptional answer that covers everything you can think of and more, evidence of very wide reading, no significant errors; excellent organisation and presentation of material	10	Outstanding pass	Outstanding answer; an exceptional answer demonstrating full understanding; exceptional critical ability; original throughout; excellent integration
Excellent answer; covers everything you can think of; no significant errors; strong evidence of wide reading; excellent organisation and presentation of material	9	Outstanding pass	Excellent answer; full understanding; excellent critical ability; displays many original thoughts, excellent integration
Very good answer; covers almost everything you can think of ; no significant errors, evidence of reading; very good presentation and organisation	8	Outstanding pass	Very good answer; very good understanding, very good critical ability, good evidence of originality, very good integration
Good answer; almost all relevant material included, no significant errors; evidence of reading , presentation of material clear, logical and accurate	7	Pass	Good answer; good evidence of conceptual understanding some limited evidence of critical discussion of evidence, original thought
Sound answer; sound coverage of factual material but largely limited to textbook material, some omissions, but no significant errors, good presentation	6	Pass	Sound answer; evidence of sound conceptual understanding, moderate critical ability, some evidence of integration
Adequate answer; factual content limited to textbook material, lacking in detail, some significant omissions and errors, organisation/presentation adequate	5	Borderline pass/fail	Adequate answer; some evidence of understanding but not sufficiently well argued or structured, no originality

Incomplete answer; information sparse, significant omissions and inaccuracies, little appreciation of topic scope, contains some significant errors, poor organisation/ presentation	4	Fail	Incomplete answer; Limited understanding, poor judgement of what is important and what is trivial
Deficient answer; a small amount of relevant material; many omissions, several significant errors, little of no organisation	3	Fail	Deficient answer; Considerable defects in understanding; no judgement about what is important and what is trivial
Very bad answer; few relevant facts ; many errors, no organisation,	2	Fail	Very bad answer; almost no understanding, no critical ability
Almost no answer; almost no relevant facts; many errors, no organisation	1	Fail	Almost no answer; no understanding or critical ability
No answer; including misread questions	0	Fail	No answer; including misread questions

7. General framework for marking short answer questions:
- a. A maximum of 20 points for each answer: 18 points for factual content as defined by each specific model answer, with 2 points for organisation, presentation and clarity.
 - b. **Example** (only indicative, no absolute scientific value): *What are the components of the mucocilliary escalator and how may its function be affected by anaesthesia?* Points are attributed using the following sections; each section is evaluated for the amount of correct knowledge:
 - Components
 - o Mucous membranes (1)
 - o Respiratory mucus formation (2)
 - o Respiratory cilia (2)
 - Function
 - o Normal function (3)
 - o Impairment of clearance by diseases (1)
 - o Impairment by under/over-humidification (4)
 - o Impairment by drugs (2)
 - o Impairment by airway equipment and mechanical ventilation (3)

Part II: Oral/Practical Examinations

Candidates who have passed the written examinations (Part I) will be invited to attend the oral/practical examinations (Part II). The exact days and actual total duration of this part will depend on the number of candidates participating in the oral/practical examinations; this will be known only after the written examination results.

Oral/practical examinations are generally held at the end of November or the beginning of December. Because of the unpredictable situation regarding the COVID-19 pandemic, the oral/practical examinations will be undertaken remotely via ExamSoft for the spots examination and Zoom for the oral examination until further notice. The examinations will have to be undertaken under examination conditions with appropriate supervision (invigilation). The Examination Committee will aim to inform candidates of the results of the oral/practical examinations within 7 days after the last day of these examinations. Appropriate feedback of the candidate's performance at the oral/practical examinations will be provided in case of failure only.

The Oral/Practical Examinations comprise of the following sections:

- a. The first section is the '**spots**' examination held via ExamSoft in which 8 questions are to be answered within the allowed time frame of 100 minutes.
- b. The **oral examination** will be held via Zoom and consist of (a) small animal and (b) large animal sections. Each section lasts for 40 minutes and generally consists of 3 questions with each a specific time allocated for answering.
- c. All three sections may include questions on biophysics, equipment and monitoring, pharmacology, physiology, and clinical anaesthesia including clinical pathology, perioperative care, anaesthesia in research, laboratory animal anaesthesia as well as some aspects of intensive care.
- d. If a candidate omits an area identified in advance as essential for a certain question in the oral/practical examinations, a prompt will be given. If this important aspect is still omitted despite prompting, a fail mark for this section may be awarded. Not all questions/sections will have areas identified as essential.
- e. The performance of the candidate at the written examinations will not be considered during oral/practical examinations.

Marking

- a. Marking for the spots examination will be 'standard set' so that a pass mark for each year's spots examination is reached by a system of consensus.
- b. For the oral/practical examinations, a 50% pass in each section is required (≥ 50 points out of 100). Each question is individually marked, and contributes to the total mark for that particular section according to its weight, i.e. longer questions contribute heavier.
- c. Compensation between sections is allowed under some circumstances. If a candidate receives a mark of 40-49% in one section, but obtains a total of 50% overall (≥ 150 total points out of 300), the candidate can pass the oral/practical examinations.
- d. Compensation is not allowed if more than one section is failed ($< 50\%$), or for a mark less than 40% in one section.

2. Oral/Practical Examinations (300 points)

- a. The Oral/Practical Examination will start with Spots Examination via ExamSoft in which 8 questions are to be answered within the allowed time frame of 100 minutes. The Oral Examination will be held remotely via Zoom and consist of (1) small animals and (2) large animals sections.
- b. Marking for the Spots Examination will be standard set so that a pass mark for each year's Spots Exam is reached by a system of consensus.
- c. All three sections may include questions on biophysics, equipment and monitoring, pharmacology, physiology, and clinical anaesthesia including clinical pathology, perioperative care, anaesthesia in research, laboratory animal anaesthesia as well as some aspects of intensive care.
- d. For the Oral/Practical Examinations, a 50% pass in each section is required (≥ 50 points out of 100).
- e. Compensation between sections is allowed if a candidate receives a mark of 40-49% in one section, but obtains a total of 50% overall (≥ 150 total points out of 300), the candidate can pass the Oral/Practical examinations.
- f. Compensation is not allowed if more than one section is failed ($<50\%$), or for a mark less than 40% in one section.
- g. If a candidate omits an area identified in advance as essential for a certain question in an oral/practical, a prompt will be given. If this important aspect is still omitted despite prompting, a fail mark for this section may be awarded. Not all questions/sections will have areas identified as essential..
- h. The performance of the candidate at the written examinations will not be considered during Oral/Practical Examinations.

3. Overall total for examinations: 600 Points.

APPENDIX IV – Appeals Procedures

The ECVAA follows the recommendation set in the Bylaws of the EBVS regarding the procedures for appeals against adverse decisions of the College.

Generalities

Adverse decisions by the College may include, but are not limited to:

- Denial of certification of an individual.
- Temporary or permanent suspension of certification.
- Failure of an examination or a part of an examination.
- Denial of adequacy of an individual's credentials.
- Denial of approval of a training (Residency) programme.

Appeal procedures and decisions should be fair and reasonable for all parties, in keeping with the objectives of the ECVAA and the goals of EBVS. Appeal procedures must be treated with due confidence by absolutely all the involved parties.

Communication of the right of Appeal

In the event of an adverse decision, the Secretary of the ECVAA will notify the affected party (or parties) of the procedure for appealing against the adverse decision. This notification must be included with the communication that gives notice of the adverse decision itself, and specify that the Appeal should be sent to the Secretary of the ECVAA in the first place (ecvaa.secretary@gmail.com).

Grounds for Appeal

The ECVAA will consider Appeals made on the following potential grounds:

- The ECVAA failed to apply its own or EBVS's published rules, procedures or criteria relevant to the decision in question.
- The ECVAA's published rules, procedures or criteria were not compliant with the Policies and Procedures of the EBVS.
- The ECVAA imposed a sanction that was disproportionate to the gravity of the adverse decision against the Appellant.

Commencing an Appeal Process

The Appeal must be made in writing to the Secretary of the ECVAA. This should include a statement of the grounds for reconsideration of an adverse decision, together with any documentation in support of the petition. **The Appeal must be sent** (electronic or post mail) **within 90 days of the date of the written notification** from the ECVAA which includes the adverse decision. **In the particular case of an Appeal against denial of adequacy of an individual's credentials, the Appeal must be sent not before 7 days (to guarantee adequate preparation) and not later than 21 days after the date of the written notification (electronic or post mail).**

Submission of an Appeal to the College will incur an administrative charge of € 50.00 to cover the expenses for consideration of the Appeal. An invoice will be sent within 2 working days after receipt of the Appeal. **If the Appellant does not pay his/her administrative charge within 3 working days of receiving the invoice then this will be deemed an admission of liability** (and the Appeal process will be cancelled). If the Notice of Appeal is accepted, the Appellant must pay a deposit of € 950.00 to guarantee that the expenses of the Appeal will be covered. An invoice will be sent no later than 1 working day after confirmation that the Notice of Appeal is accepted. **If the Appellant does not pay his/her deposit within 2 weeks (14 days) of receiving the invoice then this will be deemed an admission of liability** (and the Appeal process will be cancelled). If the Appeal is finally upheld, the deposit will be re-paid in full (€ 950.00). If the Appeal is rejected, all the costs relating to the Appeal shall be paid by the Appellant. Any remaining deposit will be re-paid to the Appellant together with an itemisation of the costs retained.

The Secretary of the ECVAA will acknowledge receipt of an Appeal **within 5 working days**. The Appeal will then be processed by a nominated Executive Officer of the College (normally the PResident), who shall have had no prior involvement with the case, and who has no potential conflict of interest with the Appellant or the Committee that made the adverse decision.

This Officer will decide **within 10 working days** whether a proper ‘Grounds for Appeal’ has been identified and thus an Appeals Committee should be appointed; the Officer will also propose the composition of the Appeals Committee.

No later than 20 days after receipt of the Appeal, the Officer will inform the Appellant and the Secretary of the College whether or not the Notice of Appeal has been accepted and, if so, of the proposed membership of the Appeals committee.

Where a College makes a decision that no proper Grounds for Appeal has been identified, the College may inform the Appellant that either:

- it will take no further action (and explain the justification for this), or
- it will consider a request for an informal review of an adverse decision by the College on non-appealable grounds.

The Appeals Committee

The Appeals Committee will be made up of three Diplomates of the College (one Chairperson, two assessors) who shall not (i) be serving members of the Executive Committee of the College or (ii) be members of the relevant committee that made the adverse decision, or (iii) have had any prior involvement with the case, or (iv) have any potential conflict of interest with the Appellant or the relevant Committee.

Conduct of an Appeal Process

The Appellant shall be informed of his/her right to raise concerns about, or object to, the membership of the Appeals Committee **within 5 working days** following communication of its composition. Such an objection must be made in writing (email) to the Secretary of the ECVAA, including a statement of the grounds for objection. Revision of the Appeals Committee may be considered by the nominated Officer.

No later than 15 days after the date the College informed the Appellant of the initial proposed membership of the appeals committee, the definitive Appeals Committee must be appointed.

Within 5 more working days the definitive Appeals Committee will be informed and all the relevant information and documents will be sent by the Secretary of the ECVAA to the Chairperson.

The Appeals Committee then has **40 days** to communicate their final decision to the Secretary of the ECVAA.

The Appeals Committee is allowed to request information relevant to its consideration of the Appeal from any relevant party. The Appeals Committee must consider carefully the need or not for an oral hearing. Where the Appeals Committee decides not to hold an oral hearing, reasons for that decision must be provided **within 20 days** after appointment, both to the Secretary of the ECVAA and to the Appellant. The oral hearing must be attended by all three members of the Appeals Committee. Neither party may be represented by legal counsel, although the provisions of the law in the country where the College is registered must be taken into consideration. Oral hearings will be conducted in English. The Appellant may be accompanied by an individual ('representative'), who may assist him/her to present the Appeal. The representative will not be allowed to participate in answering specific questions but, at the discretion of the Chairperson, may be allowed to provide necessary language translations and may, at the end, be allowed to make a statement on behalf of the Appellant. A transcript or detailed minutes of the meeting will be kept. An electronic recording may be made with the prior consent of all parties. The minutes and, if it is made, the electronic recording, shall be made available to the meeting's participants on request.

The Appeals Committee has the discretion to reject or uphold the Appeal according to its independent view of the merits of the Appeal. Where the Appeal is upheld, in whole or in part, the Appeals Committee may modify or reverse the previous adverse decision or adjust the sanction. The decision of the Appeals Committee will be reached by a majority vote of the members of the Committee, the Chairperson to have the casting vote if necessary. In communicating the decision of the Appeals Committee to the Executive Committee, the Chairperson will give the reasons for the decision.

After receiving communication of the decision of the Appeals Committee, the Executive Committee of the College will check that the procedure followed by the Appeals Committee complies with the College Policies and Procedures; if these have been followed correctly the recommendation will be accepted. The Executive Committee of the College shall communicate the decision, via electronic means and in addition, if there is no satisfactory confirmation of receipt, via registered post, to the Appellant, **within 15 days** of receipt of the Appeal decision.

Appeal to the outcome of an Appeal procedure

If the Appellant is not satisfied with the outcome, he/she may appeal to the European Board of Veterinary Specialisation (EBVS) against the decision of the College **within 60 days** of the date on which the outcome of an Appeal was communicated to the Appellant by the College, and shall include a clear statement of the grounds for Appeal of the decision. The procedure to follow is detailed within the Bylaws of the EBVS.