**European College of Veterinary Anaesthesia and Analgesia**



**ECVAA Training Centre (re-)accreditation**

**Instructions to Diplomates:**

* Please type in the boxes / tables and expand the number of lines as required.
* Point and click the boxes to tick.
* Sign and date the form
* Save the form as a .pdf using this format: NAME OF TRAINING CENTRE\_YEAR
* The deadline for receipt this form is **1st Sept**.
* Submit this form directly to the Chair of Education and Re-certification Committee (education.ecvaa@gmail.com)
* This form should be accompanied by an example of the case-record (or records) for anaesthesia and intensive care which the Resident will use and will present for acceptance of credentials (as pdf document).

I am applying for:

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

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

**Name of Programme Director and full and complete name and address (including country) of the ECVAA Training Centre** *(Please do not use acronyms for name of centre)*

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| --- |
| *Residency Programme Director:**Full name of Centre:**Abbreviated name of the Centre (if appropriate):**Full address of Centre:* |

|  |
| --- |
| *Training Centre website address:*  |

**Centre details**

**Length of Standard Residency (years)** 3 years [ ]  4 years [ ]  other [ ]

**Specialty of the Centre (tick one only)**

Small Animal [ ]  Large Animal [ ]  Small and Large Animal [ ]

**Mandatory:** Provide an internet address (website) where information can be accessed about your activity. This internet address may be provided on the ECVAA website as a link from the list of available training centres.

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| --- | --- |
| **For official use only** | Yes/No |
| Centre address and website is provided and **functional**  |  |

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

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

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

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

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

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

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

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

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

|  |  |
| --- | --- |
| **For official use only** | Yes/No |
| Number of current/foreseen residents does not exceed three (of which maximally two) are standard, per diplomate  |  |

**1.2. FOR STANDARD APPROVED CENTRE: SPECIFIC PROGRAMME DESCRIPTION
(FOR ALTERNATIVE TRAINING CENTRES, PLEASE GO DIRECTLY TO POINT 2.)**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Small Animal Anaesthesia** | **Large Animal Anaesthesia** | **ICU / Emergency** |
| *1* |  |  |  |
| *2* |  |  |  |
| *3* |  |  |  |
| *4* |  |  |  |

|  |  |
| --- | --- |
| **For official use only** | Yes/No |
| Total clinical weeks falls between 94-124 (3 year residency) or 120-166 (4 year residency).  |  |

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

|  |  |  |
| --- | --- | --- |
| **Year** | **Discipline & details** | **Weeks** |
|  |  |  |
|  |  |  |
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| --- | --- |
| **For official use only** | Yes/No |
| Provisions for mandatory rotations (2 weeks ICU, 1 week cardiology, 1 week diagnostic imaging) are described |  |

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

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

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

1. **Vacation time** – weeks per year

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

|  |  |
| --- | --- |
| **For official use only** | Yes/No |
| Weeks spent performing non-clinical anaesthesia (i.e. research, vacation and external clinical rotations) equal at least 32 weeks (3 year residency) or 42 weeks (4-year residency). |  |

**1.2.2.** **Continuing Professional Development (CPD).**

Do you confirm that the programme will have the provision to allow the resident to attend at least one AVA meeting during their training, and that regular internal teaching will be undertaken (e.g. book & journal clubs?) [ ]  Yes[ ]  No****

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| --- | --- |
| **For official use only** | Yes/No |
| There are plans for the resident to attend at least one AVA meeting during the residency  |  |

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

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| *Please type here* |

**1.2.4.** **Evaluation of Resident’s performance**.

The Policies and Procedures requires a minimum of 2 meetings with the resident annually to discuss their progress. Do you confirm these will be scheduled? [ ]  Yes[ ]  No

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

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

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

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

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

 [ ]  Yes****[ ]  No****

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| *Please type here* |

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| **For official use only** | Yes/No |
| Anaesthetic record and ICU record are provided, annotated where appropriate and are adequate.  |  |

2.1.3. Medical facilities:

In my opinion, the centre currently being proposed for approval will provide exposure of the resident to a suitable range of anaesthetic machines, monitors, and adjunctive equipment, to allow a sound and wide-ranging knowledge of anaesthesia practice. In addition, adequate facilities are available to allow exposure to a range of surgical procedures, diagnostic imaging (including CT and MRI), clinical pathology and intensive care. [ ]  Yes****[ ]  No****

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

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

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

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

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

|  |  |
| --- | --- |
| **EBVS college (or ABVS equivalent)** | **Present at centre being proposed? (Yes/No)** |
| ECVIM |  |
| ECVN |  |
| ECVS |  |
| ECVDI |  |
| ECVECC |  |

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| Programme Director (Name in BLOCK CAPITALS):Signature:Date: |

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

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

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