



**EUROPEAN COLLEGE
OF
VETERINARY OPHTHALMOLOGISTS**

EDUCATION AND RESIDENCY COMMITTEE

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EDUCATION AND RESIDENCY COMMITTEE (ERC)

Mission

The Education and Residency Committee (ERC) strives to optimize the training of ECVO Residents in order to optimally prepare Residents for the ECVO qualifying examination and for their future tasks as an ECVO Diplomate. The ERC pursues this goal by setting criteria for the residency programmes, approving programmes and their sponsors, and by monitoring each Resident's progress through the receipt of regular reports. The ERC will maintain lists of approved residency programmes, approved supervisors and current Residents. It will document detailed requirements for residency programmes that are necessary for the European College of Veterinary Ophthalmologists' approval.

Membership

The Education and Residency Committee (ERC) shall be composed of six to nine members appointed by the Executive Committee for a term of three years. The President shall be an ex officio member of this committee. The senior member of the Committee in terms of service shall serve as Chairperson, unless the Executive Committee decides otherwise.

The ERC is responsible for

- **Setting criteria for the ECVO residency training programmes** and providing detailed documentation of the programme requirements
- **Approving the ECVO residency training programmes** and their sponsors
- **Maintaining lists** of approved residency programmes, approved supervisors and current Residents.
- **Evaluation of each Resident's progress** annually based on the Programme Evaluation and Progress form submitted by the Resident and the Director and on the content of the Resident's Logs.
- **Communication of deficiencies to the Programme Supervisor and Resident.** If there are deficiencies deemed to be significant to the ERC's ability to evaluate thoroughly a Resident's progress, the Resident may be required to correct and resubmit Residency Programme Documentation outside of the regular annual documentation submission schedule.
- **Certification of Completion of Training Programme.**
Once a Resident has completed his/her residency training to the satisfaction of the College, the ERC will issue to the Resident the form certifying completion of the programme. This form must be included in the Resident's application to the Credentials Committee to determine eligibility to sit the Diploma examination. Approval of training does not guarantee the acceptance of the application by the Credentials Committee.

ERC-ECVO FORMS

ERC forms can be downloaded from our website www.ecvo.org. Access to this restricted area of the website is limited to Residents and Supervisors. A password can be requested from the Communications Committee.

FORM 1: Guidelines for RRTP and ARTP Application Forms (word-doc)

FORM 2: Application Form for Residency Training Programme (RRTP/ARTP) Approval (word-doc)

FORM 2b: Programme Outline form for Diplomates and External Participants of ARTP (word-doc)

FORM 3: Programme Director's Statement (word-doc)

ECVO ERC Online Forms System (www.ecvo.org):

- General Form
- Species Case Entry
- Daily Surgery Log
- Training Entry
- Presentation Log
- Research Project
- Programme Evaluation Form
- Progress Evaluation Form
- End of Residency Questionnaire
- Signature Forms

ECVO RESIDENCY TRAINING PROGRAMME (RTP)

Individuals interested in a residency training programme (RTP) should apply directly to an institution which is registered for and is advertising such a programme. A list of such institutions is available on the ECVO website (www.ecvo.org) or from the secretary of the ECVO.

Definition

A Veterinary Ophthalmology Residency Training Programme is a training programme allowing a graduate veterinarian ("Resident") to acquire in-depth knowledge of veterinary medical and surgical ophthalmology and its supporting disciplines under the supervision and guidance of board-certified Diplomates. The principal supervisor must be an ECVO Diplomate.

This period is designed to educate the Resident primarily in the art and science of veterinary ophthalmology. There shall be additional instruction in the related disciplines of diagnostic imaging, anaesthesiology, histopathology and the basic sciences of anatomy, physiology, and pathology.

Regular Residency Training Programmes (RRTPs) are those offered by the parent institution on a routine and regular basis without modifications for particular applicants.

Alternate Residency Training Programmes (ARTPs) may be submitted to the ERC in exceptional cases, for a candidate whose circumstances do not permit enrolment in a formal or routine programme. The quality and total amount of training of an ARTTP must be equivalent to a RRTP.

Objectives of a residency training programme in veterinary ophthalmology

- To promote aptitude and clinical proficiency in the diagnosis, in the medical and surgical treatments, and postoperative management of animals with eye disease(s).
- To instruct the Resident in the science and practice of veterinary ophthalmology and its supporting disciplines.
- To provide the Resident with the opportunity to pursue career goals in teaching, research, clinical service, and/or speciality practice.

REQUIREMENTS

1. The candidate must be a graduate of an EAEVE-approved veterinary school, unless relieved of this obligation by the Credentials Committee.
2. The candidate must be practising, licensed or eligible to be licensed to practise in a European country. Applicants may be relieved of this requirement in exceptional cases.

3. **Prerequisite:** Prospective Residents will be required to have broad training and experience in clinical veterinary medicine and surgery and their supporting disciplines, which must be obtained by participation in an internship of no less than one (1) year duration or two (2) years of private practice post – DVM or equivalent training. The internship, or its equivalent has to be approved by the Credentials Committee prior the submission of an application for a residency programme to the Education and Residency Committee.

An internship offers an opportunity for recent graduates to obtain additional training in the clinical and basic sciences. An internship is composed of a broad range of clinical assignments within one of the major specialties of veterinary medicine.

It is important that an internship be truly a rotation, involving a wide range of clinical activities. It should be conceived as a training programme for the intern rather than a service benefit for the clinic.

A programme for an internship should include training in internal medicine, neurology, oncology, surgery, dermatology, diagnostic imaging, anaesthesiology, veterinary pathology (including histology and cytology) and zoological/exotic/special species medicine (birds, small mammals, reptiles, etc.)

4. The candidate must have received prior approval from the Credentials Committee before being considered as a Prospective Resident.
5. A RTP shall consist of a period of **no less than 36 months** of supervised training by one or several ECVO/ACVO Diplomates, to obtain postgraduate education, and clinical experience in the science and practice of veterinary ophthalmology and its supporting disciplines (diagnostic imaging, anaesthesiology, histopathology and the basic sciences of anatomy, physiology, and pathology).
6. The RTP will be directed by at least one (1) principal supervising ECVO diplomate (Programme Director) who will actively participate in that programme as defined by the ERC.
7. Graduate degree studies may be included in the Programme provided that the time spent for those studies does not interfere with the required time of training in clinical veterinary ophthalmology.
8. At least one Research project (clinical or experimental study) should be included in the Programme.
9. Continuing education programmes may be included in the programme. It must be noted that in general these programmes will not contribute towards meeting the minimum residency requirements as explained later in this document.
10. Facilities, Services and Equipment Required for an ECVO Residency Programme:
 - A. Medical library: A library containing recent textbooks and current journals relating to veterinary ophthalmology and its supporting disciplines must be accessible.
 - B. Medical records: A complete medical record must be maintained for each individual case and those records must be retrievable.
 - C. Facilities for ophthalmic consultations:

1. The consult room(s) must be sized adequately for the patient, staff and associated equipment.
 2. Required equipment with which the Resident is to gain proficiency:
 - Indirect and direct ophthalmoscopes
 - Slit-lamp biomicroscope
 - Rebound tonometer, applanation tonometer, Schiottz tonometer
 - Goniolenses
 - Fundus and external cameras
 - Ultrasonography
 - Electroretinography
 - Operating microscope
 - Phacoemulsification machine
 - Blood pressure monitoring equipment
 - Cytology microscope
- D. Radiographic and imaging services: Appropriate equipment for comprehensive diagnostic imaging and darkroom processing must be available on or off site.
- E. Pathology services:
- Clinical pathology: A clinical pathology laboratory for haematologic, clinical chemistry, microbiologic, and cytological diagnosis must be available on or off site. Clinical pathology reports must be retained and retrievable.
 - Histopathology: Facilities for histological examination of surgical and necropsy tissues must be available on or off site. Histopathology reports must be retained and retrievable.
- F. Surgical facilities:
- Operating suite: The operating suite must be consistent with current concepts of aseptic surgery. The surgery room(s) must be sized adequately for the patient, staff and associated equipment. An emergency power system is strongly recommended. Adjacent room(s) shall be provided for induction and postoperative recovery.
 - Anaesthetic and critical care equipment: An anaesthetic machine and medical gases, a positive-pressure ventilator, and a physiologic recorder, including blood pressure and electrocardiographic monitoring, are required.
 - Surgical instrumentation: A full set of general and special ophthalmic instrumentation including an operating microscope and surgical loupes should be available for diagnostic and operative surgery of the eye and the adnexa.
 - Photography: Photographic equipment for documentation of the eye and adnexa diseases is required. A video capture device mounted to the operating microscope is recommended for cataract surgery training.
 - Sterilization: steam and heat sterilization of surgical instrumentation and supplies must be available.

APPLICATION PROCEDURE (ARTP/RRTP)

- The candidate must have received prior approval from the Credentials Committee before being considered as a Prospective Resident.
- The Principal Supervising Diplomate (Programme Director, Dipl ECVO) is required to submit an “[Application Form for RRTP/ARTP Approval](#)” (form 2) to the ERC **at least 90 days before the starting date** of the residency programme. Service in the programme initiated prior to approval of the residency will not count toward completion of the programme. Participation of external Supervisors in ophthalmology (ACVO/ECVO) or speciality disciplines require submission of form 2b.
- “[Programme Director's Statement](#)” (form 3) must be submitted, by email, to the ERC within 30 days after programme initiation.
- **The ERC approval for a residency training programme (RRTP/ARTP) is given on an individual basis, for a given Candidate Resident.** Each Resident should be provided with a copy of the “Application Form for a RRTP/ARTP Approval” and with a copy of the “Programme Director’s Statement”. Any changes to the programme must be notified to and approved by the ERC.
- A single Supervisor may direct the training of no more than two (2) Residents at any given time. If during the programme a Director is required to supervise more than two Residents, **all programmes** of the institution then become conditional upon **re-review** of the ERC.
- The RTPs are approved by the ERC for a **fixed period of six (6) years**. If **continuation of the RRTP** is required, the programme description must be updated and resubmitted to the ERC for new approval. This should be done not less than 1 year prior to the residency end date.
- **Alternate RTP (ARTP) and external participants to a RRTP:** The “External Participants - ECVO/ACVO Diplomates” who will participate in the training of the Resident - should be contacted and appointed by the Principal Supervisor and/or Candidate Resident **before** the beginning of the training period. These **external participants** should complete the “[Programme Outline Form for External Participants](#)” (form 2b) and describe the nature, duration and the dates of the training offered. This document should be submitted to the ERC together with the “[Application Form for RRTP/ARTP Approval](#)” (form 2).

RESIDENCY TRAINING PROGRAMME

The Principal Supervising Diplomate’s Responsibilities:

- Verification of pre-residency training.
- Developing a residency training programme that meets all ECVO requirements (for RRTPs or ARTPs).
- Contacting and appointing External Participants - ECVO/ACVO Diplomates who may participate in the training of the Resident during the RRTP/ARTP. These should be contacted and appointed by the Supervisor before the beginning of the training period.
- Administration and continuity of the programme.

- Guaranteeing access to specialists in ophthalmology and other disciplines required for the entire duration of the ECVO Residency Training Programme.
- Verification of the Residency Training Logs.
- Meeting with the Resident at least twice a year for evaluation of performance and progress.
- Submission (by email or online) of the “[Programme Evaluation and Progress Form for the Diplomate](#)” (form 15) by the Programme Director and External Participants, to the chair of the ERC on a yearly basis. A copy must also be given to the Resident. **Forms must be submitted not later than 1 month after completion of each 12-month period.** Late and/or incomplete submissions will not be evaluated and may lead to the requirement of additional residency training time of 6 months at the discretion of the ERC.
- **The “[Programme Director's Statement](#)” (form 3)** must be filed for each Resident when a **Diplomate supervisor changes**. It is the responsibility of the new Diplomate Supervisor to file a new “Programme Director’s Statement” for each Resident to signify the change in responsibilities.

The Resident’s Responsibilities:

The degree of responsibility assumed by the Resident shall be appropriate to the nature of the clinical case, surgical procedure and training experience.

The Resident shall be responsible for:

- Receiving clinic appointments and obtaining history and pertinent information from the client.
- Providing optimal clinical service and prompt professional communications.
- Performing and managing emergency consultations and surgical cases.
- Supervising daily management of hospitalized animals.
- Participating in clinical teaching.
- Completion of all residency programme requirements as defined in this Information Brochure.
- Maintenance of all required programme data.
- Submission of yearly documentation forms (via the online forms system) to the ERC. **Forms must be submitted no later than 1 month after completion of each 12-month period.** Late and/or incomplete submissions will not be evaluated and may lead to the requirement of additional residency training time up to 6 months at the discretion of the ERC.
- Reviewing the yearly Training Evaluation provided by the ERC. **All changes suggested by the Committee should be incorporated into the following 12 months submission.** In certain circumstances, the Committee may ask that **revised paperwork** be submitted immediately. If severe deficiencies are noted, the candidate may be placed on probation. If weaknesses are identified, the Supervisor will also be notified.
- In exceptional circumstances the Resident may contact and appoint External Participants, i.e. ECVO/ACVO Diplomates who may participate in the training of the Resident during the RRTP/ARTP. External Participants should be appointed prior to the beginning of the training period. The Supervisor is primarily responsible for appointing External Participants.

CONFLICT OF INTEREST STATEMENT

A conflict of interest exists when professional judgement or actions of a Supervisor and/or Resident have a reasonable chance of being influenced by other interests (such as financial gain, professional advancement, giving favours to family and friends and emotional interests or otherwise). Such interests could impair the Supervisor or Resident's ability to perform his or her duties and responsibilities objectively and must be avoided. Supervisors and Residents must disclose any potential conflict of interest to the ERC at the earliest opportunity.

The following are some examples of potential conflicts:

- Giving or receiving gifts, payment of any kind, or anything else of value, in exchange for supervision
- Providing supervision to, or receiving supervision from, family or friends
- Receiving financial compensation for work provided by the Resident or Supervisor.
- Pursuing, directly or indirectly, a substantial financial interest in an ECVO residency programme.

This list is, by no means, comprehensive. Should there be any doubt as to whether a potential conflict of interest may exist within a residency programme, the Supervisor(s) or Resident should contact the ERC for discussion and clarification.

SPECIFIC PROGRAMME DESCRIPTION

A. Ophthalmic clinical rotations and surgery

Facilitate development of knowledge, skill and proficiency in veterinary ophthalmology via exposure to a wide variety of eye diseases in a wide variety of species to be kept in the “Species Case Log”, “Daily Surgery Case Log” and “Summary Surgery Case Log” with the guidance and collaboration of veterinary specialists.

- **At least 29 months** of the Programme (consisting of a total of 36 months) must be spent on a clinical ophthalmology service under the direction of a Supervisor.
- **Eighty (80%) percent of this time must be under direct supervision** of the Supervisor.

Direct supervision is defined as that time the Supervisor is physically present at the clinical facility (e.g. examination room, surgery room) during the training experience.

When the Resident is able to function independently, a Supervisor must provide at least the following supervision:

- Appropriate case consultation.
- Be in-house while the Resident is performing non-emergency surgery.
- Be available for consultation when the Resident is performing emergency surgery outside office hours.
- **Species case log and Surgical case logs:** Residents must see a minimum number of each species (for details see section below) and need to perform a minimum number of surgical

procedures within each of the defined categories; for details see “Resident species case log” and “Resident surgical training”

Resident Species Case Log (RRTP and ARTP)

A **minimum number** of the following species has to be seen (under 80% Diplomate’s supervision) **per year**:

- **Canine: 700, feline: 150, equine: 40, bovine: 10, ovine/caprine/camelid: 10, avian: 20, rabbits: 15, rodents: 15, amphibians/reptiles: 5; numbers in porcine, primates, exotic animals are optional.**
- Primary and re-examinations should be included; in-patients count only twice during their entire stays (primary and one re-examination).
- If some species are not regularly seen at a training centre, the Resident should have the possibility to see those species (to the minimum number required) **under Diplomate’s supervision** at horse stables, stud farms, cattle farms, bird sanctuaries, zoological gardens, etc.
- For the following species normal and abnormal eyes may be included in the species case log: equines, ruminants, rabbits, rodents, reptiles/amphibians, avian, porcine, and exotic species.
- The ERC strongly recommends that the Resident attends eye examinations for **hereditary eye diseases** according to the ECVO hereditary eye disease (HED) scheme or equivalent. Only eyes showing an abnormality should be included in the case log. The resident should be familiar with the ECVO HED scheme examination form and how this is completed.

Number of species seen: indicate the number of each species seen within 12 months in the “Species case log” (form 4).

Resident surgical training (RRTP and ARTP)

Each Resident is **required** to keep a “[Daily Surgery Case Log](#)” and a “[Summary Surgical Case Log](#)” [via the online forms system](#). These logs will be utilized to document breadth of surgical exposure and surgical supervision.

Objectives

The objective of these recommendations is to ensure that Residents, training to become certified veterinary ophthalmologists, have gained the minimum level of surgical experience commensurate with the ECVO Diplomate status.

Daily Surgery Case Log

The [Daily Surgery Case Log](#) should indicate (in chronological order throughout the complete programme):

1. Number (number consecutively throughout the programme)
2. The date of the surgery

3. The case number at the clinic
4. Patient (species)
5. Diagnosis
6. Surgical procedure
7. Name/initials of supervisor
8. The role of the Resident in the surgery (See “Grading System” – level 1, 2 or 3).

This log is to be kept for the entirety of the residency programme.

The [Daily Surgery Case Log](#) and a [Summary Surgery Case Log](#) have to be submitted on the provided forms at each 12-month evaluation and at the completion of the programme together with the other yearly and end of residency documentation forms via the online forms system.

Grading System

For each procedure and groups of related procedures, a minimum number of surgical experiences are recommended. The total number, however, may be the sum of a variable and flexible combination of experiences with differing levels of involvement. Three levels of involvement are defined as follows:

- Level 1:** The procedure is done by an ECVO Diplomate with the Resident assisting.
- Level 2:** The procedure is done by the Resident with an ECVO Diplomate providing direct supervision. The Diplomate must either participate in the capacity as assistant surgeon or be in the operating room through the course of the procedure.
- Level 3:** The procedure is done by the Resident without Diplomate assistance.

The rationale for this system is that programmes, caseload and individual preferences (both for Residents and Diplomates) vary. This variation should be recognized by the ECVO in establishing guidelines. Further, this system acknowledges and provides for the differing degrees of preparatory experience needed for different surgical procedures.

The list of “recommended surgical training” indicates **minimum numbers of surgical training strongly recommended by the ERC**. Although those numbers are not an absolute requirement, it is at the discretion of the ERC to decide whether the surgical training as represented by the surgery case logs is adequate or not.

Guidelines for filling the Daily surgery case log and Summary Surgery case log:

- Bilateral surgical procedures can be counted as separate surgical cases. For example: bilateral phacoemulsification, bilateral medial canthoplasty, bilateral correction of macroblepharon, bilateral removal of distichia.
- The treatment of a single ocular condition counts as a single surgical case (irrespective of the number of surgical procedures that are needed). For example: surgical treatment of a

corneal sequestrum requiring a keratectomy and a conjunctival flap may be listed under either a keratectomy or a conjunctival flap, not both.

- The treatment of 2 distinct ocular conditions on the same eye may be counted as 2 surgical cases. For example: Eyelid mass resection and corneo-conjunctival transposition. Also, if both the upper and lower eyelid of the same eye require surgery, they may be counted as 2 separate procedures. For example: correction of entropion via lower lid Celsus-Hotz procedure and upper lid Stades procedure count as 2 separate procedures.
- Residents should notify the ERC if their institution changes the surgical management/approach to a condition if the case log is affected. For example, phacoaspiration may supersede intracapsular lens extraction (ICLE) for the management of anterior lens luxation. Phacoaspiration (for lens luxation or as part of endolaser cyclophotocoagulation) should not be included under standard phacoemulsification procedures.

RESIDENT SURGICAL TRAINING

PROCEDURE	LEVEL 1	LEVEL 2	LEVEL 3
Lens extraction			
ICLE and ECLE techniques * ^a	5	5	(5)
Phacoemulsification	10	10	
Anterior segment			
- Keratoplasty (penetrating, corneoscleral transposition, lamellar keratectomy)	10	10	10
- Corneal laceration repair	3	3	3
- Conjunctival graft/BIOSIS/ other grafts	5	5	15
Glaucoma ^b			
- Filtering techniques	1	1	1
- Cyclodestructive techniques	1	1	1
Adnexa			
- Celsus-Hotz, Y-V-plasty	2	2	10
- V/4sided-resection, V-Y-plasty	2	2	10
- Upper eyelid trichiasis/entropion (any technique)	3	3	6
- Blepharoplastic surgeries to:			
• reduce the palpebral fissure ^c	2	2	4
• reconstruct the eyelid ^d	2	2	4
- Ectopic cilia (any surgical technique)	2	2	2
- Distichiasis (any surgical technique) ^e	2	2	2
Lacrimal			
- Parotid duct transposition*	2	2	2
- Repositioning of the nictitans gland	2	2	6
- Nasolacrimal apparatus surgeries* ^f	2	2	2

Orbit & Globe

- Orbitotomy (temporal approach)*	1	1	(1)
- Orbital drainage (oral approach)	1	1	2
- Enucleation	2	2	10
- Evisceration & Prosthesis*	2	2	2

*: may be performed on cadavers (): optional

^a: ICLE: please inform the ERC if your institution handles lens luxation differently.

^b: Training for glaucoma procedures is to be carried out preferably on clinical patients but cadaver practice will be accepted. A detailed description of the procedure needs to be provided in the daily surgery log. Intravitreal gentamicin injection does not count towards meeting this minimal requirement.

^c: Examples include: Khunt Syzmanowsky (and modifications), wedge resection with lateral canthal support procedures (such as Wyman Kaswan), medial canthoplasties (such as Roberts Bistner). Does NOT include: simple wedge or 4 sided resection.

^d: Examples include: eyelid laceration repair, H plasty, Pavletic (lip to lid), and Mustarde procedures.

^e: Do not separate upper and lower lid distichiasis

^f: Examples include: lacrimal sac entry (e.g. for retrieval of foreign bodies), imperforate punctum surgeries as well as nasolacrimal duct surgeries.

B. Speciality training in Anaesthesiology, Diagnostic Imaging, and Ocular Histopathology (RRTP and ARTP)

Anaesthesiology: A minimum of **one (1) hour per month** of Resident Anaesthesiology training, supervised by an ECVAA Diplomate or equivalent is required. This can include participation in patient care, neuromuscular blocking or regional anaesthesia for ophthalmic cases, anaesthesia rounds and case discussions. While emphasis should be on anaesthesia of ocular cases, it can include non-ophthalmic routine and emergency patient anaesthesia care and case discussions. Journal club, seminars, lectures or courses should not replace speciality training in anaesthesia. This requirement must be fulfilled under a programme mutually agreeable to the ECVO and ECVAA Diplomates.

Diagnostic Imaging: A minimum of **one (1) hour per month** of Resident Diagnostic Imaging training on eye-related conditions supervised by an ECVDI Diplomate or equivalent is required. This can include participation in patient care, special diagnostic procedures for ophthalmic cases, radiology rounds, case discussions and various imaging modalities. Journal club, seminars, lectures or courses should not replace speciality training in Diagnostic Imaging. This requirement must be fulfilled under a programme mutually agreeable to the ECVO and ECVDI Diplomates.

Ocular Histopathology: The Resident's Ocular Histopathological training requirements include a minimum of **one (1) hour per month**, supervised by an ECVP Diplomate or equivalent. This can include microscopic and gross pathology, pathology rounds, case discussions and surgical biopsy service. Journal club, seminars, lectures or courses should not replace speciality training in Histopathology.

The ERC strongly recommends Speciality Trainings on a regular basis (1 hour per month/speciality) under the supervision of a board-certified Diplomate in the speciality. This training is tracked using the [“Speciality Trainings log”](#).

In exceptional cases and with prior approval from the ERC, speciality trainings may be done:

- In time blocks consisting of 6 hours per 6 months under the supervision of a board-certified Diplomate.
- On a monthly basis under the supervision of non-board certified specialist in the field. This training will have to be complemented with a minimum of 36 hours of training under the supervision of a board-certified specialist. The board-certified training can be done as a single block at any time during the RTP. This exception applies to ALL three specialties, and can be changed at the discretion of the ERC.

C. Time for scholarly activity

While the bulk of the residency experience is intended to be clinical ophthalmology, a minimum amount of “off clinic time” is necessary for professional development.

The minimum requirement for off clinic time is 15% of the duration of the programme.

This **must** include:

- **Literature review:** the ECVO requires that the Resident be guided in his/her review of the ophthalmic literature (often done during journal club or book reading). **The Supervisor is required to provide for a combined total of 64 hours of journal club and book reading per year.** Mentors are free to choose how they want to subdivide this time as long as these sessions are being organised on a weekly basis throughout the year. The ERC recommends a minimum of one (1) hour each week of book discussion and a minimum of one (1) hour each month of journal review/discussion.
- Research or clinical investigation
- Preparation of scientific manuscripts
- The anaesthesiology, diagnostic imaging, and histopathology ECVO requirements

This **may** include (the following list is not exhaustive but gives a broad outline):

- ACVO Basic Science Course
- Graduate degree studies
- National or international level continuing education courses
- Special veterinary rotation with the approval of the Supervisor
- Special rotation at a human medical hospital

D. Extracurricular activity

1. Mandatory Attendance to at least one (1) ECVO scientific meeting.
2. Attendance of the Veterinary Ophthalmology Basic Science Course given by the ACVO is strongly advised. The ACVO Course can be attended at any time during the programme.
3. Optional: The following conferences/rounds are recommended:
 - Veterinary speciality oriented conferences/rounds (e.g. neurology, internal medicine, diagnostic imaging)
 - Other scientific presentations, including human medical conferences

E. Seminar and teaching responsibilities:

Seminars, rounds presentations and teaching responsibilities performed by the Resident must be kept in the “[Resident Presentations log](#)”.

1. **The Resident is required to do at least one (1) oral presentation and one (1) poster presentation OR to do 2 oral presentations at ECVO or ACVO scientific meetings. Work presented must originate from studies conducted during the course of the RTP.**

The ERC highly recommends presentations at ECVO meetings for the following reasons: I) The European College of Veterinary Ophthalmologists (ECVO) aims to provide continuous training to Residents, Diplomates and veterinarians interested in veterinary ophthalmology and requires Residents to actively participate at its annual meetings; II) to maintain and increase the level of scientific presentations at the annual ECVO meetings, III) to introduce the Resident and their research field to the ECVO and its members.

2. **It is strongly recommended that the Resident presents a minimum of 3 different seminars during the programme.** Definition of Seminar: An in-depth, oral scientific presentation to peer audiences that is followed by a discussion period.
3. It is strongly recommended that the Resident **regularly presents clinical cases** at the internal medicine and/or surgery Residents’ rounds.
4. Clinical Teaching: the Resident may participate in the clinical education of graduate veterinarians and/or veterinary medical students assigned to the Ophthalmology Service rotations. Clinical instructions of students given repeatedly are to be accounted in the presentations log only once.

F. Publications:

The Candidate is required to submit the following to the Credentials Committee as part of the application to enrol in the ECVO diploma examination:

- One (1) original, ophthalmological, internationally peer reviewed paper of which the applicant must be the principal author. This paper must have been either published or accepted for publication by a refereed journal indexed in the publication databases CAB or PubMed and include an extensive, informative summary in English.
- One (1) ophthalmological, internationally peer reviewed case report or original paper of which the applicant is author or co-author. This paper must have been either published or

accepted for publication by a refereed journal indexed in the publication databases CAB or PubMed and include an extensive, informative summary in English.

Criteria for Acceptance of the Publications:

- The publication must have resulted from the applicant's research or clinical investigation. Publications based on research projects or case reports conducted during the RTP are preferred. However, papers that are published no more than 5 years prior to the date of submission of end of residency credentials to the Credentials committee are accepted.
- The publications must have been published or fully accepted for publication.
 - When published, the first page(s) of printed article(s) must be submitted to the Credentials Committee.
 - When accepted for publication, letter(s) of acceptance with a copy of the title page and summary must be submitted. A manuscript is considered accepted when the author receives a final letter of acceptance from the editor and further review by a reviewer is not required. Editorial notations or changes affecting sentence structure are acceptable.

G. Alternate Residency Training Programme (ARTP)

ARTPs are those offered periodically or on a part-time basis by an institution (university or private practice) and are adapted to the Resident's individual situation. Candidate Residents are supervised by one or more Diplomates at one or more training locations.

For such programmes, the Supervisor together with the Candidate Resident must prepare a **detailed** description of the planned ARTP which should be submitted to the Education & Residency Committee (ERC) for **approval BEFORE each programme is begun**, this is an **EBVS requirement**. Service in this programme initiated prior to approval of the residency will not count toward completion of the programme.

The ECVO/ACVO Diplomate is required to submit "[Application Form for RRTP/ARTP Approval](#)" (form 2) and "[Programme Outline Form for External Participants](#)" (form 2b) to the Education and Residency Committee (ERC) **at least 90 days before the requested starting date of the programme**. An accompanying letter with a Statement of Purpose and objectives for this residency programme and indicating the reasons why a Regular Residency Training Programme cannot be followed should be sent together with the application forms to the ERC.

In general, all requirements indicated for a RRTP also apply for an ARTP!

An ARTP shall consist of a period of **no less than 36 months and no more than 6 years** of supervised training by at least one ECVO Diplomate in the science and practice of veterinary ophthalmology and its supporting disciplines (diagnostic imaging, anaesthesiology, histopathology and the basic sciences of anatomy, physiology, and pathology).

Residents of an ARTP can study on a part-time or full-time basis. The training may be performed in interrupted blocks of time; **the blocks must be at least 2 months** long.

The training may be performed in different locations, by several ECVO/ACVO Diplomates (named External Participants); however there will be **only one "principal Supervisor"** who will have the ultimate responsibility to ensure that all requirements are met.

All candidate ECVO/ACVO Diplomates who will train the Resident during the ARTP should be contacted and appointed by the Supervisor and/or Candidate Resident **before** the beginning of the training period.

These **external participating** Diplomates in ophthalmology or speciality disciplines should complete the “[Programme Outline Form for External Participants](#)” (form 2b) and describe the nature and duration of the training offered. This document should be submitted to the ERC together with the “[Application Form for RRTP/ARTP Approval](#)” (form 2).

The ERC approval of a residency training programme (RRTP/ARTP) is given on an individual basis, for a given Candidate Resident.

DOCUMENTATION AND DEADLINES

- Residents are required to submit documentation of the evaluation and progress of their programmes to the Education and Residency Committee (ERC) **no later than 1 month after completion of a 12-month training period** via the online forms system. For example: a resident following an ARTP with 50% time of supervised training per year, will submit a 12 month-training report every 2 years.
- Once the **Resident** has submitted (locked) the annual online forms, three members of the ERC will evaluate the documentation and send comments to the ERC Chair who will assemble a Training Evaluation Report. The **Resident** should expect to receive this report no later than one month following form submission. The **Resident** should contact the ERC Chair if the report has not been received within this time.
- In case external Participants Diplomates are involved in a RTP, the Resident and the Diplomat Supervisor have to receive written evaluations of the Resident’s performance from each of the supervising external Participating Diplomates at the end of each training block. **A copy of these evaluations should be submitted to the ERC together with the yearly documentation forms** no later than 1 month after completion of a 12 months training time. This can be uploaded in the signature form section of the online forms system.
- At the end of the programme the Resident is required to send in the “[End of Residency Questionnaire](#)” **together with the yearly forms of the last 12 months training period** to the Chair of the ERC via the online forms system. Forms have to be submitted (locked) no later than 1 month after the end of the residency.
- Residents should remind their Diplomat Supervisor(s) and external Participating Diplomates to complete the [Programme evaluation and progress form](#) and [written evaluations](#), respectively.
- Completion of forms, submission of documents to the Resident's Supervisor for completion/signature, submission of the required documents to the ERC and compliance with the deadlines are the **sole responsibility of the Resident**. No reminders will be sent out.
- After completion of all residency requirements Residents should request a “[Certificate of Completion of Residency Training](#)” to the ERC. This form must be included in the Resident’s application to the Credentials Committee to determine eligibility to sit the Diploma examination. Approval of training does not guarantee the acceptance of the application by the Credentials Committee.

Incomplete forms and/or forms sent in later than 1 month following completion of each year of residency training will be rejected without evaluation by the ERC and may lead to the requirement of an extension of the training period by 6 months at the discretion of the ERC. If these documents are not received within 60 days of the submission deadline, the ERC could recommend the Resident's programme to be suspended.

- Final year residents who wish to sit the next cycle of examinations should submit their forms to the ERC no later than **August 1st** and contact the Credentials Committee no later than **September 1st**. Applications for the exam closes on **December 1st**. Residents are reminded that applications for the exam can only be received if the Residency Training Programme (min. 36 months) finishes before December 1st **AND** the last annual report and end of RTP form were submitted to the ERC by the August 1st deadline. The ERC will consider a residency training programme completed when all residency requirements listed in the Information Brochure have been met. Please visit the FAQ section of the website for more detailed information on the different deadlines.

PROGRAMME QUESTIONS OR CONCERNS

Any Resident who has a concern with his/her Residency Programme should discuss the question or concern with his/her Programme Supervisor or appropriate local institutional official.

If the question or concern cannot be satisfactorily addressed at the local level and if the Resident believes the ECVO can be of assistance, then the Resident Coordinator can be contacted through the email address provided at the ECVO website (www.ecvo.org).

If the question or concern cannot be solved by the Resident Coordinator, a letter should be directed to the Chair of the Education and Residency Committee.

Issues that cannot be addressed by the Education and Residency Committee will be forwarded to the Board of the ECVO.

DISCONTINUING OR CHANGING OF A RTP (RRTP AND ARTP)

The **Programme Supervisor** is responsible for notifying as soon as possible the chair of the ERC:

- Of a Resident discontinuing a residency programme at his/her institution.
- Of changes in the Programme

Residents should also contact the chair of the ERC to indicate:

- Intent to change the residency training in the near future or
- Permanent discontinuation of residency training.

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