Dear Colleagues:

These Training Standards have been updated for 2013. Although the document might look much different there are really only a handful of changes in training or reporting requirements. These changes have been highlighted within the document in yellow and are also outlined below.

This most current version of the document applies to all Residents and Mentors, regardless of when training may have begun. We recognize that changing requirements after a Training Plan has been accepted and training is underway may create challenges for the Mentor and Resident. However, it is very difficult for the committees to monitor the progress of all residents using multiple versions of the Training Standards. If you have already started training and are unable to comply with any of the changes outlined in this document you may petition the Credentials Committee for an exception.

Changes in Training Requirements:

1. Mentors are required to act as the Supervisor for at least 25% of their Resident’s Emergency and Critical Care Immersion.

2. Continuing Education Requirement: Residents and Fellows must average a minimum of 16 hours of Continuing Education related to Emergency/Critical Care medicine for each year of their residency training. Eighty percent (80%) of this requirement must be met through participation in national or international specialty or multidisciplinary conferences such as IVECCS, ACVIM Forum or ACVS Symposium. No more than 10% of this requirement can be met through online courses.

   The intent of this requirement is to ensure active participation in formal Continuing Education provided by experts outside of the Resident’s Training Program. Topics should cover a wide range of issues related to emergency / critical care medicine and cannot be accrued in less than 2 years (Fellows: not less than 1 year). All Continuing Education must be clearly documented (i.e., title, date, location, speaker, audience, and length). General Continuing Education requirements may not be logged concurrently with Independent Study Immersion time.

3. Skills and Experience Requirements: The RTC has established a combined Skills and Experience Requirements List.

   Skills: These include clinical procedures or other aspects of patient management that are critical to the practice of Emergency and Critical Care medicine.

   - These skills are to be taught to the Resident through discussion and demonstration by a Supervisor.
   - The Resident must learn each skill and then demonstrate it to or above a minimum level of competency to the Supervisor.
   - Once completed to an acceptable standard, the skill may be logged by the Resident with the signature of the Supervisor to verify competency.
The RTC may designate that certain skills can be taught with cadavers, models or other methods that do not require the use of hospital patients.

*Experience:* This requirement includes observation and participation in *specific clinical problems, procedures, or cases.* Each Experience must be logged. Direct hands-on participation (rather than simple observation) is expected when meeting Experience requirements whenever possible and is highly encouraged.

The RTC will publish an updated list of required Skills and Experiences by October 1 each year. All Residents must complete the most current list of Skills and Experience requirements as updated annually in order to meet Credentials requirements.

The Mentor and the Residency Training Facility must provide the caseload for the Resident to receive adequate exposure to specific clinical problems, procedures, and cases that can be logged under the Skills and Experience requirement. If a Residency Training Facility does not have the caseload to meet a certain requirement, the Resident will have to meet that requirement at another ACVECC approved Residency Training Facility.

It is up to the Resident with the support of their Mentor to ensure that all Skills and Experience Requirements are met and logged within the term of the Residency. Residents are expected to make regular progress in completing these requirements and this should be reflected in Annual Progress Reports. A signed Mentor Statement acknowledging that the Resident has met both the *letter* and *spirit* of this requirement is to be included in the Credentials Application.

**Changes in Publication Requirement:**

4. Residents and Candidates are strongly encouraged (but not required) to submit manuscripts to journals for publication before November 1 of the year before expected examination. Delays in the review process are common and journals are under no obligation to fast-track submissions intended for credentialing purposes.

5. In order to be considered, a journal must be peer reviewed and have a well-defined review process in place. It is expected that reviewers are specialists recognized by the AVMA or the European Board of Veterinary Specialization although occasionally reviewers with specialist status granted by other organizations may be considered acceptable.

**Changes in Recredentialing:**

6. **Credentialed Candidate:** A Candidate that has had their Credentials accepted by the Credentials Committee and been given permission to sit the Certifying Examination is termed a **Credentialed Candidate** until they have:
   a. Passed the Certifying Examination
   b. Been granted Diplomate status by the ACVECC Council of Regents

7. Credentialed Candidates that fail all or a portion of the Certifying Examination are encouraged to remain current in their training requirements (i.e., continue working with a Mentor, maintain current Knowledge requirement, complete any new Skills or Experience requirements, and complete ongoing Training Benchmarks). However, they are not required to document this effort and they are not required to recredential. To qualify for the examination they are required only to meet the examination fee requirement.
Changes in Reporting:

8. ACVECC Residencies must begin during the month of January (1-31) or during the month of July (1-31), unless otherwise approved by the RTC in writing. Resident Registrations are due by February 1 (for programs starting in January) and August 1 (for programs beginning in July).

9. Completed Training Benchmark assignments and Mentor Certification Statements must be electronically submitted to the ACVECC Executive Secretary by July 1 (for the May Benchmark) and January 1 (for the November Benchmark).

10. Late Fees: The June 30 deadline for gaining manuscript acceptance for publication is a hard deadline and no exceptions will be made. Late fees do not apply to Training Benchmarks. All other deadlined submissions will be accepted for 3 days following the published deadline. Submissions made during this 3 day grace period will incur a $250 late fee. No submissions will be accepted after this period.