August 26, 2016

Dear Colleagues:

The Residency Training Standards have been updated for 2016. All additions have been highlighted in yellow within the Standards document, and are included below.

*This most current version of the document applies to all Residents and Mentors, regardless of when training began.* 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 Residency 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.

2016 Residency Standards, page 5:

**Residency Training Facility:** Beginning in September 2016, every facility that applies to become a Residency Training Facility (RTF) must either: a) provide the ACVECC Residency Training Committee with written proof of Veterinary Emergency and Critical Care Society (VECCS) Level I certification; or b) complete an application for RTF approval provided by the RTC. Residency Training Facilities approved prior to September 2016 must comply with the minimum facility standards for a Veterinary Emergency and Critical Care Center. These standards can be found at [http://acvecc.org/blog/residency-forms/](http://acvecc.org/blog/residency-forms/).

2016 Residency Standards, pages 5–6:

Starting in September 2016, any facility that applies to become an RTF must be affiliated with at least two (2) ACVECC Diplomates licensed and authorized to practice as a staff specialist in the facility, and who are in attendance “full time.” Full time, for this purpose, is defined as a minimum of 40 weeks per year. Within the Residency Training Program, these ACVECC Diplomates may serve as Mentors, Supervisors, or both (see *Terms and Definitions* for Mentor and Supervisor requirements). This is the minimum requirement for a Residency Training Facility. The *spirit* of this requirement is to create a culture of specialist-level Emergency and Critical Care practice to facilitate Resident training to the highest possible standards. This should be provided by the continual presence and guidance of two or more ACVECC Diplomates. All Residency Training Facilities approved prior to September 2016 must comply with this requirement by July 1, 2019.

In the event a Residency Training Facility experiences the loss of ACVECC Diplomate(s) such that it employs < 2 full time ACVECC Diplomates, the Facility must notify the ACVECC Residency Training Committee immediately (within 7 days of this event), and with this notification, propose a detailed plan for how Resident training will proceed until the Facility again employs ≥ 2 full time ACVECC Diplomates. The Facility may be allowed to continue Resident training temporarily, at the discretion of the Residency Training Committee. In general, a Facility with a single ACVECC Diplomate may be allowed to continue Resident training (including in ECC Immersion) for a grace period of up to 24 weeks while at least one additional full-time ACVECC Diplomate is hired; on Day 1 of Week 25, if a second full-time ACVECC Diplomate is not
employed by the facility, the Facility will be inactivated as an ACVECC Residency Training Facility, and no ECC Immersion weeks may be earned at the location. In general, if no ACVECC Diplomate remains at the Residency Training Facility, Residents may continue to train in Independent Study or non-ECC Specialty Immersion weeks for up to 12 weeks; on Day 1 of Week 13, if at least one (1) full-time ACVECC Diplomate is employed by the facility, the Facility will have an additional 12 weeks to employ a second, as above. If on Day 1 of Week 13, no ACVECC Diplomate is employed at the facility, the location will be inactivated as an ACVECC Residency Training Facility, and no ECC Immersion weeks may be earned at the location. Reinstatement of inactivated Residency Training Facilities will require reapplication on the regular cycle. No new Residents may be recruited for training at a Residency Training Facility while it employs < 2 ACVECC Diplomates.

Residency Training Facilities are expected to participate in the clinical research mission of the ACVECC. This may include contributions to the Emergency and Critical Care literature, participation in multicenter clinical trials, or other educational projects as recommended or required by the Residency Training Committee (RTC) and the ACVECC.

2016 Residency Standards, page 6:

**Application:** All Residency Training Programs (Residency Training Plans and Residency Training Facilities) must be approved by the Residency Training Committee (RTC) and the Council of Regents before beginning Resident training. Application for Approval of a Residency Training Program is to be completed by the Mentor (see Terms and Definitions for Mentor requirements). Current forms for Program Application can be found at [http://acvecc.org/blog/residency-forms/](http://acvecc.org/blog/residency-forms/) and should be submitted through the ACVECC Executive Secretary.

Residents can be accepted into a Residency Training Program once the program has been approved. Residents may also be accepted into existing ACVECC approved Residency Training Programs provided that any changes to the approved plan or facility are minor. However, if Residency training is to occur at a different facility or if the Residency Training Plan changes significantly (see below), the Mentor must submit an application for a new Residency Training Program. A specific Mentor at a specific Residency Training Facility can train Residents under different Residency Training Plans; however, these are considered **different** Residency Training Programs each requiring separate application and approval by the RTC.

Applications for Residency Training Programs starting in January or July are due July 1 of the preceding year (for instance, applications for Programs starting in January 2018 or July 2018 are due July 1, 2017). One signed paper copy and one complete electronic copy including signatures must be submitted to the ACVECC Executive Secretary. Incomplete applications will not be evaluated and late applications may not be considered until the next evaluation cycle. The RTC will evaluate each Program Application and respond within 60 days of the submission deadline. The RTC will communicate any additional requirements for Program approval to the Mentor.

2016 Residency Standards, page 10:

**Didactic Learning Requirement:** Residents are required to complete **two (2)** of the following **three (3)** Didactic Learning requirements.

1. **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). A maximum of 8 General Continuing Education hours may be logged concurrently with Independent Study or Specialty/ECC Immersion time.

2016 Residency Standards, page 11:

**Teaching Requirement:** All Residents and Fellows must document six (6) hours of laboratory and six (6) hours of lecture teaching on Emergency and Critical Care topics to veterinarians, veterinary students, and/or animal health technologists. The goal of this requirement is to allow the Resident to gain teaching experience in laboratory and formal lecture settings:

1. **Laboratory Teaching Sessions:**
   a. Are expected to be organized, requiring advanced notification and preparation
   b. Must involve at least 3 participants
   c. Are intended to be hands-on, requiring a physical skill component
   d. May be repeated once only for credit
   e. Are expected to challenge the Resident to prepare by researching and practicing in advance of the session

2. **Lectures:**
   a. Are to be formal presentations requiring advance notification and preparation
   b. Typically include development of PowerPoint Presentations and/or handouts
   c. May be given only once for credit
   d. May not be a repeat of a lecture developed and presented by someone else
   e. Do **not** include moderating a seminar, participating in problem-based learning courses or teaching in informal settings such as student rounds, regularly scheduled resident rounds, hospital case rounds, or lectures to lay audiences
   f. Challenge the resident to prepare by researching and referencing the literature and effectively communicating that information to an audience

2016 Residency Standards, page 20:

**Fellow and Fellowship:** A Fellow is a Resident who has applied and been accepted into an approved Residency Training Program by a Mentor, the Residency Training Facility, and the ACVECC and is a Diplomate of an Allied Specialty (see above). A Fellowship is a Residency that is undertaken by a veterinarian who is already a Diplomate of an Allied Specialty. Within this document, the term ‘Resident’ includes both Residents and Fellows and the term ‘Residency’ includes both Residencies and Fellowships except where specific distinctions exist. There are significant differences between the training requirements for Residents and Fellows (see Term of Residency Training and Core Curriculum sections). Fellows may waive the Immersion in Specialty Practice in their specialty. Applicants applying for a Fellowship must register with the ACVECC Executive Secretary in the same manner as Residency Applicants.

A temporary contingency (2011–2021) allows for Large Animal Residents who have previously completed a Residency in an Allied Specialty to transition to a fellowship if they successfully pass all credentialing requirements for that Allied Specialty during the first year of their residency in Emergency and Critical Care. Application for this transition must be made within 1 month of successfully passing the credentialing examination for the allied specialty. Application includes submitting a Major Change Form signed by both Resident and Mentor to the Chair of the RTC along with an updated Progress Report, plan for completion of the Fellowship, and proof of certification in the Allied Specialty. The Residency Training Facility must have an approved Fellowship Training Program in place.
As of September 2016, an ACVECC Diplomate may mentor a maximum of two (2) Residents at any time. For Programs in place prior to September 2016, an ACVECC Diplomate may mentor a maximum of three (3) Residents at any time until July 1, 2019, at which time the maximum number of Residents will decrease to two (2). This does NOT include Candidates who have completed their Residency Training Program but have not yet achieved Diplomate status and are continuing working with a Mentor until they sit the Certifying Examination. A Mentor may supervise the training of any number of Residents at any time (see below). Mentors are required to act as the Supervisor for at least 25% of their Resident’s Emergency and Critical Care Immersion.

The Chairs of the Residency Training Committee and the Credentials Committee, and I welcome discussion of all above issues during the ACVECC Business Meeting at IVECCS in September.

Sincerely,

Jamie M. Burkitt Creedon, DVM, DACVECC
Chair, ACVECC Joint Committee on Training and Certification