



**RESIDENCY TRAINING PROGRAM REGISTRATION
2019-2020
SMALL ANIMAL INTERNAL MEDICINE**

Part One

New applications for ACVIM Residency Training Programs must be received by the Residency Training Committee (RTC) 90 days prior to any residents beginning training. Before completing this form, please review the general and specific requirements for Small Animal Internal Medicine (SAIM) Residency Training Programs in the ACVIM Certification Manual (CM). The current version of the CM is available on the ACVIM website at www.ACVIM.org.

Prior to making significant changes in a Residency Training Program, approval of the ACVIM and SAIM RTC must be obtained. The Candidate and/or Program Director must notify ACVIM, in writing. Significant changes could include, but are not limited to: changes in Program Director or any advisors, transferring from one program to another, alterations in program duration, locations of secondary site training, switching to a 'dual board' program, or enrolling in an institutional graduate program.

Notice: The data collected in this form is necessary both for the ACVIM to maintain its accreditation as a Registered Veterinary Specialty Organization and also is required for renewal of the residency training program. Some of the data collected is required of every specialty and some is specific to the specialty of Small Animal Internal Medicine.

For multi-site residency programs: To ensure uniformity of training and compliance with current CM requirements, training programs which include multiple sites must provide detailed information regarding supervision and facilities available at each specific site(s). Multi-site programs, if any, are listed in Part Two.

Program Director Name:

[Dr. Harriet M. Syme](#)

The Program Director must be an active Diplomate of ACVIM in the Specialty of Small Animal Internal Medicine boarded for at least 4 years with 3 years experience training residents

Program Director's Contact Information:

Work Phone: [++44-1707-666614](tel:++44-1707-666614)

Mobile Phone:

E-mail: hsyme@rvc.ac.uk

Mailing Address:

[RVC](#)
[Hawkshead Ln., North Mymms](#)
[Hatfield](#)
[HE](#)
[AL9 7TA](#)
[United Kingdom](#)

1. Location of Sponsoring Institution (Primary Site of Residency Training Program):

Primary Site Location:

[Royal Veterinary College](#)

Length of Training Program:

[3 year](#)

2. Resident Advisor(s): Must be Diplomate(s) of ACVIM in the Specialty of Small Animal Internal Medicine and boarded for at least 2 years with 1 year experience training residents. **Each Resident Advisor may supervise no more than 2 residents at a time.**

Barbara Glenemann
 Rebecca Geddes
 Ruth Gostelow
 Rosanne Jepson
 Aarti Kathrani
 Harriet Syme
 Sarah Stewart

3. Supervising Diplomates on-site: Two on-site Diplomates boarded in Small Animal Internal Medicine are required - **2 ACVIM, or 1 ACVIM & 1 ECVIM**. The supervising diplomates must be active in the practice of the specialty and must maintain clinical competency in the field.

Barbara Glenemann - ECVIM (SAIM)
 Rebecca Geddes - SAIM
 Ruth Gostelow - SAIM, ECVIM
 Rosanne Jepson - SAIM, ECVIM
 Aarti Kathrani - ACVIM, ECVIM, ACVN
 Harriet Syme - SAIM
 Sarah Stewart - SAIM

4. List all ACVIM Diplomates onsite responsible for supervision of clinical training who specialize in areas other than SAIM. If off-site, please explain the situation, and the method of providing direct contact with the resident.

Name and Specialty	Comments
Adrian Boswood - ECVIM (Cardiology) David Connolly - ECVIM (Cardiology) Virginia Luis Fuentes - Cardiology, ECVIM Tsumuqi Kurosawa - Cardiology Elsa Beltran - ECVN Abbe Crawford - ECVN Steven DeDecker - ECVN Joe Fenn - ECVN Alberta de Stefani - ECVN	

5. List residents currently participating in your training program, along with the beginning date of the program, expected ending date of the program, and designated Resident Advisor.

Resident Name	Start date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Resident Advisor Name*
Rungrote Osathanon	4/4/16	4/4/19	Harriet Syme
Hannah Darcy	7/1/16	7/1/19	Ruth Gostelow
Myles McKenna	7/1/16	7/1/19	Rosanne Jepson
Sievert Nerhagen	7/1/17	7/1/20	Barbara Glenemann
Camilla Hindar	7/1/17	7/1/20	Rosanne Jepson
Jack Lawson	7/1/17	7/1/20	Harriet Syme
Sarah Tayler	7/1/18	7/1/21	Barbara Galemann
Deirdre Mallowney	7/1/18	7/1/21	Harriet Syme



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Part Two

Part Two of the Small Animal Internal Medicine Residency Training process addresses general features of the program that apply to all current residents. These questions will be used to provide the Residency Training Committee with information needed to judge the structure, quality, scope, and consistency of training provided.

The SAIM Residency Training Committee may require supporting evidence for any statements made below. Per the Certification Manual (CM) section 9.C.2, at the time of annual program renewal, Program Directors may be asked to verify resident activities, including satisfactory clinical training, interaction with consultants, documentation of training in radiology and clinical pathology, documentation of off-site training, and documentation of study and education participation.

Current Date:

Program Director Name:

Must be an active Diplomate of ACVIM in the Specialty of Small Animal Internal Medicine boarded for at least 4 years with 3 years of experience training residents

Name of Sponsoring Institution (Residency Training Program):

1. For multi-site residency programs: To ensure uniformity of training and compliance with current CM requirements, training programs that include multiple sites must provide detailed information regarding supervision and facilities available at each specific site(s). All requirements for both direct and indirect supervision must be met, as well as requirements for rounds and conferences. Refer to Section 9.C.1.e of the CM for definitions of secondary site and off-site experiences.

a) Secondary Site for multi-site program (if applicable):

Please attach specific information regarding the number of weeks scheduled at each site and which rotation requirements shall be met at each site.

b) Outside Rotations/Other Sites for specialty training (if applicable):

All rotations performed at a location other than that of the resident's program must be documented with a signed Residency Training Agreement Form from the specialist(s) providing the outside rotation. Residency Training Agreement Forms from the specialist(s) must also be included with the program renewal form. Please attach signed Residency Training Agreement Forms from all individuals providing off-site training of SAIM residents to this registration form. Residency Training Agreement Forms must be submitted annually with program renewal forms and with each new program request. This program application is not complete without Residency Training Agreement Forms for all outside rotations. If off-site rotations are added after program renewal, please submit necessary residency training agreement forms a minimum of 30 days before the resident departs for that off-site training.

2. Length of Training Program/Advanced degree:

a) Length in Years:

b) Advanced Degree:

	Yes	No	Optional
Masters:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PhD:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Please list all of the Diplomates of Veterinary Pathology in the areas of clinical or anatomic pathology approved by the American Board of Veterinary Specialties or European Board of Veterinary Specialties associated with residency training. If off-site, please attach signed Residency Training Agreement Forms from all individuals providing off-site training.

Name of Diplomat(e)s	Clinical or Gross	Board Certification (e.g. ACVP, ECVCP)	Comments
Ken Smith Simon Priestnall Jonathan Williams Ellie Herbert Henny Martineau Norelene Harrington Balazs Sladovitz Laureen Peters Emma Holmes	Anatomic Anatomic Anatomic Anatomic Anatomic Anatomic Clinical Clinical Clinical	FRCPPath FRCPPath, DipACVP DipECVP FRCPPath, DipACVP FRCPPath DipACVP DipACVP DipACVP DipACVP	Joint appointment with Crick Institute

4. Please list all Diplomates of the American College of Veterinary Radiology or approved American Board of Veterinary Specialties radiology board associated with residency training. If off-site please attach signed Residency Training Agreement Forms from all individuals providing off-site training.

Name of Diplomat(e)s	Include Board certification (e.g. ACVR, ECVDI)	Comments
Randi Drees Francisco Llabres Diaz Emma Mapletoft Mauro Pivetta Paul Mahoney Ian Jones	ACVR, ACVR (radonc), ECVDI ECVDI ECVDI ECVDI ECVDI ECVDI	Returning from maternity leave Aug 2019 works remotely most of the time Tue & Wed only Thur only

5. Please list the Diplomates available for consultation in the areas of dermatology, surgery, ophthalmology, anesthesiology, emergency/critical care, clinical nutrition, clinical pharmacology, and/or theriogenology. If off-site, please attach signed Residency Training Agreement Forms from all individuals providing off-site training.

Name of Diplomat(e)s	Specialty	Board Certification	Comments
Dr. Ross Bond Dr. Anke Hendricks Annette Loeffler Ewan Ferguson	Dermatology	ECVD ECVD ECVD ECVD	1 day/week
Dan Brockman Dr. Sue Gregory Victoria Lipscomb Jane Tomlin Zoe Halfacree Dr. Karla Lee Richard Meeson Poppy Bristow Lynda Rutherford Lee Beaver Andrew Phillips	Surgery	DipACVS RCVS DSA Surgery & (DVR) Radiology DipECVS DipECVS Dip ECVS DipECVS DipACVS DipECVS DipECVS DipECVS DipECVS DipECVS	Not providing clinical service except OOH UG Teaching, not clinical On maternity leave
Charlotte Dawson Ursula Dietrich Roser Tetas	Ophthalmology	ECVO ACVO, ECVO ECVO	
Hatim Alibhai Ludovic Pelligand	Anaesthesiology	ECVAA ECVAA	

Kata O Veres-Nyeki Chiara Adami Carolina Jimenez Sandra Sanchis Mora David Brodbelt		ECVAA ACVAA ECVAA ECVAA ECVAA	Research only
Dan Chan Karen Humm Dominic Barfield Stefano Cortellini Erica Tinson Simon Cook Thomas Greensmith	Emergency/critical care	ACVECC ACVECC ACVECC ACVECC ACVECC ACVECC ACVECC	Also ACVN (as below)
Dan Chan Aarti Kathrani	Clinical nutrition	ACVN ACVN	Also ACVECC (as above) Also ACVIM-SAIM (see table 7)
Jonathan Elliott	Clinical pharmacology	ECVPT	Research & administration

6. Does your training program consist of a minimum of **36 months**?

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

7. Does each resident in your program spend a minimum of 68 weeks on clinical rotations under the direct supervision of at least 2 ACVIM SAIM Diplomates (or at least 1 ACVIM SAIM Diplomate and at least 1 ECVIM Companion Animal Diplomate)?

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Supervising Diplomate Name(s)	Specialty	Board Certification (e.g. ACVIM, ECVIM)	Comments
Harriet Syme Rosanne Jepson Barbara Glanemann Aarti Kathrani Rebecca Geddes Ruth Gostelow Sarah Stewart	SAIM	ACVIM, ECVIM ACVIM, ECVIM ECVIM ACVIM, ECVIM, ACVN ACVIM ACVIM, ECVIM ACVIM	Also nutrition (see above) Maternity leave Splits time between oncology & medicine
Sarah Spencer Joana Aguiar Katarina Hazuchova		ECVIM ACVIM ECVIM	PhD student (not supervising) PhD student (not supervising) PhD student (not supervising)

8. Does each resident in your program spend an additional 16 weeks of clinical training under the **direct supervision** of one or more supervising Diplomate(s) in other specialties such as cardiology, oncology, neurology, critical care, or ophthalmology? These Diplomates may be certified by the ACVIM or ECVIM, or by the American Board of Veterinary Specialties (ABVS) approved specialties or approved European Board of Veterinary Specialization recognized certification entities. A maximum of two secondary training site rotations is allowable for meeting clinical training in other specialties. These formal rotations on a specialty service must be completed in defined training periods of at least two continuous weeks each and the resident must have primary case responsibility. Additional SAIM weeks cannot be used to satisfy this requirement [See CM 9.F.2].

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Supervising Diplomate Name(s)	Specialty	Board Certification (e.g. ACVIM, ECVIM)	Comments
Virginia Luis Fuentes	cardiology	ACVIM, ECVIM	

Adrian Boswood David Connolly Tsumugi Kurosawa		ECVIM ECVIM ACVIM	Cardiopulmonary by-pass fellow
Anneliese Stell Charlotte Johnston Irina Gramer	oncology	ACVIM ACVIM ECVIM	Leaving May 2019 Leaving May 2019 Starts May 2019, maternity leave from July 2019 – Feb 2020
Steven DeDecker Elsa Beltran Joe Fenn Abbe Crawford Alberta de Stefani	neurology	ECVN ECVN ECVN ECVN ECVN	Predominantly research
See table 5	Critical care		
See table 5	Ophthalmology		

9. Does each resident in your training program spend an additional 36 weeks in training, not necessarily under direct supervision, in either internal medicine or related areas, or in writing, studying, teaching, or obtaining experience with a radiologist, clinical pathologist, or other specialist? (Note that vacation time and time to attend professional meetings is included in this period.)

Describe:

Yes, as detailed in grid below residents have time for research and are encouraged to attend ECVIM in their 3rd year as well as ACVIM congress. They also have additional weeks on medicine and neuro and onco over the minimum required by ACVIM. We currently have a shortage of oncologists however, so some of their oncology weeks will be supervised by an ACVIM-saim clinician, although all residents will continue to meet the requirement for 4 weeks supervised by an ACVIM/ECVIM oncologist

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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10. Does each resident in your training program spend a minimum of 8 hours per month in training with at least two other board-certified specialists (not ACVIM)? These may be specialists in dermatology, theriogenology, surgery, anesthesiology, ophthalmology, emergency/critical care, or clinical pharmacology. The training must be direct consultation, not telephone or E-mail consultation.

Describe:

As detailed in the grid below residents spend time with other specialist services within the QMHA. In addition, the hospital prides itself on its multidisciplinary nature and has made a point of removing all in-house consultation fees so as to encourage dialogue and cross-disciplinary collaboration. The residents reside in large multi-disciplinary offices so talk about cases with other services all of the time

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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11. Does each resident in your training program have a minimum of **80 hours** of direct contact with a board-certified veterinary radiologist? **Forty hours** comprised of interpreting radiographs, learning and evaluating the results of special imaging techniques, and attending radiology rounds or conferences?

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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And an additional minimum of **40 hours** spent training in ultrasonography under the supervision of a board-certified veterinary radiologist. This training should emphasize abdominal ultrasonography and must include hands-on performance of abdominal ultrasonography, observation of ultrasound procedures on the resident's own patients, and theoretical training in the principals and application of ultrasonography.

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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12. Does each resident in your training program attend weekly conferences?

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Describe:

On Friday mornings there is a small animal hospital (QMH) resident seminar from 9-10am at which the residents/interns (and occasionally faculty) present. In addition there are RVC research seminars on Tuesday and Wednesday lunchtimes although admittedly the residents are usually consulting and rarely attend.

This is in addition to the sessions that are run for the MVetMed (detailed below)

13. Does each resident have **40 hours** of review sessions per year?

Yes	No
X <input type="checkbox"/>	<input type="checkbox"/>

Describe:

On Wednesdays 4-5pm there is a medicine resident seminar series which varies between clinical pathology, medicine topics, group sessions with other services (agreeing a protocol for hypophysectomy patients with neurology, or an adrenalectomy protocol with the surgeons, discussing SARDs with ophthalmology for example), morbidity and mortality rounds and some group meetings.

14. Does each resident in your training program have a minimum of **40 hours** direct contact with a board certified veterinary clinical or anatomic pathologist evaluating clinical pathologic findings, reviewing cytologies and biopsies, and attending clinical pathologic conferences or seminars?

Describe:

All residents have 2 weeks on clinical pathology in their 1st year. In addition every 6-8 weeks we have a joint review session on a Wednesday afternoon reviewing slides with the clinical pathologists. Less commonly we will have a histopath review session. When residents have interesting cases they will often go to pathology (which is on site) to review the slides with the clinical pathologists and if cases are urgent the clinical pathologists will provide an immediate verbal report ahead of the written version which encourages discussion of cases.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

15. Patient Management:

a) Does each resident in your program participate in patient management, including patient receiving, diagnostics, case management and decision making, client communication, case follow-up, and communication with referral veterinarians?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

b) Is case management directly supervised and reviewed by a Diplomate of the ACVIM?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Is a complete medical record using the problem oriented veterinary medical record system maintained for each individual patient? (Medical records must be retrievable.)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

17. Clinical Rounds:

a) Does the resident participate in clinical rounds on a daily basis while on clinical rotations?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

b) Is a supervising Diplomate available for the majority of the daily rounds reported in question 17?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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c) If a supervising Diplomate is not available for the majority of rounds, describe how rounds are attended and supervised.

Describe:

18. Please indicate the availability of the following facilities or equipment to be used in resident training. Indicate if these are available at the primary training site, or at a different location. (In the Location column, indicate on-site for primary location or the name of the facility where the equipment is located if off-site.) For facilities that are not on-site, please describe the situation, availability, and how the facilities or equipment are used for resident training in the space at the end of this section.

	Available?		Location of equipment?
	Yes	No	(On-site or list site name)
Standard radiological equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site
Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site
Color flow/Doppler equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site
Endoscopy equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site
Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site
Blood Pressure Measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site
Electromyography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site
Nuclear Medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site
Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site
Magnetic Resonance Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site
Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site
Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site
Intensive Care Facility – 24 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site

If any of the above equipment or facilities is available off-site, please explain how the resident can access them for case management, research, or study.

19. Clinical caseload information (this information should reflect the caseload of the prior 12 months)

Total SAIM caseload per year:

1000 new consults, 750 cases transferred from emergency service, 500 re-examinations (total 2250) – this is for the financial year finishing July 2018

Number of endoscopic examinations (respiratory, GI) per year:

30 oesophageal foreign bodies
50 upper GI only
35 upper and lower
50 bronchoscopy
This is for 1st Jan 2018 – 1st Jan 2019

Number of endoscopic examinations (urinary) per year:

10 flexible, 20 rigid, 25 minimally invasive cystotomy (with the surgeons). Includes laser lithotripsy and correction of ectopic ureters
This is for 1st Jan 2018 – 1st Jan 2019

20. Didactic Learning Opportunities and Research Requirements: In recognition of the importance of scientific discovery as a critical mission of the ACVIM, all Residency Training Programs shall include an assessment period or instruction and/or participation in creative scholarship which will foster an appreciation of, competency in, and contribution to the knowledge base of their respective specialty and which will support their development as clinician scientists. This requirement is fulfilled through satisfactory completion of A and one of B [See CM 9.F.4]:

a) Journal Club: Critical review of literature, minimum of eighty (80) hours during the program. Describe how this requirement is met or exceeded.

Residents have a medicine journal club Thursday lunchtime 1-2pm where 2-3 papers are presented and discussed. This is a component of the MVetMed. The resident that presents is also required to submit one question per paper presented and at the end of each academic year there is an exam based on these questions or others substituted by the faculty.

b) At least 12 weeks over the three-year residency must be allocated for research and scholarly activity ideally in the pursuit of a publication. Successful completion of any one of the options listed below will satisfy the requirements for research by SAIM residents. Describe how this will be fulfilled or exceeded in the individual trainee's specific application.

1. Successful completion of at least six hours of seminars or classes offered at the ACVIM Forum, as on-line courses, or at other facilities and recognized by the ACVIM and covering the following subjects: Critical evaluation of the veterinary medical/biomedical literature, Grant-writing or Study design, and participation in clinical trials
2. Documented (by a letter from the RA) submission of a grant proposal
3. Acceptance and presentation at a scientific meeting of an abstract (either oral or poster) of original work
4. Documented completion (by a letter from the RA) of a prospective research project pertinent to SAIM
5. Documented completion (by a letter from the RA) of a retrospective research project pertinent to SAIM
6. Documented completion (by a letter from the RA) of graduate coursework in biostatistics, research methods, and/or research ethics

2. Some of our residents already have PhDs and they will be encouraged to submit grant proposals as these will benefit them when applying for academic positions in the future and because they have greater research experience. However all residents would be encouraged and supported if they wanted to apply for research funding unless this was likely to delay their progress on the project so they were unlikely to complete within the residency.

3. Many of our residents will present an abstract at ACVIM/ECVIM on their residency research project. All of our residents are required to present a poster of their research at the annual resident research day (together with residents from other specialities)

4&5. All residents are required as a component of the MVetMed to conduct a retrospective or prospective, hypothesis driven, research project. Although not mandatory medicine residents are encouraged to spend time in the lab generating their own data. The research project tends to be tailored to the individual student – if the resident does not already have a publication then the project needs to be relatively 'safe' and likely to be deliverable within the time-frame. If the resident has already done a PhD or has publications already then the project can be more ambitious, but also more likely to fail (in terms of publishable results, but still providing valuable research training and satisfying the requirements of the MVetMed). Examples of the later type of project have been attempts to identify genetic mutations causing various diseases.

6. All residents must complete MVetMed core modules in 'Describing and interpreting Clinical Data', 'Digital literacy', 'Evidence based veterinary medicine', 'Critical appraisal of articles', 'Teaching and learning in higher education' 'Applied Statistics' and 'Scientific Writing'

In total residents have 21 weeks allocated to research/study/conferences during their residency and this is in addition to the 11 weeks allocated to boards study

21. Is the resident required to give one or more formal presentations at a conference or in an educational setting on a yearly basis? Please provide a description of the conferences, etc., that are provided and the typical schedule.

Yes	No
X	<input type="checkbox"/>

Describe: All residents are required to participate in the Friday morning seminar series. In their first year they are required to present an interesting case (20-30 minutes) and in the second and third year both a case presentation (20 minutes) and a topic or research seminar (45 minutes)

22. How many major veterinary medical or medical meetings is each resident able to or expected to attend during his/her training program?

Program length	One	Two	> Two
3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

All residents attend ACVIM forum after taking their exams. They are also scheduled on 'scholarly activity' during ECVIM in their 3rd (and sometimes their 2nd) year so that they can attend this. They often attend the endocrine speciality meeting in Bologna and BSAVA pre-day and sometimes other national meetings.

23. Does the training program require a research project? Please indicate the number of research projects required.

Program Length	Yes	No	Optional	Number
3 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	one minimum

24. Are one or more publications required as part of the training program?

Program length	Yes	No	Number
3 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	one minimum (two if wish to become ECVIM boarded too)

25. Does each resident in your program meet at least twice yearly with their Resident Advisor to evaluate the resident's performance, review their progress in the program, and assess whether or not their training program is proceeding as described in this document with a dated written summary of this evaluation?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

26. Please provide the structure of the training program to include (but not limited to): the length and number of clinical rotations per year; distribution of time allocated for research, writing, exam preparation, other scholarly activity, and vacation; and distribution of time allocated to out-rotations if this is a multi-site program.

Please refer to the CM (Section 9.F) for specific details. The following table is provided as an example.

NOTE: a detailed description defining the individual time requirements would be acceptable in addition to the table.

Example:

	Year 1 # Weeks	Year 2 # Weeks	Year 3 # Weeks	Total # Weeks	Training On Site or Off Site
Internal Medicine, Direct Diplomate Supervised (Diplomates listed in number 9), Minimum of 68 weeks					
Direct Supervision	34	28	26	88	On site
Additional Diplomate Supervised Rotations (Diplomates listed in number 8), Minimum of 16 weeks					
Emergency and Critical Care	2	2		4	On site
Cardiology	2	2	2	6	On site
Neurology	2	2		4	On site
Oncology	2	2	2	6	On site
Additional Direct or Indirectly Supervised Rotations					
Internal Medicine, Indirectly Supervised			8	8	On site
Additional Clinical Rotations: Please specify in comment section	2	2	2	6	On site
Electives*	1	1	1	3	Off site
Diagnostic Imaging					
Radiology		1		1	On site
Ultrasound	1			1	On site
Pathology					
Clinical Pathology		1		1	Off site
Anatomical Pathology					
Additional Rotations					
Research and Scholarly Activity	4	4	4	12	On site
Studying		4	4	8	

Meeting		1	1	2	On/Off site
Vacation	2	2	2	6	Off site
Total	52	52	52	156	
<i>* Electives can be 0-3 weeks. If unavailable, will default to directly supervised internal medicine</i>					

Please note that this table is for recording the number of weeks and/or hours that the resident will spend on the rotations/services for each year that will satisfy the CM requirements. The number for each year should add up to 52 weeks. It is understood that each resident's program will differ with regard to which year a given rotation is completed; the table should summarize the rotations in which residents in your program will participate. The CM specifies that the program outlined in this program renewal form becomes the requirements that a resident must fulfill to complete the training program. Please see CM section 4.F.2 "Once a program has been approved, even if its requirements exceed the minimum requirements as published in the CM, the requirements specified in the program description have become the official requirements for completion of the residency. Neither a candidate nor a Program Director may retroactively petition for successful completion of a residency that has met the minimum requirements of the CM if they have left the program but have not completed all requirements of the previously approved program."

PLEASE CHECK YOUR MATH

	Year 1 # Weeks	Year 2 # Weeks	Year 3 # Weeks	Total # Weeks	Training On Site or Off Site
Internal Medicine, Direct Diplomate Supervised (Diplomates listed in number 7), Minimum of 68 weeks					
Direct Supervision	28	26	28	82	On-site
Additional Diplomate Supervised Rotations (Diplomates listed in number 8), Minimum of 16 weeks [CM 9.F.2]					
Cardiology	2	2	2	6	On-site
Oncology	0*	2	2	4	On-site
Neurology	0	2	2	4	On-site
Critical Care	2	0	0	2	On-site
Additional Direct or Indirectly Supervised Rotations					
Internal Medicine, Indirectly Supervised	0	0	0	0	n/a
Additional Clinical Rotations: Please specify in comment section	4* (onco) 2 (anesth)	0	0	6	On-site
Electives*	0	4	0	4	Either
Diagnostic Imaging					
Radiology	1	0	0	1	On-site
Ultrasound	1	0	0	1	On-site
Pathology					
Clinical Pathology	2	0	0	2	On-site
Anatomical Pathology	0	0	0	0	n/a
Additional Rotations					
Scholarly Activity #	6	7	8	21	On-site
Studying (for board exams)	0	4	5	9	On-site
Meeting (ACVIM)	0	1	1	2	In America
Vacation	4	4	4	12	n/a
Total	52	52	52	156	
<i>* Electives can be 0-3 weeks. If unavailable, will default to directly supervised internal medicine</i>					

NOTE: a detailed description defining the individual time requirements would be acceptable here in addition to the table:

Describe:

Residents can also attend other conferences such as ECVIM and BSAVA but this would be done in their scholarly activity weeks. Priority is given to more senior residents so 3rd years generally go to ECVIM, and sometimes some 2nd years. Residents have also been to the Endocrinology meeting in Bologna in the past – basically consideration would be given to any reasonable proposal from the resident but they have limited funding for conferences (£500) and there have to be enough residents remaining to maintain our clinical service.

Our residents do 2 weeks of anaesthesia in their first year. This gives an insight into the workings of other parts of the hospital and also some experience of placing central lines and arterial catheters. Mainly this is to improve team-spirit and inter-service co-operation.

The 4 weeks of * oncology will either be supervised by an oncology diplomate (in which case it could move to the section above) but due to difficulties in appointing oncologists it may be that these weeks in oncology are supervised by SAIM diplomats.

The electives are chosen by the residents; either 1 x 4 week block or 2 x 2 week blocks and may be on-site or off-site. We will consider any reasonable proposal that has educational merit. On-site blocks could be more weeks of any of the rotations already completed – in particular if the residents wish to do ECVIM as well as ACVIM there can be a requirement for additional weeks of clin path and diagnostic imaging. Another on-site rotation that is sometimes chosen is ophthalmology. Many residents elect to go to a human hospital for a 2 week rotation; recently residents have attended haematology and endocrinology services. Residents can gain experience of private SAIM referral practice in the UK or abroad (some go to the USA in the hope of seeing some infectious diseases that we don't see here) or gain experience of services that are better developed than at the RVC (e.g. dialysis, radiation oncology, interventional radiology). If the residents do not propose something different (this has never happened) then they can do 4 additional weeks of internal medicine at home.

27. Is there any additional pertinent information that the Residency Training Committee should consider in its evaluation of this Training Program?

Yes

No

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Describe:

Only the current shortage of oncologists which has already been discussed with the RTC. Our current residents will (by June) all have done 4-6 weeks supervised by an oncologist and we are currently advertising for replacements and have a new oncologist starting although she will be on maternity leave for 6 months shortly after she starts. All residents will do 4 weeks with an ACVIM/ECVIM oncologist during their programme but at least some of the additional 4 weeks of oncology that they do will be SAIM supervised.

X Please note, any Program Director or Candidate that significantly changes or alters this Residency Training Program before completion must notify ACVIM, in writing, before the changes are made to ensure that the proposed changes are approved.

Significant changes could include, but are not limited to:

- transferring from one program to another
- alterations in program duration
- switching to a 'dual board' program
- enrolling in an institutional graduate program
- change of Program Director or Resident Advisor

X As Program Director, I verify that the above information is an accurate reflection of this Residency Training Program.

Per the Certification Manual, each year, the Program Director must certify to the RTC/ RTCC and ACVIM, in writing, that they have read the ACVIM Certification Manual and understands their role in residency training.

X Checking this box is an indication I have read the ACVIM Certification Manual and understand my role in Residency Training Program.