

# **AMERICAN COLLEGE OF VETERINARY RADIOLOGY**

## **RESIDENCY PROGRAM ESSENTIAL TRAINING STANDARDS AND REQUIREMENTS**

**Updated January 2019**

# Residency Training Standards and Requirements

\* **NOTE:** The updated policies, procedures and requirements outlined in this document will be in effect for all residency programs, beginning January 31<sup>st</sup>, 2019.

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## INTRODUCTION

As a recognized specialty organization of the American Veterinary Medical Association (AVMA) American Board of Veterinary Specialties (ABVS), the American College of Veterinary Radiology (ACVR) must provide requirements for advanced postgraduate training, education and certification as a specialist in veterinary diagnostic imaging.

This document describes in detail the structure and content of a veterinary radiology residency training program which will meet the expectations of the ACVR, and acts as a guide for institutions desiring formal approval of their radiology residency training program by the ACVR.

### Objectives:

Veterinary radiology encompasses a variety of diagnostic imaging techniques, including the following five core areas: all aspects of Roentgen diagnosis; diagnostic ultrasound; computed tomography (CT); magnetic resonance imaging (MRI); and diagnostic nuclear medicine.

1. All residency training programs must offer a quality postdoctoral medical educational experience of adequate scope and depth in these five areas.
2. All residency training programs should promote aptitude and clinical proficiency in imaging interpretation in the five core imaging modalities in both small and large animal species.
3. All residency training programs should adequately prepare residents for future employment as diagnostic radiologists in teaching, research, and clinical service in academia, private practice or teleradiology services.

## TERMINOLOGY

1. **ACVR Diplomate:** The ACVR Constitution states that a “Diplomate” is a veterinarian of good moral character who satisfactorily complies with the training and experience requirements, successfully completes the certifying examination, and is approved for membership in the ACVR by a majority of the Executive Council.
2. **ACVR Associate Member:** The ACVR Constitution states that an “Associate Member” is any individual who has excelled in a field of radiology or associated science. This individual must have made a documented contribution to the advancement of the ACVR.
3. **ACVR Resident Member-in-Training:** The ACVR Constitution states that a “Resident Member-in-Training” status shall be bestowed upon individuals who are actively engaged in an approved

- formal training program in diagnostic radiology or radiation oncology, or in an alternative training program in diagnostic radiology or radiation oncology approved by Executive Council.
4. **Supervising Diplomate:** An ACVR or ECVDI Diplomate with appropriate expertise and training who participates in all facets of resident training and participates in clinical service for a minimum of 400 hours per year.
    - a. **Residency Director:** A supervising ACVR diplomate who provides clinical supervision to the residents at least 50% of the year, is the primary contact person for the residency program with the ACVR, and is responsible for completing all necessary forms/reviews and notifying RSEC of any changes to the program.
    - b. A residency program must include at least two Supervising Diplomates of the ACVR, or one diplomate of the ACVR and one diplomate of ECVDI. While the Residency Director must be on-location at the primary institution, the remaining Supervising Diplomate(s) may be at the same institutions, or at different location(s); however, direct interaction (either rotation of the residents at this different / separate location, or direct availability throughout the day via video or audio interaction to consult on **all** clinical cases) is required. As an alternative to a single individual, the second Supervising Diplomate can be comprised by a combination of multiple, but no more than 10, teleradiologists or off-site/remote radiologists.
  5. **Supporting Diplomate:** An ACVR or ECVDI Diplomate with appropriate expertise and training who participates in some, but not all, aspects of resident training, and or who participates in clinical service for less than 400 hours per year.
  6. **Institution:** A physical hospital, facility or university where training of radiology residents is conducted.

## DESCRIPTION OF PROGRAM TYPES

### Traditional Residency Program:

A residency program that satisfactorily meets all of the residency program requirements as set forth by ACVR. The residents in this program spend the majority (at least 50%) of their clinical requirement at one institution, and this institution meets all the requirements for training, equipment, faculty and case requirements. Occasional external rotations may be completed outside of the primary institution. The Residency Director and majority of the Supervising

Diplomates must be located in and/or affiliated with within the primary training institution. In a traditional residency program, residents may be accepted into the program at the discretion of the program, not to exceed the maximum number of residents per faculty as outlined in the residency requirements.

**Alternative or Amended Residency Program:**

A program designed for one specific individual /resident, submitted by the proposed Residency Director, that satisfactorily meets all of the residency program requirements as set forth by ACVR. This program may be a new program or a modified/amended traditional program, such as a traditional program that will be completed in an extended timeline. The residents in this program may spend time at one institution, or training may be a collaborative effort between multiple institutions; however, the number of collaborating institutions must not be too large to deter from the resident's experience. One site must be designated at the primary institution. The Residency Director in an alternative residency program must still be located at the primary institution, and must still participate in at least 50% of the resident's training.

## **RESIDENCY PROGRAM REVIEW AND APPROVAL**

The Residency Standards and Evaluation Committee (RSEC) receives and approves all new program applications (<https://www.jotform.com/acvr/acvr-residency-training-program-app>). The review is performed to ensure the program meets all the requirements set forth by the ACVR, including faculty, educational environment, facilities and program content. The Chair or Assistant Chair of RSEC may contact the program director for additional information or clarification on the residency program application within 2 weeks of receiving an application. The Residency Directors must respond to these inquiries within 2 weeks to ensure timely review. After initial screening by the Chair and / or Assistant Chair, the program is evaluated by the entire RSEC. If the program is deficient in one or more areas, the application will be returned to the Residency Director , who will then be given 2 weeks to amend the application or define a plan to correct the deficiencies. All communications will occur via email.

Once the program is satisfactory to RSEC, the program will be presented to the ACVR Executive Council (EC) for approval by majority vote. This process usually takes 2-3 months; however, can be longer depending on the modifications that may be needed to satisfactorily meet the requirements. New program applications should be submitted at least 6 months before the expected start date of any residents, and are reviewed throughout the year. **All programs must be recognized and approved by the Executive Council of the ACVR PRIOR to training residents, or the start of a resident's program.**

Applications for new program registration (traditional or alternative) can be submitted to RSEC throughout the year. A deadline of by January 31 of each year is in place for renewal of all currently registered programs, whose registration expires in the same year.

The Residency Director will be notified via email of the outcome of the program's application or renewal within two weeks of Executive Council's vote.

If a renewal application does not meet all of the requirements, but the deficiencies could be corrected/modified in a reasonable time, the program will be placed on probation. If a program has significant deficiencies in the requirements (i.e. loss of all faculty) that cannot be corrected/modified in a reasonable time, the program will be suspended.

All traditional and alternative programs will be approved for a period of 3 years, from July of the year of approval to July 3 years later. For example, if a program submitted an application in January 2018 and was approved in April 2018, the program will be approved until July 2021; the Residency Director will need to submit a renewal application by January 31, 2021.

If a program is approved in October, but will not begin training residents until July of the following year, the program will be approved for 3 years following the start of the residents. For example, if a program submitted an application in July 2017 and was approved in October 2017, the program will be approved until July 2021, if the residents did not start in the program until July 2018. However, if the program starts training residents prior to July, the approval date would be considered 3 years following the residency start date.

Of note, even if a program is satisfactory to RSEC and ACVR EC, the ACVR does not accredit, certify, promise, or guarantee the results or satisfaction with any residency program. Additionally, ACVR has no liability for the conduct or actions of the faculty/diplomates or residents within a program.

## **ANNUAL UPDATE OF THE RESIDENCY PROGRAM**

The Residency Directors of all programs must submit an online annual update form by January 31 of each year to maintain status as an approved program. This form can be found at

<https://www.jotform.com/acvr/acvr-residency-program-update>

Failure to submit an annual program review by the deadline may result in the program being placed on probation.

## **TRAINING PERIOD**

The program shall offer a minimum of 3 years (36 months) of postdoctoral medical education in veterinary radiology, of which at least 30 months of training must be supervised clinical experience (based on full-time employment workweek). A maximum of 5 years is established for completion of training. A one-year internship, internship-equivalent or clinical experience is required to be accepted in residency training. The training period will start after written approval of the program is granted (approval letter), and no amount of resident training can be retroactive.

## **DIRECTION AND SUPERVISION**

### ***Residency Director***

The Residency Director, in addition to supervising and administering the training program in veterinary radiology, must also be actively involved in the training and instruction of residents.

The Director must be an active Diplomate of the ACVR in good standing, and must contribute sufficient time (supervising the residents on clinical duty at least 50% of the year) to the training program to ensure adequate direction.

The Residency Director will be the ACVR's contact for the residency training program. Communication between the Residency Director and RSEC will primarily be via email; therefore, the email address of the program director should be updated as needed with the ACVR.

The Residency Director is responsible for:

1. Submitting the residency program initial application, and renewal applications every 3 years, via the online/web application.
2. Submitting annual programs reviews via the online/web application.
3. Submitting online semi-annual resident reviews.
4. Notifying RSEC of any changes to the program (including changes in Residency Director), in advance of planned changes, and within 30 days of unplanned changes. Failure to notify RSEC/ACVR may result in placement of the program on probation or suspension.
5. Notifying RSEC within 30 days if a resident has an extended leave of absence during the residency, needs to discontinue the residency for any reason, or is terminated from a residency program.
6. Ensuring all residents are registered with the ACVR.
7. Approving the resident's preliminary and certifying examination applications.
  - a. On these applications, the Residency Director will have to confirm that the resident will have completed at least 24 months in the residency program (20 of which need to be clinical months) prior to the preliminary examination, and at least 36 months (30 of which need to be clinical months) prior the certifying examination.

### ***Supervising Diplomates***

Supervising Diplomates are ACVR or ECVDI diplomates with appropriate expertise and training who participate in all facets of resident training, participate in clinical service for a minimum of 400 hours per year, and who provide primary support and mentorship to the residents in the residency program. The Residency Director is a Supervising Diplomate. The Supervising Diplomates in the program must be in good standing with the ACVR or ECVDI and must be qualified in those areas in which they are assigned to instruct.

- Individuals assuming primary responsibility for training in an area (e.g. large animal radiology) need not be Diplomates of the ACVR or ECVDI if sufficient expertise can be documented; in such case, a CV will be attached to the program application.
- The Supervising Diplomates in the program must be committed to the teaching of the residents and the time and effort they devote to the educational program must be documented at the time of the initial application and renewal, and at each yearly update by providing effort allocation information (e.g. number of weeks on clinics).

- The program must include at least two Supervising Diplomates of the ACVR, or one diplomate of the ACVR and one diplomate of ECVDI. The Residency Director must be on-location at the primary institution and must provide clinical supervision to the residents at least 50% of the year. The remaining Supervising Diplomate(s) may be at a different location, however direct interaction (either rotation of the residents at this different / separate location, or direct availability throughout the day via video or audio interaction to consult on **all** clinical cases) is required.
  - As an alternative to a single individual, the second Supervising Diplomate can be comprised by a combination of multiple, but no more than 10, teleradiologists or off-site/remote radiologists; in this case, each individual must provide residents' supervision for a minimum of 3 weeks per year.
  - Ultrasound training must be hands-on and directly supervised.

#### ***Supporting Diplomates and Other Specialists***

- A Supporting Diplomate is an ACVR or ECVDI Diplomate with appropriate expertise and training who participates in some, but not all, aspects of resident training, or who participates in clinical service for less than 400 hours per year.
  - Supporting Diplomates cannot be included in the Supervising Diplomate:resident ratio.
- In addition to the ACVR/ECVDI Diplomates, the program must also include a minimum of one full-time (based on a 40-hour work week) diplomate each from the American College of Veterinary Pathology, American College of Veterinary Internal Medicine, and the American College of Veterinary Surgeons, so that the resident can have direct access to these specialists
  - ACVP Diplomates do not have to be on-site, but must be available for direct consultation.

#### ***Resident Supervision***

Residents must have access (either on-site or remotely) to a Supervising or Supporting Diplomate **at all times** during business hours and during after-hours on call duty (if applicable).

## **RESIDENT NUMBERS**

The number of residents in the program cannot exceed twice the number of ACVR / ECVDI Supervising Diplomates **on-site**.

## **EQUIPMENT/FACILITY REQUIREMENTS**

The program must provide adequate space, equipment, and other pertinent facilities to ensure an effective educational experience for residents in veterinary radiology. The program must have on-site access to modern radiographic equipment, including digital or computed radiography, fluoroscopy, ultrasound (including Doppler), MRI and CT. Cone-beam CT alone does not satisfy this requirement. Access to equipment to support the other core areas (nuclear medicine, large animal radiology, echocardiography) need not be on-site, but in those instances organized and maintained self-study modules, with actual imaging studies from these modalities, must be available.

## **AFFILIATION AGREEMENT**

When the resources of two or more institutions are to be utilized for the clinical education of a radiology resident, standardized letters of agreement must be provided.

## CLINICAL RESOURCES

The program in veterinary radiology must provide a sufficient volume and variety of patients for instruction. The imaging caseload of the program must be **greater than 7,000 imaging studies annually**, if the program is to be completed within the minimum 36 month period.

- An imaging study is defined as a study of an anatomical area (e.g., thorax, abdomen, fetlock, stifle, etc.), regardless of the imaging modality used. Multiple examinations may be performed on a single patient. A heavy caseload cannot reduce the minimum time commitment; however, a low caseload may extend the actual time commitment beyond the minimum.

## TRAINING CONTENT

The program must provide an adequate depth and breadth of clinical experience.

- Clinical rotations must be a supervised educational process; unsupervised clinical responsibility alone does not constitute a suitable educational experience.
- The resident must dictate or type out timely reports from the imaging caseload, and the majority of these reports should be reviewed by a supervising radiologist within 2 workdays. The number of reports generated daily by the residents should be commensurate to the resident's experience, but should not exceed 50 reports per day in the first two years of the residency.
- The vast majority (at least 80%) of typed reports generated by a resident without oversight by a faculty mentor must be reviewed with the resident and approved by at least one faculty member of the program. Alternatively, if the faculty mentor supervises the interpretation and dictation of the case, the final typed report does not need to be reviewed.
- During the 30 months of clinical training, a resident must interpret the following minimum number of studies:
  - o Radiology (including fluoroscopy): 4,000
  - o CT: 300
  - o MRI: 200
- Being involved in the interpretation means the resident must be present at the time the study is initially interpreted; more than one resident can be involved in interpretation of a single study. Merely attending rounds or reviewing cases is not considered being involved with interpretation.
  - o The resident must generate a report in at least 75% of the above cases.

- During the 30 months of clinical training, a resident must perform a minimum of 1,000 ultrasound examinations.
- Residents should be given ample opportunity to be involved with image acquisition and protocol set-up
- The program must provide residents with exposure to large animal, nuclear medicine , echocardiography and interventional radiology (including FNAs, biopsy, stents, coils...), even if not on site; this may be in the form in self-study modules, external rotations and / or continuing education (CE) course(s).
- Time spent away from the clinic on research projects, study time, CE courses/ conferences and vacation is not considered clinical training.
- Pathology is considered the basis for radiologic diagnosis, and the resident must be given the opportunity to attend pathology rounds or have access to written pathology reports generated from the imaging case load.
- Formal didactic classes, tutorials or other study material must be available in the areas outlined in the ACVR Board Certification Content Outline and Study Guide.
- If an optional graduate degree is available in the program, the impact of the degree option must be explicitly stated. If the optional degree program dilutes the clinical experience below the required clinical commitment, during the first 36 months of the program it must be submitted as a separate alternative program.

## **RESEARCH REQUIREMENTS**

The program should provide an environment in which a resident is strongly encouraged to engage in investigative work with appropriate faculty supervision. These projects may take the form of basic research, clinical research in the form of a prospective or retrospective study, or a case series or case report. Documentation of this environment should be made in the institution's application.

## **EDUCATIONAL ENVIRONMENT**

The education in diagnostic radiology should occur in an environment which encourages the interchange of knowledge and experience among residents and staff in the program, as well as with residents in other major clinical specialties located in those institutions participating in the program.

Residents should be provided ample opportunity to present formal lectures. It is expected that each resident will prepare and present a minimum of 3 lectures, seminars or scientific presentations during

the course of the residency training program. Examples include: lectures to students (if supervised), seminar presentations to peers, CE presentations, formal scientific presentations to colleagues in the training institution or at conferences. Unsupervised lectures, case-based rounds, reviews of journal articles, veterinary student-only meetings or presentations to the general public (i.e. 4-H meetings, career days, etc.) will not be counted.

- At least 12 Known Case Conferences (KCC) must be provided annually. In Known Case Conferences the faculty selects cases that the resident has never seen, and where the diagnosis/outcome has been unequivocally confirmed. These cases are then presented to the residents as unknowns. These conferences may take different forms, but they must be designed to test the progress of the resident's pattern recognition and medical decision making skills.
- Educational events (e.g. journal/textbook club, topic rounds, Morbidity and Mortality [M&M] Rounds) must occur a minimum of twice a month.
- Mock exams are encouraged as a way to monitor resident's progress.

## **TEACHING FILE**

A teaching file of images referable to all aspects of diagnostic imaging must be available for use by residents. This file should be indexed, coded, and currently maintained.

## **EDUCATIONAL EVENTS**

Conferences and teaching rounds must be correlated and provide for progressive resident participation. These should be not only intradepartmental conferences, but should involve each major clinical department. They should be of sufficient frequency and include both residents and staff participation on a regular basis.

## **RESIDENT REGISTRATION**

All new residents must register with the ACVR within 90 days of the residency program start date.

## RESIDENT EVALUATION

- The in-training evaluation of resident performance and progress must be documented every 6 months through appropriate techniques, including faculty appraisal, oral or written tests, or a combination of these.
- The Residency Directors will confirm every 6 months that their listed residents have met clinical requirements during the previous 6 months of the residency program based on an internal review; if not (e.g. due to illness,) an explanation and summary of how much clinical training they missed must be provided. This must be signed by the Residency Director, and submitted via the online form to the RSEC chair (<https://www.jotform.com/acvr/acvr-resident-biannual-review>). If the clinical requirements are not met, a letter explaining the deficiencies and signed by the resident and Residency Director must be submitted via email to the RSEC Chair. The semi-annual reviews are due on January 31 and July 31 of each year. Once training is approved or denied at the semi-annual review, it cannot be changed at a subsequent time.
- If the resident has policy-based concerns, he / she should contact the Executive Director of the ACVR. All interpersonal conflicts need to be moderated by the Institution's and Human Resources Department.
- Each resident must submit credentials to RSEC prior to being accepted as being qualified to take the board examination.
- A survey will be given to each resident following completion of their program, and 3 years later. The findings of this survey will be provided to the ACVR Council and RSEC committee members.

## EXAMINATION REQUIREMENTS

Article III of the ACVR Constitutional By-Laws outlines the candidate's requirements for the preliminary and certifying examination, which include:

1. Have satisfactory moral and ethical standing in the profession.
2. Be a graduate of a School or College of Veterinary Medicine accredited or approved by the AVMA, or possess a certificate issued by the Educational Commission for Foreign Veterinary Graduates (ECFVG), or are legally qualified to practice veterinary medicine in some state, province, territory or possession of the United States, Canada or other country.

3. Having completed 24 months of residency training with at least 20 months of this time in clinical training before sitting for the Preliminary Examination.
4. Having completed at least 36 months of residency training with at least 30 months of clinical training before sitting for the Certifying Examination.
5. Submit to the Executive Council a statement of his/her qualifications, and other evidence of his/her professional experience and competence. Answer in detail a questionnaire presented by the Executive Council. (This can be found in the application).
6. Submit two names for letters of reference of his/her personal and professional competency, including a letter from his/her sponsor.
7. All programs must be submitted to Executive Council for approval at least 2 years in advance of anticipated Preliminary Examination (September 1).
8. A candidate must satisfactorily pass the Preliminary Examination before sitting for the Certifying Examination.

## **CHANGES TO THE RESIDENCY PROGRAM**

The Program Director is responsible for notifying ACVR RSEC in advance of planned changes in personnel, facilities or program; and to notify RSEC and within 30 days for unplanned changes.

Changes that need to be reported include, but are not limited to:

- Decrease in program faculty below the minimum requirement or below the requirement for the current number of residents in the program.
- Change in program director (i.e. program director leave, retires, or decreases clinical duties below the minimum requirement).
- Change in institution or location.
- Change in supporting non-ACVR faculty.

If the changes results in the program no longer meeting the essential requirements, the program will be placed on probation and be given a 6 month grace period to address the deficiencies, as long as the remaining faculty member provides at least 90% of the supervision during this time period. It is expected that within 2 months the Residency Director will submit in writing a proposal to address the deficiencies, to be reviewed by the RSEC. New residents **cannot** begin training in a program that is on probation.

If the deficiencies are not corrected by the end of 6 month grace period, the program is suspend. A residency program in suspension **cannot** continue training residents. A plan for continuation of the remaining residents' training must be generated within 30 days of receiving the suspension notification and submitted to RSEC. The Residency Director is required to notify all new residents matched to the program within 15 days if the program status changes.

If the faculty of the program decreases below the minimum requirements, options include:

1. Hire additional faculty within 6 months, with the remaining faculty member(s) and locum / remote radiologists providing the residents' clinical supervision during this time.
2. Transfer any residents remaining in the program to another approved residency program (see resident transfers for additional information).
3. Submit an application for an alternative / amended residency program, with collaboration with another residency program or institution.

## **RESIDENCY PROGRAM PROBATION OR SUSPENSION**

### **Probation:**

A residency program may be placed in probation for the following reasons:

- The Program Director has a pattern of failing to meet renewal application or annual review deadlines.
- The Program Director has a pattern of failing to meet deadlines for semi-annual residency reviews.
- The Program Director fails to respond to notification by the RSEC of deficiencies on a renewal application or annual review
- The Program Director fails to notify RSEC of changes in the program within the deadline
- The Program fails to provide adequate supervision of the residents.
- The Program fails to provide sufficient case or modality experience.
- The Supervising Diplomates of the program decreases below the minimum requirements.
- The requirements of the program are no longer being met (e.g. KCC is no longer being performed, loss of equipment, loss or change of facilities)
- Submission of fraudulent information on the residency program application.

A residency program in probation may continue training current residents; however, new residents **cannot** begin training in a program that is on probation.

### **Suspension:**

A residency program may be suspended for the following reasons:

- Significant deficiencies in the residency program requirements are found.
- Fraudulent information are submitted on the residency program application.
- There is failure to resolve deficiencies in the program during a probationary period.

A residency program in suspension **cannot** continue training residents. A plan for continuation of the remaining residents' training must be generated within 30 days of receiving the suspension notification and submitted to RSEC.

RSEC will notify programs of any deficiencies in requirements, probation or suspension via email to the Residency Program Director.

## **MONITORING PROGRAM COMPLIANCE**

RSEC will be monitoring program compliance using the following methods:

1. Annual reviews and renewal applications.
2. Resident survey at the completion of the residency program and 3 years later.
3. If RSEC receives complaints or concerns about a residency program's compliance with residency requirements, additional information may be requested by the RSEC Chair from the Residency Program Director as needed.
4. One measure of the quality of the program is the performance of its graduates on examinations for certification by the ACVR. Repeated failure of the exam may warrant re-evaluation of a program.

## **RESIDENT TRANSFERS**

A residency may need to transfer to another approved residency program for the following reasons:

1. The original program was placed on probation or suspension.
2. Personnel disputes.

3. Personal issues, location, etc.
4. The resident is terminated from a program.

Requirements for transfers:

1. A letter from the original institution must be written and submitted to RSEC at least 4 weeks prior to a scheduled transfer. This letter must contain: name of the resident, year of resident training, date of departure, amount (weeks) of clinical time and nonclinical time completed at the original institution, plan for continued financial support of resident, and signature of the resident and resident director.
  - a. If the resident was terminated from a program, the residency director must send a letter (via mail, fax or email) to RSEC. This letter must contain the resident's name, year of training, date of termination, amount (weeks) of clinical time and nonclinical time completed at the institution, reason for termination and signature of the residency director. This letter must be received within 2 weeks of the date of termination.
2. A letter from the receiving institution must be written and submitted to RSEC at least 4 weeks prior to the scheduled transfer. This letter must contain name of the resident, start date, plan for continued financial support of resident, estimated date of residency completion, and signature of the receiving resident director.
3. Both letters need to be submitted via email to the RSEC Chair at least 4 weeks prior to the scheduled transfer.

RSEC will review all transfer requests within 2 weeks of submission of both letters. RSEC will provide the Executive Council with a recommendation on approval or refusal of the transfer. The initial and receiving residency directors and the transferring resident will receive notification of the decision by the RSEC and Executive Council.

## **APPEALS**

According to Article VIII of the ACVR Constitution, the program and/or individual can appeal the denial of approval of a residency program or other adverse decision by the ACVR. The grounds for reconsideration or review of the decision and guidelines for petition of the reconsideration can be found in the ACVR Constitution. Additionally, the Executive Director of the ACVR may be contacted if additional questions arise or for further information.

## **RESIDENCY PROGRAM QUESTIONS OR CONCERNS**

Anyone (i.e. Residency Director, Supervising Diplomates, Supporting Diplomates and / or residents) with any concerns or questions regarding residency program approval, requirements, the application process or compliance should contact the RSEC Chair or Assistant Chair. Issues that cannot be resolved by RSEC will be forwarded to the ACVR Executive Director, ACVR President and/or ACVR Executive Council for further assistance. The contact information for these offices can be found on the ACVR website at <https://www.acvr.org/page/administration>

## Summary of Residency Director Requirements and Responsibilities:

### ACVR Residency Directors responsibilities:

- Must be ACVR diplomates in good standing
- Must supervise and be actively involved in the training program in veterinary radiology
- Must be on clinics duty at least 50% (i.e. 26 weeks per year) of the time to ensure adequate supervision and direction
- Must report to RSEC Chair in advance of planned changes in personnel, facilities or program, and within 30 days for unplanned changes
- Provide semi-annual assessments online for each resident
  - Due dates for assessments: **January 31 and July 31**
  - Assessments can be performed online at <https://www.jotform.com/acvr/acvr-resident-biannual-review>
- Provide RSEC with an update form **annually by January 31**
  - Forms can be accessed online at:  
<https://www.jotform.com/acvr/acvr-residency-program-update>
- Provide RSEC with a re-accreditation application every **3 years by January 31**
  - Forms can be accessed online at:  
<https://www.jotform.com/acvr/acvr-residency-training-program-app>

Each program must have:

- At least 2 Supervising Diplomates (2 ACVR diplomates or 1 ACVR/1 ECVDI)
- These two Supervising Diplomates combined must cover clinical duties 100% of the time (i.e. at least 1 Supervising Diplomates is on clinics and available all times during business hours)
- Number of residents cannot exceed a ratio of 2 residents:1 on site Supervising Diplomate
- Each resident must present at least 3 formal lectures during the residency
- At least 12 KCC must be performed annually
- Educational events (e.g. journal/textbook club, topic rounds, MM Round) must occur a minimum of twice a month

### ACVR Responsibilities:

- Approve preliminary and certifying applications for the residents
  - Preliminary Exam: Residents taking the preliminary applications need to have completed **24 months** of the residency (of which 20 of clinical training) prior to taking the examination
  - Certifying Exam: Residents taking the certifying applications need to have completed **30 months** of clinical training prior to taking the examination