

# AMERICAN COLLEGE OF VETERINARY DERMATOLOGY EDUCATION COMMITTEE GUIDELINES

*Updated June 30, 2023*

## **1. Preamble**

The American College of Veterinary Dermatology (“ACVD”) Education Committee (“Education Committee”) is responsible for setting guidelines and criteria for residency programs, approving programs, monitoring programs, and monitoring each resident’s progress through the receipt of regular reports. The Education Committee will maintain lists of approved residency programs and current residents.

## **2. Objectives**

(a) A residency program should provide in-depth training in veterinary dermatology and related basic and applied sciences such that the resident is provided the opportunity to develop a comprehensive knowledge of the dermatologic conditions of domestic animals.

(b) By accepting a resident, the residency program intends to commit their time, effort, and financial resources to support the resident for the entirety of the program.

## **3. Important Deadlines**

(a) Feb 1: New program application deadline

(b) April 1: Recertification approval notification deadline; programs are notified if they need to recertify this year

(c) May 1: Resident Assessment Reports due

(d) May 15: Mentor Annual Benchmark Assessments due

(e) Aug 1: New program approval notification deadline

(f) Oct 1: Recertification application deadline

## **4. Starting a program**

(a) Types of programs

(i) The previous designation of “Individualized vs. Formalized” programs has been replaced with Provisional and Established programs. A Provisional program is a program that has recently been created and has not yet gone through the certification process (see Section 15 for more information on recertification). Provisional programs can only train one resident at a time until they either have had: a) one resident pass the board exam and become a Diplomate, or b) have been successfully recertified, at which point the program becomes an Established program.

(ii) An Established program is a program that has been successfully recertified at least once and has remained a continuous program since recertification. To be considered continuous, an Established program must have been actively training residents with **no more than a 2-year period without residents**. For the purposes of the first round of recertifications commencing January 31, 2022, all existing “Formalized” programs will be considered Established programs.

#### (b) Application For New Residency Programs

(i) An application packet must be submitted by the potential mentor(s) for evaluation and approval by the Education Committee and the ACVD Board of Directors (“Board”), which includes a detailed Program Description, an ACVD Website Description, and (for single-mentor programs) a Contingency Letter. See Appendices 1-4 for instructions and related forms.

(ii) The deadlines for submitting a new residency program application are February 1 each year. If applications are submitted after these deadlines, the application will not be considered until the following deadline. For example, if a program application is submitted on February 2<sup>nd</sup> 2024, it will not be considered by the Education Committee until February 1<sup>st</sup>, 2025 (next deadline). Approval of applications could take up to 6 months and is highly dependent on timely receipt of revisions. Residents cannot be accepted to an ACVD-approved program or begin training until all application requirements have been met and the mentor has been notified of the program’s approval.

(iii) During the application review process, the Education Committee may request adjustments to a program. Efforts will be made to provide revision requests to the program within 60 days after the submission deadline. If revisions are not received within 1 month of request, programs will receive 1 reminder email. If revisions are not received within 10 calendar days of the reminder, the application will be rejected, and the program will have to reapply next year. Each program will be provided up to 2 rounds of committee review before it is rejected. If the proposal submitted requires significant changes beyond reasonable revision, the Education Committee may deny the application and request resubmission of a new application packet at the next deadline.

(iv) If an application is still under review during the Veterinary Internship and Residency Matching Program (VIRMP) program entry period, the program may list itself on VIRMP as long as they put in bold letters at the top of the VIRMP description that “PROGRAM STILL PENDING ACVD APPROVAL.” It is the program’s responsibility to remove the VIRMP posting immediately if the application is rejected. It is the program’s duty to either withdraw before VIRMP’s withdrawal deadline or face the consequences of resident rejection if they are matched but then unable to accept their resident due to application rejection.

(iv) Once a program has been approved by the Education Committee, it shall begin during the month of July of the **next** calendar year following the year of submission. For example, if a program application is submitted by February 1, 2024, and approved, its start date would be in the month of July, 2025. Programs may take up to 2 years after the start date to fill the resident position. If a resident is not identified by the program within this 2-year period, the program will need to re-apply to the program and submit a new application to ensure it meets current Education Guidelines.

(v) Resident candidates apply directly to programs or register with VIRMP. The Education Committee plays no role in helping residents identify programs or helping programs identify resident candidates.

#### **4. Resident Prerequisites:**

(a) Be a graduate of an American Veterinary Medical Association (“AVMA”)-approved veterinary school or college, or a graduate of an accredited and recognized school from another country.

(b) Be approved to practice veterinary medicine in a state of the United States of America, province of Canada, or country of citizenship, and have an active veterinary license that is in good standing with the applicable jurisdiction.

(c) Be a member of the national veterinary association in their program’s country (ex. AVMA, CVMA, etc.)

(d) Have completed a one-year internship or practice equivalency (See *Section 13: Monitoring Programs*)

(e) Abide by the *ACVD Ethics Pledge and Code of Conduct*, the *AVMA Principles of Veterinary Medical Ethics (“PVME”)*, and applicable laws, and not have any felony (or equivalent) convictions.

## 5. Mentor Requirements

(a) A Diplomate who is responsible for training an ACVD resident at their parent institution/place of practice is hereafter referred to as a primary mentor. If 2 or more dermatologists have an active role in practice at the parent institution/place of practice, one must be designated as the primary mentor and the others may act as co-mentors. The primary mentor can enlist the help of other knowledgeable individuals, hereafter referred to as 'educators', at the parent institution or remote sites.

- (i) If a co-mentor or external educator is added or removed from an established program, the program should apply for a Major Change. The same applies for a co-mentor that is changing to primary of an established program.
- (ii) If a new mentor is taking over a program with no pre-existing co-mentors, they must apply as a new Provisional program.

(b) The primary mentor must be a diplomate for at least 2 years of the ACVD, European College of Veterinary Dermatology ("ECVD"), or Fellow of the Dermatology Chapter of the Australian and New Zealand College of Veterinary Scientists ("DCANZCVS"). A Diplomate (or equivalent) of a college/ organization not mentioned above can apply for an ACVD-approved program if that institution satisfies the following requirements:

- (i) Be a World Association of Veterinary Dermatology ("WAVD")-recognized member organization.
- (ii) Have credentialed residents in dermatology for a minimum of 5 years consecutively.
- (iii) Have a minimum of 20 Diplomates/members in their college/organization.

(c) A sole primary mentor must include a contingency plan in their application, submit a Contingency Mentor Letter, and submit a Resident Contingency Acknowledgment Letter (see *Appendix 5*).

- (i) If a co-mentor has been a diplomate for less than 2 years, a contingency mentor is also required.
- (ii) A diplomate can only serve as contingency mentor for one program at a time. The list of contingency mentors will be maintained by the ACVD Executive Secretary.
- (iii) The contingency mentor must be willing to accept and maintain all requirements of mentorship, including not exceeding the 1:1 resident to mentor ratio.
- (iv) If a contingency mentor fails to uphold the obligation of maintaining the contingency resident's program, they will be prohibited from becoming a mentor for a future residency for a period of three years.

(d) The primary mentor must design, schedule, and conduct most of the resident's clinical and didactic training including clinical training, research, journal club, histopathology, and basic sciences. The primary mentor should be present for the

majority of these aspects of training, even if co-mentors or educators are involved. A primary mentor cannot completely relinquish any aspect of the program to another mentor or educator without maintaining adequate knowledge of that instruction.

(e) Provisional programs may only train one resident at a time while established programs may train residents at a ratio of 2:1, meaning a maximum of 2 residents per mentor is allowed for Established programs. A Provisional program may increase to the 2:1 ratio if their first resident passes the board exam and becomes a Diplomate. The ratio may also temporarily increase to 2:1 if a contingency mentor is called upon to take over a provisional program. This allowance would last the remainder of the contingency resident's program, but the mentor may not accept any new residents during that time.

(f) Co-mentors and educators for clinical dermatologic training must be a Diplomate of the ACVD, ECVD, Asian College of Veterinary Dermatology ("AiCVD") or Fellow of the Dermatology Chapter of the Australian and New Zealand College of Veterinary Scientists (DCANZCVS) or a Diplomate of an American Board of Veterinary Specialists ("ABVS")-recognized medicine college who has a proven track record in dermatology.

(g) All co-mentors or educators must be employed by the same organization as the primary mentor or a written agreement between the primary mentor and the external educator must be provided to the Education Committee stating the services the external educator will provide, how the primary mentor plans to be involved to ensure the resident is receiving appropriate training, and a contingency plan if the external educator cannot fulfil their obligation. It is the ultimate responsibility of the primary mentor to oversee all aspects of resident training.

(h) By agreeing to be a mentor, each individual will be required to act as a Subject Matter Expert (SME) for the certification examination.

(i) All mentors listed on a program will be included in the pool of SME volunteers for a period of six years (length of program recertification cycle). Individuals from this pool will be selected based on need, and not every volunteer will be selected each year, but being available for selection in a given year will satisfy the requirement.

(ii) Mentors will not receive Continuation of Certification (COC) credit for fulfilling the role of SME.

## **6. Facility Requirements**

(a) Location: A program can be conducted at a veterinary school or college or private veterinary dermatology practice. The term 'parent institution' refers to the primary location at which the program takes place. The parent institution must supply the necessary space, facilities, staff, and monies to support the program. A facility will be deemed adequate if it fulfills the Department of Professional Regulation requirements

for a veterinary facility in the state in which it is located for private facilities or if it is accredited by the AVMA for academic institutions. For multilocation programs: if residents and mentors practice at multiple locations within one business or institution, the residency program can be approved as a single program with multiple locations. If residents and mentors practice at separate locations exclusively and only share didactic training, then each location must be approved as a separate residency program.

(b) Case numbers: The facility must supply sufficient and stable numbers of patients for adequate clinical training while also allowing the resident adequate time for non-clinical duties. Cooperative affiliation with other facilities is permitted but the majority (>50%) of clinical training must be completed at the parent institution. See Appendix 6 for an explanation of how minimum and maximum caseload is calculated. Below are the total caseload requirements over the entire 3-year program:

- (i) One-resident programs: Minimum of 1477, Maximum of 12617
- (ii) Two-resident programs: Minimum of 2921, Maximum of 21068
- (iii) Three-resident programs: Minimum of 3948, Maximum of 30222

(c) Equipment: The facility must supply all necessary equipment used in the examination, diagnosis, and treatment of veterinary dermatologic patients including access to a microscope, video otoscope, photographic capabilities, library facilities containing current and relevant veterinary and human textbooks and journals pertinent to the study of veterinary dermatology (electronic access is acceptable), university or ACVD on-line library access, and accredited laboratories for clinical pathology and histopathology submissions. If these laboratories are not in-house, the resident must have access to histopathology slides from their own cases for their own review. Makes and models of microscopes and video otoscopes are not required for program approval as long as mentors can attest that equipment is readily available and in good working order.

## **7. Program Requirements:**

The resident must receive training in clinical dermatology, dermatohistopathology, and the basic and applied sciences applicable to dermatology (as described below in didactic training). Resident Benchmarks were created to better reflect the latest Job Analysis performed by ACVD members in 2018, including tasks and knowledge expected of a dermatologist immediately following completion of training. See the "Residents Only: Education" section of the ACVD website for a list of ACVD Benchmarks for Residents which should guide the training curriculum.

(a) Schedule. All programs (Provisional and Established) start in the month of July. See "Residents Only: Education" section of the ACVD website for a detailed timeline.

- (i) ACVD residency programs are defined as full-time, 36 months, 8-hour day, non-degree programs based on a 5-day work week (40 hours per week), and are not available on a part time basis. Any newly approved program will be 3 years

long and any programs which are currently two-year programs will indefinitely become a three-year program if any major change(s) occur or when it is up for recertification.

(ii) If advanced degree training is to be combined with the residency program, the resident needs to devote a minimum of 24 months to the clinical training aspect of the residency program. The overall length of the program must be increased if the resident is not able to meet all requirements of the graduate school and still have a minimum of 24 months of clinical training within 3 years. Every effort must be made to ensure that graduate work requirements do not interfere with clinical training.

(iii) *Leave of absence/Parental leave*: If a resident needs to take a leave of absence for any reason, including but not limited to medical, child care, or a disability leave, terms of the leave will need to be authorized by the resident's workplace. If clinical and didactic requirements cannot be completed during the previously approved residency program dates, the program duration may need to be extended. The Education Committee and ACVD Executive Secretary should be notified if a program increases the duration of training and the Education Committee will have authority to approve the extension, in its sole discretion.

## 8. Clinical Training Curriculum

(a) Definition: 'Clinical training' is defined as the experience of a resident taking an active role in the management of a case, either as co-clinician with the mentor or as primary clinician, including taking history, examining patients, conducting diagnostic or therapeutic procedures, reviewing diagnostic material, consulting with appropriate specialists, creating treatment plans, holding case rounds, and communicating with owners and referring veterinarians. Clinical training in a dermatology residency needs to be either directly or indirectly (e.g., Internal Medicine) related to dermatology. Time spent in unrelated fields such as emergency medicine, vaccination clinics, or orthopedic surgery do not count toward the clinical training requirement and are discouraged.

(b) Minimum days: Training in clinical dermatology is of paramount importance. During the program, the resident must have a **minimum of 300 full 8-hour days**, based on a 5-day work week (40 hours per week), of clinical training resulting in a minimum of 2400 hours of clinical training. Partial days (4 hours or more) of clinical or non-clinical training may be accepted toward total requirements for clinical training and off-clinic time, respectively.

(c) Expected number of cases: As a guideline based on the current ACVD job task analysis survey, the Education Committee recommends, but does not require, that a resident be exposed to and participate in the diagnosis, workup, and management of **4 to 6 cases per 8-hour clinical day**. The ACVD will not set a minimum number of cases to

be examined by a resident or define how many should be initial or recheck appointments; rather, this will be based on the mentor's assessment of the resident's clinical progress and the variety of cases managed by the resident. **The ACVD does recommend limiting the number of cases seen per 8-hour clinical day to 4-6 cases for the first year of training.** These limits are intended to ensure that residents have adequate time for case research, workup, client communication, and management during the clinical day. Criteria for determining case variety can include, but is not limited to, species seen, clinical diagnoses of cases, and complexity of individual cases.

(d) Mentor contact time: Mentor contact time is extremely important for clinical training. Mentor(s) are expected to be available to residents if they have questions or problems with their clinical cases. Each resident will differ in the amount of direct supervision that they require from their mentor(s). As the resident progresses, the contact time needed by the resident is expected to decrease. **Direct mentor contact time in the clinics with first year residents must be at least 90%.** "Direct contact" means that a mentor is physically present within the clinical facility, either on the clinic floor providing service to patients alongside the resident, or actively engaged in other pursuits of scholarly activity. At the rare times that the mentor is not on site, they must be able to be contacted by phone or video chat, and if needed, available to assist the resident in-person within one hour of being contacted. For telemedicine appointments, the mentor does not need to be physically present with the resident. **After the first year, direct contact time between the resident and mentor may vary depending on the resident's progress but must remain at least 50% throughout the remainder of the residency.** If the mentor is not reachable by phone or video chat, or is unable to assist the resident in-person within one hour of being contacted, a co-mentor or contingency mentor must be available to provide resident contact and assistance. Residents **cannot** engage in clinical activities at satellite clinics or locations without direct mentor contact.

(e) Levels of Clinical Training: Clinical dermatology is learned by observing and participating. 'Observational training' occurs when the resident takes no active role in the management of the patient. The term 'un-mentored clinical experience' is used when a resident is managing dermatology cases but has no direct access to a mentor or educator. Observational and un-mentored clinical experience is limited to 12% (36 days) of the clinical training requirement. 'Co-clinician' means that the resident will at least share decision-making responsibilities with the mentor. 'Primary case responsibility' means that the resident has full decision-making responsibilities, though input from mentors is still allowed. During the residency, the resident must have primary case responsibilities and cannot merely act as an assistant or intern to the mentor.

(f) External rotations: The majority (>50%) of clinical training must be supervised by the mentor(s) but external rotations, not limited to clinical small animal dermatology, are allowed and encouraged. These external rotations can be used to meet the clinical training requirements or can be ancillary. If the external rotations are an integral part of the clinical training, no more than three external Diplomates or institutions can be used.



External rotations and the timing of them must be agreed upon by the resident and primary mentor. The scheduling of clinical training is flexible but must meet the guidelines set forth by the Education Committee. It is essential there be adequate time without clinical responsibilities for the resident to pursue additional requirements of a residency training program.

(g) Supplementation for lack of program variety: Residents are expected to have a thorough knowledge of all dermatologic conditions of animals found in current and relevant veterinary textbooks and widely circulated English language journals. Ideally, the resident should be exposed to a variety of veterinary species during their clinical training, but program variations may not allow for this. Deficiencies in clinical exposure to various species must be addressed and compensated for by the mentor. Undirected study of textbooks and journals by the resident is not sufficient. Mentors must supplement areas of weakness in their program by appropriate external rotations or interactive training sessions with the resident. Supplemental training sessions can take any form but rounds, journal club, or seminar format are appropriate. For directed readings, the mentor(s) must supply an appropriate reading list and monitor the resident's progress in completion and understanding of the material. Clinical photographs should be used to supplement those found in the literature.

(h) Case logs: Residents must maintain a case log to help their mentors assess case numbers, follow up, and case variety. A copy of the case log must be retained by the program and the resident until the resident becomes a Diplomate or five years after completion of the residency, whichever comes first. These case logs will not be submitted to the Education Committee unless requested. If requested, the case log must be submitted to the Education Committee and/or Credentials Committee immediately.

## **9. Didactic Training Requirements**

(a) Definition: didactic training includes all non-clinical aspects of dermatology training

(i) Non-clinical duties are loosely defined as any activity that does not involve working in the clinic, interacting with patients or clients.

(ii) Examples of non-clinical activity may include: case rounds, journal club, basic science rounds, histopathological training, research project, case report, and lectures.

(b) Responsibility. The program is responsible for designing, organizing, initiating, and administering all aspects of didactic training except for dermatohistopathology, which can be taught by an off-site external educator provided the primary mentor is still involved. External educators not employed by the parent institution can supplement a

portion of didactic training, but the extent must be documented in the application and the primary mentor must still be involved and in attendance.

(c) Schedule: Residents must have adequate time off-clinics for didactic training, vacation, and attending the NAVDF or equivalent meetings annually.

(i) Residents work five days per week (based on 8-hour work day), with two days off per 7 day week for personal time.

(ii) A resident must receive at least two weeks (equivalent to 10 workdays based on a 5-day work week) of personal vacation per year.

(iii) All programs are also required to provide the equivalent of **at least 120 full (8-hour) days of non-clinical work** for a resident during their residency, based on a 5-day work week (40 hours per week), resulting in a minimum of 960 hours. **Vacation days, holidays, and time off to attend an annual dermatology meeting are not included as part of this requirement.**

**(iv) In order to prevent a disruption for current residents at the time of the guideline edits (July 2023), 2<sup>nd</sup> and 3<sup>rd</sup> year residents should still be given at least 30 non-clinical days per year, even if they have already accrued more than 60 and 90 days, respectively.**

**(v)** A resident can observe 8 non-clinical days for holidays

(d) Requirements. During the residency, the mentor(s) and educators must provide:

(i) Case rounds at least 4 hours monthly, but preferably 1 hour weekly or patient-side throughout the clinical day.

(ii) Journal club at least 4 hours monthly.

(iii) Histopathological training at least 4 hours monthly.

(1) *Histopathological training:* This can be accomplished through various ways such as assigned readings, assigning unknown slides for review and writeup, evaluation of individual case biopsies, in-depth courses, etc. These assignments should lead to live review with the mentors or external educator. The indirect (readings, unknown slides, writeups, etc.) and direct training with histopathology should total 4 hours in entirety.

(iv) Basic science learning / didactic rounds at least 4 hours monthly:

(1) *Basic sciences*: The resident must have a structured course of instruction and study in the basic and applied sciences related to dermatology. Areas of study must include: genetics, biochemistry, embryology, anatomy and physiology of skin and adnexal structures, pathomechanisms of dermatological diseases, immunology, bacteriology, mycology, virology, parasitology, internal medicine, nutrition, oncology, pharmacology, clinical pathology, dermatohistopathology, and comparative dermatology. The breadth and depth of study should be sufficient to assure that the resident has a firm foundation in each area and is prepared for the ACVD Certifying Examination (“Board Exam.”)

(e) Supervision: A mentor or educator must supervise the resident’s study in each area. The 4-hour monthly listed above indicates the amount of time the residents, mentors, and external educators are involved in discussion with one another. Preparation time beforehand and follow-up reading afterward do not count toward the 4-hour minimum. Undirected study by the resident, which is defined to be any learning process not instituted or monitored by the mentor(s), is valuable in strengthening the resident’s understanding of an area but cannot be the main method of instruction. Acceptable teaching/learning methods include lectures, conferences, clinical photograph and histologic slide review, book and journal reviews, and directed readings. For directed readings, the mentor(s) must supply an appropriate reading list and monitor the resident’s progress in completion and understanding of the material through discussion.

## **10. Dermatohistopathology**

Dermatohistopathology is invaluable in the study of dermatology and all ACVD residents must receive substantial mentored training at the light microscopic level as outlined below. Although knowledge of electron microscopy and immunohistochemical techniques is valuable, there are no specific training requirements in these areas. Training should be supervised by a Diplomate of the ACVD or by an individual who has completed a formal training program in pathology. Training must involve direct evaluation of histopathology by the resident. A mentor or appropriate pathologist can review the histopathology simultaneously with the resident or afterward. There is no minimum requirement on the number of cases to be examined other than the resident must review the histopathology slides taken from biopsies of all of their cases.

(a) Scope of Training. The scope of the training is left to the discretion of the mentor(s) but must include:

(i) *Histologic Principles*: the various techniques used to process tissues, the indications for and mode of action of commonly used special stains, and the artifacts which can occur.

(ii) *Normal Microanatomy*: the normal histologic anatomy of domestic animals' skin and associated structures. Variations by site and specific histologic features of a species must be known.

(iii) *Basic Dermatohistopathology*: recognize and differentiate the cell types found in skin biopsies. Detailed knowledge of the current vocabulary of dermatopathology and the light microscopic features for each term is expected.

(iv) *Dermatohistopathology of Non-neoplastic Disorders*: dermatohistopathologic features of all non-neoplastic disorders of domestic animals. Special emphasis should be placed on disorders which can occur in North America. Diagnosis by pattern analysis is recommended.

(v) *Dermatohistopathology of Neoplastic Disorders*: recognize the common tumors of domestic animals. Detailed knowledge of their ultra-structural features or histologic sub-classification is not expected. Greater detail of the lymphohistiocytic neoplasms is expected since they can sometimes be difficult to differentiate from inflammatory conditions.

(vi) *Comparative Dermatohistopathology*: review the inflammatory disorders in at least one textbook on human dermatohistopathology, chosen at the discretion of the mentor(s). The resident is not expected to know the histologic features of disorders not recognized in animals.

Ideally, the resident should learn by direct microscopic examination of diseases taken from their clinical cases, but since all the necessary case material may not be available to each resident, glass teaching sets, digitized scanned slide sets, or textbooks can be used to supplement. Teaching sets that have examples of diseases commonly seen in practice are preferable.

Because it is important for a dermatologist to have the ability to interpret a histopathology report in practice, the resident should be given at least 6 unknown glass or digitized scanned slides to be evaluated in four hours or less by the end of the program. The resident should be able to determine the species of animal, describe the histologic abnormalities, give a morphologic/pathologic diagnosis, and a specific list of differential diagnoses. If one or more of the differential diagnoses could be substantiated or excluded from consideration by the examination of special stains, the resident should be able to list which stain(s) would be appropriate.

## **11. Internal Medicine**

(a) Residents must have a broad understanding of internal medicine, especially in areas where cutaneous manifestations are common. Areas of importance include, but are not limited to, the clinical features, pathomechanisms, appropriate diagnostic tests,

treatment, and prognosis of infectious diseases, endocrine disorders, gastrointestinal and hepatic disorders, hematopoietic disorders, and systemic immunologic disorders.

(b) Since all ACVD residents must have completed at least one year of clinical experience prior to the residency (internship or practice equivalency), it is expected that the resident developed their basic skills in internal medicine during that training. If the mentor identifies weaknesses in this training, time spent with an internist should be scheduled. The goal of the internal medicine requirement is to ensure that the resident can effectively recognize, diagnose, and treat systemic disorders with cutaneous manifestations.

## 12. Publications

(a) Research Project. Residents are required to initiate, complete, and publish one original research project as the principal investigator during their residency. The subject and scope of the project is left to the discretion of the mentor(s) but it should provide a significant and scholarly contribution to veterinary dermatology. Basic research, original clinical investigations, and retrospective studies of scientific value are acceptable. **The project must be reviewed by at least three Diplomates in Dermatology (ACVD, ECVD, AiCVD, or Fellow of DCANZCVS) or other appropriate specialists based on project focus or must be presented to the ACVD Grant Committee for review, prior to initiation.** This should be documented in the annual progress report. To be considered as a fulfillment of the resident research requirement, the research must be conducted during the resident's residency program and the primary mentor(s) must be involved and made aware of any changes to the research prior to publication and/or presentation. The research project should be presented at an annual dermatology conference. The publication must be accepted for publication in a refereed, reputable journal in which he/she is the first author. Acceptance of the manuscript must occur by June 30 of the year in which the candidate intends to take the board examination.

(b) Case Report. To fulfill the ACVD credential requirements, residents starting their training in July 2021 or later must write a single traditional case report to be graded by the Credentials Committee. To be considered as a fulfillment of the requirement, **the document must be written during the resident's residency program.** See the Credentials Committee Guidelines for full instructions, including requirements for residents who started training prior to 2021.

(c) Other:

(i) *Scientific Presentations*: Residents must give at least four 30-minute (or equivalent) educational lectures covering a topic related to veterinary dermatology during their residency. The audience can be veterinarians at local, state, or national meetings, students, house-staff, veterinary technicians, or laypeople. A maximum of 1 of the 4 lectures (or 25%) can be given to lay people.

Mentor(s) should make every effort to attend these lectures and discuss strengths or weaknesses of the presentation with the resident. If attendance is impossible, the mentor(s) should preview the lecture before it is presented.

(ii) *Continuing Education*: Attendance at dermatology continuing education lectures or courses is extremely valuable for residents. Each program is required to supply time for a resident to attend the NAVDF or equivalent meeting annually. The suitability of a particular meeting is left up to the primary mentor. The ACVD strongly supports this form of training and suggests that every effort be made to assure that the resident attends as many educational lectures or meetings as possible, especially those given near the resident's school or institution.

(iii) *Examination Question Submission*: Each resident, by June 1 of the year they plan to take the ACVD Certification Examination, must submit material for exam questions. See Credentials Committee Guidelines for instructions on exam question submission.

### **13. Monitoring programs**

(a) Documentation from Resident:

(i) *Registration*: At the start of their program, all residents must complete the ACVD Education Committee Registration Form and submit it to the ACVD Executive Secretary. Failure to submit this paperwork at the start of a residency will result in a violation for the program (see Administrative Violation section below).

(ii) *Practice Equivalency*: Per the ACVD bylaws, a candidate must have served a minimum of 1-year internship in an ACVD-approved veterinary college, other institution, or have otherwise obtained appropriate clinical experience as approved by the mentor. If the applicant has not completed a rotating internship (either through or outside of the VIRMP), they must complete and submit the Practice/ Internship Equivalency Form (available on the Mentors section of ACVD website). This form is completed along with the resident registration paperwork described above.

(iii) *Resident Contingency Acknowledgment Letter*: if a program has a sole primary mentor, the resident must submit a letter to the ACVD stating they agree to the contingency plan and they agree to assume the costs of moving to the location of the contingency mentor if necessary (see *Appendix 5* for template). The signed letter must be received prior to the program start date.

(iv) *Resident Assessment Report*. Residents are required to submit an annual Resident Assessment Report. The form is available on the Residents section of the ACVD website. This must be submitted annually by **May 1**. Confirmation that this review has been received by the ACVD Executive Secretary is necessary before the resident can be reviewed by their mentor. NOTE: 6-month progress reports are no longer required for first year residents.

(b) Documentation from Mentor:

(i) *Benchmarks Annual Evaluation*: The yearly mentor progress report has been replaced by the Resident Benchmark Annual Evaluation. The forms are available on the Mentors sections of the ACVD website. Mentors must fill out an Annual Evaluation for each resident and submit to the ACVD Executive Secretary by **May 15th** each year.

(1) All evaluations must be received by the deadline date; electronic submissions must be time marked by 11:59 PDT/PST of the submitter's time zone. Lack of or late submissions will result in a violation for the program (see Administrative Violation section below).

(2) If a residency program involves training at another institution or practice, the mentor supervising that component of the training program must report their comments and concerns about the resident's progress in writing to the primary mentor prior to the above- mentioned June 1<sup>st</sup> deadline. These comments should be included with the Resident Benchmark Annual Evaluation.

(3) In conjunction with a resident's final year evaluation, the primary mentor must include a statement that the resident has or will have satisfactorily met all the College's training requirements by the completion date of their program.

(ii) *Website Summary* (previously called *Website Description*): Every 3 years, a program must submit an updated Website Summary to be posted on the ACVD Website (see Appendix 4 for template) to the ACVD Executive Secretary via email by July 31<sup>st</sup>. This summary is visible to the public so potential resident candidates can compare programs.

## 14. Certification of Training

Once a resident has satisfied the residency educational requirements of ACVD, the Education Committee will issue a letter of completion of residency training to the resident and the Credentials Committee. The resident will submit a copy of this completion of residency letter in

their application to the ACVD Credentials Committee. See Credentials Committee Guidelines for specific information on the credentialing process of residents.

## **15. Program Recertification.**

Recertification is intended to ensure that all programs are providing sufficient training for residents and are meeting current Education Guidelines. A Provisional program will be recertified 7 years after its start date to allow time for the first 2 residents to achieve board certification. After that, every program will be recertified every 6 years. Programs will be notified prior to their review on April 1<sup>st</sup>, approximately 6-months' prior to the recertification application due date of October 1<sup>st</sup>. A program may still enter VIRMP and accept new residents while undergoing recertification.

This process was started on a rolling basis proceeding from oldest to newest programs, with the first 10 programs notified July 31, 2021. The rolling selection will continue with at least 10 programs reviewed every year until all Established programs have been recertified at least once. After that, rolling selections will be discontinued and each program will be recertified either 7 years after its start date (Provisional) or 6 years since its last recertification (Established).

Recertification results will be completed by April 1 of the following year with a 30-day appeal period afterward, which is well before the Oct 15<sup>th</sup> deadline for a program to enter VIRMP.

(a) Documentation Required for Recertification. When a program is notified of their upcoming recertification, they must gather and submit the following documentation to the Executive Secretary:

- (i) Program Description (long-form document, NOT the Website Summary), updated to reflect any changes that have occurred in the last 6-7 years. If a program's policies no longer meet the requirements of the current Education Guidelines, the program must change to meet current requirements (including the current requirement for a 3-year minimum program length) and reflect those changes in the updated Program Description.
- (ii) A current copy of the Website Summary
- (iii) A list of all residents trained by the program in the last 6 years including whether each person met all requirements of the Credentials Committee and whether each person passed board certification.
- (iv) A description of any extenuating circumstances contributing to failure of a resident to meet credentials or pass the board exam (parental leave, medical leave, personal decision of resident not to take board exam).



(b) Criteria for Recertification:

- (i) The Program Description meets current Education Guidelines.
- (ii) An updated ACVD Website description has been submitted every year.
- (iii) Evidence of program educational strength including at least 2 of the following: 1) a pattern of adherence to their approved program description policies in Annual Mentor Benchmark Reviews and Resident Progress Reports; 2) at least 50% of residents meeting credentials requirements in the preceding 6 years; 3) at least 50% of residents taking and passing board examination in the preceding 6 years. Extenuating circumstances for failure to meet credentials or take the board examination, such as parental/ medical leave delaying the resident timeline or a personal decision by a resident to delay board examination due to extenuating life circumstances will be considered by the Education Committee, in its sole discretion.

(c) Recertification Results: The Education Committee will make every effort to return requests for revisions within 60 days of the application deadline. Results will be returned to programs by April 1<sup>st</sup> of the following year (6 months after the application deadline) A judgement will be issued of either “Successfully recertified,” “Program Needs Revisions,” or “Not successful”.

(i) A successfully recertified program can continue to take new residents with a start date of July the following year. When a Provisional program is successfully recertified, it becomes an Established Program and the number of residents can be increased to the 2:1 resident to mentor ratio (meaning 2 residents for every mentor).

(ii) A program deemed “Program Needs Revisions” will have 30 days to make the required revisions. One reminder email will be sent. If revisions are not received within 10 calendar days of the reminder, the program will be put on Administrative Violation (see Section 19. Program Disciplinary Action). If revisions are not received within another month, this will result in the program being deemed “Not successful.”

(iii) If a program is deemed “Not Successful,” that results in Program Probation (see Probation section below). The program may continue to train current residents but it cannot take any new residents until the remediation plan has been completed.

## **16. Program Updates**

The primary mentor is responsible for notifying the Education Committee if any of the following Major Changes occurs:

(a) Program Interruption: Residencies must be offered on a routine and regular basis. If a program (either an Established program or a Provisional program that has started its first resident) has no resident in training for one entire resident training cycle (3 years), the Education Committee must be notified and the program must be reviewed and receive written approval before new residents can be accepted for training.

(b) Major Program Modification: Any change in the program which has a major impact on the methods or scope of training in clinical dermatology and its related fields must be brought to the attention of the Education Committee. Points of concern include, but are not limited to, need for mentor extended period of leave such that mentor/resident contact time would fall below the requirements for training, decreased availability or change of Diplomate supervision, change in availability of external educators, declining caseload, reduction or elimination of clinical or basic training due to loss of association with a cooperating school, hospital, or clinic, and the inclusion of non-dermatologic responsibilities.

(c) Resident Issues: If there is a serious issue with a resident that is impinging on the program, the Education Committee needs to be made aware of the issue immediately. This may include, but is not limited to, failure of a resident to meet requirements of the position (reflected in Benchmarks), hospital issues preventing the resident from performing their job appropriately, need for resident extended period of leave, resident decision to leave a program, possible termination of a resident, etc. The Education Committee can attempt to act as an intermediary/ mediator and help with communication between both sides (resident and mentor).

(d) Results of Notification Failure. Failure to notify the Education Committee of a major change to the program by the primary mentor will result in program probation.

## **17. ACVD Review of Education Guidelines.**

(a) Every 5 years the Education Committee will survey all active ACVD mentors to re-evaluate new Education Guideline policies that have been enacted during that 5-year period. If a simple majority of the mentors are not in favor of a particular policy, the Education Committee will re-evaluate the policy and come up with alternatives. These alternatives will then be voted on by the mentors to determine the new policy. Every 10-15 years the Board of Directors will appoint an ad hoc committee to review and survey the mentors to determine if major changes need to be made in the guidelines.

## 18. Rule Violations

### (a) Resident/mentor honor code:

(i) All residents and mentors are expected to abide by the ACVD Ethics Pledge and Code of Conduct (“Code of Conduct”) and the PVME which include:

- (1) Carrying out the profession with the highest professional standards.
- (2) Adhering to workplace policies and procedures.
- (3) Being respectful towards colleagues, clients, and others
- (4) Fully adhering to the ACVD residency guidelines
- (5) Filing all progress reports and other documentation required by ACVD honestly and independently, without material errors.
- (6) Not accepting, disseminating and/or using any type of board exam material, which is strictly prohibited, unless approved by the Exam Committee (e.g. mock tests).

(b) Ramifications. A breach of the Code of Conduct or PVME by either residents or mentors may result in resident probation/ termination, disqualification of a resident’s credentials, the barring of a resident from taking the certifying examination, mentor probation/ termination, prohibition from future mentoring, program probation/termination, or such other discipline as determined by ACVD and provided by its Bylaws and Policies and Procedures.

## 19. Program Disciplinary Action

### (a) Administrative Violation

(i) An ‘Administrative Violation’ is a disciplinary state imposed by the ACVD after a program fails to submit required documentation by the deadline.

(ii) Possible causes of an Administrative Violation include (but are not limited to) failure to submit the following documentation by the specified deadline: the resident contingency acknowledgment letter, new resident registration form, yearly ACVD Website Description, yearly resident Benchmark Evaluations, and Recertification every 6 years.

(iii) *Procedures:* The program will be notified that they have been placed on Administrative Violation. They will have 14 days from the date of notification to

submit the required documentation. If they fail to comply, the program will be placed on probation (see probation section below). If a program receives three Administrative Violations, it will automatically be placed on probation.

(b) Probation.

(i) 'Probation' is a disciplinary state imposed by the ACVD in which a program is subjected to increased monitoring and remediation for a predetermined period of time due to rule violations or poor performance. The program may continue to train current residents under their remediation plan, but new residents cannot be accepted until the probation is successfully completed.

(ii) Possible causes of program probation include but are not limited to:

(1) A breach of the Code of Conduct or PVME by a mentor.

(2) Failure to notify the Education Committee of a major change to the program or other material breach of program requirements.

(3) An identifiable pattern of insufficient program educational strength shown by:

(A) Resident progress reports or Annual Mentor Benchmark Evaluations that repeatedly reveal the program is not adhering to its approved Program Description policies greater than 2 years in a row (e.g. holding journal club for 2 hours monthly when the approved Program Description states they will hold journal club for 4 hours monthly).

(B) Failure of multiple residents to meet credentials requirements (over 50% in 6-year period)

(C) Failure of multiple residents to take/pass board examination (over 50% in 6-year period).

(D) Circumstances for failure to meet credentials or take the board examination that are unrelated to program strength (such as parental/ medical leave delaying the resident timeline or a personal decision by a resident to delay board examination due to extenuating life circumstances) **would not** result in program probation.

(E) Failure to meet the minimum Education Committee requirements.

(iii) *Probation Procedures:*

(1) After the program is provided with written notification of its probation and the reasons for such probation, the Education Committee will develop a remediation plan with the program to correct the deficiencies within a 6-month period. The ACVD Board of Directors must approve the final remediation plan. The Education Committee will monitor the progress of the remediation plan. At such time as the program timely fulfills all obligations under the remediation plan, the probation will be lifted at the end of the 6-month period.

(2) While the program is on probation, the program will be publicly listed on the ACVD Website Description as being on probation.

(3) Probation does not change whether a program is considered Provisional or Established.

(4) The primary mentor of a program on probation cannot start a new program during the probation period, even if they have moved or changed jobs.

(5) **If a program is under probation, it cannot accept any new residents until the probation is lifted.** If additional training of current residents is required because of the program's failings, it is expected that the program will support any reasonable associated costs. Failure to do so will result in suspension of the program until the matter is resolved.

(6) If the program under probation is unable to timely comply with the remediation plan, it may request a one-time extension or plan revision, which may be given in the sole the discretion of the Education Committee, subject to ACVD Board of Directors' approval.

(7) If the program under probation and the Education Committee cannot come to an agreement as to the *terms of the* remediation plan, the Board of Directors will appoint an appeals committee. The appeals committee will be comprised of 5 randomly selected ACVD voting members in good standing (excluding those on the Education Committee, Board of Directors, or from the program in question.) There will also be one non-voting member of the Education Committee and one non-voting mentor from the program in question who will be available to participate in the appeals committee's discussion, if necessary. The appeals committee will have 60 days to either approve the Education Committee's recommendations or develop new requirements to be implemented as part of the remediation plan and completed within the specified time.

The Board of Directors must approve this remediation plan. If the program under probation does not follow the appeals committee's decision or fails to meet the requirements of the remediation plan, such program will be suspended for 2-years starting when its current residents are finished.

(c) Suspension.

(i) 'Suspension' a disciplinary state imposed by the ACVD in which a program must cease all training of residents for a period of time.

(ii) Possible causes of program suspension include but are not limited to:

(1) Terminating a resident without notifying the Education Committee or terminating a resident for reasons other than For Cause.

(2) Failure to follow program remediation plan during a program probation.

(3) Failure to cover the costs of extended resident training during a probation.

(4) Being put on probation more than 2 times in any 6 year period.

(iii) Suspension Procedures/Appeal/Ramifications:

(1) The Education Committee shall provide the program written notice of its suspension sent via certified mail or delivery service ("Written Notice"). The Written Notice shall include the reasons for the suspension and provide the program with a copy of the appeals process set forth in the *Appeals of Adverse Decisions by the American College of Veterinary Dermatology* ("Appeals of Adverse Decisions"). The mentor/program in question may appeal the suspension by writing to the Executive Secretary by following the procedures set forth in *Appeals of Adverse Decisions* within 30 days of the mailing date of such Written Notice.

(2) If there is no Appeal of the Suspension, or if the Appeal is not successful, the program will be removed from the ACVD website for the duration of the suspension. The length of the suspension will be determined by the Education Committee and approved by the Board of Directors. If the program has current residents, they may complete their training (pre- suspension stage) and the suspension starts once the final resident completes training. The Education Committee will contact the current residents to ensure they have adequate support. **The program**

**cannot accept any new residents during the pre-suspension process or during the suspension.** Once suspension is completed, the program may apply to start a new program through the Residency Program Application process with such additional requirements that the Education Committee and/or the ACVD Board of Directors may specify in their sole discretion.

(3) The primary mentor of a suspended program cannot start a new program during the pre-suspension or suspension phase, even if they have moved or changed jobs.

(d) Termination

(i) 'Termination' is a disciplinary state imposed by the ACVD in which a program is banned from being an approved ACVD residency training program.

(ii) Possible causes of program termination include but are not limited to:

(1) Being suspended more than once.

(2) Submitting any fraudulent information to the Education Committee and/or ACVD related to the program, the resident, or these Education Guidelines.

(iii) Procedure for program termination:

(1) Once the program has been provided with Written Notice of its termination, including the reasons therefore and a copy of *Appeals of Adverse Decision*, the program can appeal its termination by following the procedures set forth in *Appeals of Adverse Decisions* within 30 days of the mailing date of such Written Notice.

## 20. Mentor Disciplinary Action

(a) Termination

(i) 'Termination of Mentor' is a disciplinary state imposed by ACVD in which a mentor is permanently banned from ever training an ACVD resident again.

(ii) Possible causes of mentor termination include but are not limited to: Gross abuse of the employment and/or mentorship relationship substantiated with evidence; the mentor's conviction, plea of no contest (or the equivalent in the applicable jurisdiction), or a plea bargain of a felony, harassment; a finding of civil liability against the mentor for employment-related violations (including but

not limited to discrimination based on race, religion, gender, gender identity, sexual orientation, or as otherwise prohibited by law).

(b) Procedure for mentor termination:

(i) Once the mentor has been provided with Written Notice of their termination, including the reasons therefore and a copy of *Appeals of Adverse Decision*, they can appeal their termination by following the procedures set forth in *Appeals of Adverse Decisions* within 30 days of the mailing date of such Written Notice.

(ii) If a primary mentor is terminated, the program may appoint a different diplomate who meets all mentor requirements to act as primary mentor and the program may apply as a new program through the Resident Application process.

## 21. Resident Disciplinary Action

(a) Definitions:

(i) *'Probation'* is a disciplinary state imposed by the primary mentor (not ACVD) in which a resident is subjected to increased monitoring and remediation for a predetermined period of time due to rule violations or poor performance. The resident continues training during their remediation plan. If the mentor determines that a resident's progress is not satisfactory, the mentor must describe in detail such unsatisfactory progress on the Resident's Benchmark Annual Evaluation. If the problem is ongoing, the mentor may choose to place the resident on probation. The Education Committee should be notified within 2 weeks of probation initiation. The mentor must develop a remediation (performance improvement) plan to help the resident improve their deficiencies over an agreed upon timeline, the remediation plan must be signed by both mentor and resident, and the Education Committee will verify that the plan has been implemented.

(ii) *'Termination'* is a disciplinary state when the resident is terminated from their position with the program for any reason. A terminated resident may apply to a new program. If a mentor decides to terminate a resident before their program completion date, the Education Committee must be notified immediately, and a termination review will be initiated. The Education Committee will review the resident's Benchmark Evaluations and any other documentation available regarding the reasoning behind termination.

(1) *Termination For Cause:* If a resident was consistently scoring low on their Benchmark Evaluations and/or other internal evaluations of the institution or practice, was provided with a performance improvement



plan or the equivalent under applicable state/local law, and did not improve within the applicable timeline, then a termination will be considered “for cause” with no penalty to the program.

(2) *Termination Without Cause*: If the resident was terminated for reasons other than For Cause (e.g., for institution’s financial issues), then the termination will be considered “without cause” and the mentor will be suspended for 3 years.

## **22. Resident Transfer**

Although not encouraged, the ACVD recognizes that occasionally it is necessary or desired for a resident to complete their training in a different program. If a resident has left a program for any reason such as resigning or being terminated, that resident may apply to another program either as a new resident (“starting from scratch”) or as a transfer.

There is no guarantee that a resident relocation or transfer will be accepted. Each case will be reviewed by the Education Committee with input as needed from the Credentials Committee, the original mentor, and any other persons as deemed necessary, and reviewed on its individual merits. Contractual agreements between parties and/ or institutions are not part of the scope of this protocol and will need to be separately addressed.

All requests for resident transfers must be initiated within 6 months after the resident’s final day at the original program. It is the duty of the transferring resident to facilitate approval and transfer of all work.

(a) Transfer Protocol:

(i) *Resident requirements*:

(1) Identify an ACVD-approved residency program with a primary mentor willing to provide training at their institution or practice and who meets ACVD requirements (including maintaining the 2:1 ratio of residents to mentors.)

(2) Submit a signed letter to the chairs of the Education Committee, Credentials Committee, and newly intended primary mentor including:

(3) Current date

(4) Declaration of intent to relocate

(5) Current or previous program location and mentor(s)

(6) Reason for residency termination

(7) Proposed new program and new mentor(s)

(8) End date of current/ previous program

(9) Detailed outline of what portions of the residency have been completed (which credentials, number of years, clinical days, non-clinical days, benchmarks achieved) and what remains to be completed

(10) If a residency requirement (year of residency, research project, benchmarks) is partially complete, specify what has been done and what remains

(ii) *Original mentor requirements:*

(1) Submit a signed letter (all mentors must sign) to the chairs of the Education Committee and Credentials Committee including:

(A) Current date

(B) Declaration that they are aware of the relocation request

(C) Residency start date

(D) Residency termination date

(E) Reason for residency termination

(F) Detailed outline of what portions of the residency have been completed (which credentials, number of years, benchmarks achieved) and what remains to be completed

(G) If a residency requirement (year of residency, research project, benchmarks) is partially complete, specify what has been done and what remains. For an ongoing resident research project, specify if the institution agrees to release the project

(iii) *New mentor requirements:*

(1) The new mentor must be the current primary mentor of an ACVD-approved residency program. Minor/major change requests may be submitted to the Education Committee (e.g to increase the number of residents in the program) if needed but adherence to Education Guidelines (including the maximum resident to mentor ratio) is required.

(2) Submit a signed letter to the chairs of the Education Committee and Credentials Committee including:

- (A) Current date
- (B) Proposed start date for transfer program
- (C) Declaration of intent to mentor the resident
- (D) Capability of continuing an ongoing resident research project (availability of necessary equipment and supplies)

(b) *Review Process:*

(i) Residency years will be considered in 12-month intervals (e.g., if a resident decides to leave in month 18 of the residency, only the first 12 months of that residency will count as “completed” in terms of program length). Length of the transferring program will be adjusted by the Education Committee depending on the number of years and clinical/non-clinical days still needed.

(ii) If there is a discrepancy between what the resident and the original mentor state have been completed, the Education Committee, with input from the Credentials Committee as needed, will mediate. Case logs, calendars, and hospital schedules may be needed to verify clinical and non-clinical days completed.

(iii) Once the letters from the resident, original mentor, and new mentor are received, the Education Committee and Credentials Committee will have 30 days to review the documents and return a decision approving or denying the resident transfer request and any major changes to the transferring program.

## **APPENDICES**

### **Appendix 1: Instructions on Applying to Start an ACVD Residency Program**

1. Write a Program Description using the outline below as a guide (Appendix 2). This should be multiple pages, written in 3<sup>rd</sup> person, paragraph form in Microsoft Word (not a PDF). Consult the Program Requirements Cheat Sheet (Appendix 3) for a quick review of program requirements and consult the Education Guidelines for a comprehensive list of requirements and rules.
2. Write a Website Description for the ACVD website (Appendix 4). Prospective residents can view this to learn about your program.
3. If you are the sole mentor, designate a contingency mentor who agrees to take over training your resident if you're unable, and include a letter from that person stating their agreement as well as a letter from your prospective resident (if already identified) acknowledging the plan (Appendix 5).
4. Send the completed documents to Executive Secretary Alexis Borich via email to: Executive\_sec@acvd.org
  1. Please include in the email whether your program is new or has existed as an Individualized or Formalized previously
  2. The deadline for submission is February 1<sup>st</sup> (for a program start date in the month of July the following year). This means if you submit by February 1<sup>st</sup> 2024, your program would start July 15<sup>th</sup> 2025.
5. The Education Committee will review your submission and contact you about approval, denial, or any revisions needed.

## **Appendix 2: General Outline for Program Description**

This is an optional guide to help you craft a written description of your residency program. This should be multiple pages, written in paragraph form (do not just fill in the blanks of this page- it is meant to be used as a guide when crafting your own document):

List the Mentors and their credentials

Program overview: location, start date, has the program previously existed as an Individualized or Formalized program?

Objectives: the goal of your program

Resident qualifications you're looking for

Location info: Facilities, caseload, equipment (make & model of microscope & otoscope), library access

Clinical Training: number of clinical days per year; number of off-clinics days per year; time off for vacation & NAVDF; percentage of time mentors are directly supervising the resident for each year; percentage of time mentors are at the same location as resident for each year; mention they'll maintain a case log. Optional chart outlining resident schedule.

Didactic training: describe case rounds, journal club, histopathology, and basic science and list how many hours monthly of each

Research: describe, mention time off to do research project, name 3 mentors to review the research project

### Appendix 3: Program Requirements Cheat Sheet

1. Mentors: All programs must have at least one full time boarded dermatologist of the ACVD, ECVD, AiCVD, or Australian College of Veterinary Scientists.
2. Facilities must have access to:
  - Microscope(s), please list make and model
  - Video-otoscope(s), please list make and model
  - Library access through a university library or the ACVD online library.
3. Case load: All programs must provide an adequate number and variety of dermatologic patients for their residents (see Education Guidelines for information on how these numbers are calculated). As newly applying programs can only have one resident at a time, the total caseload for your program should be a minimum of 1460 and a maximum of 10440.
4. Mentor Contact time: For the first year of residency, a resident must see cases in a practice where a mentor practices full time (at least 90% of the time). In other words, a first-year resident cannot practice in a satellite clinic where they are the primary clinician for more than 10% of the time. After the first year it is up to the mentor and resident how much time they are left as primary clinician in a satellite clinic. In addition, mentor contact time must be at least 90% for the first year of residency (this means that the mentor is either physically in clinics seeing patients alongside the resident or the mentor can be contacted by phone and is available to assist the resident in person within one hour of being called.) Please list the percentage of time the resident & mentor will be practicing at the same location and the overall mentor contact time for each year.
5. Clinical vs Non-clinical working days: All programs must provide a minimum of 300 full (8-hour) clinic days and a minimum of 150 full non-clinic workdays for a resident during their residency based on a 5-day work week. Vacation, Sundays, national holidays, and time off to attend an annual dermatology meeting are not to be counted as part of the non-clinical requirement. Please list the number of full 8-hour days and non-clinic workdays that will be worked during each year.
  - a. All programs must provide residents time away from clinics to attend the NAVDF or the equivalent annually.
6. All programs must have:
  - a. Case rounds with a mentor at least once weekly adding up to at least 4 hours monthly.
  - b. Journal club with a mentor at least once monthly adding up to at least 4 hours monthly.
  - c. Histopathological training with a mentor at least once monthly with histopathology training adding up to at least 4 hours monthly
  - d. Basic science learning / didactic rounds with a mentor at least once monthly adding up to at least 4 hours monthly.
7. A resident's research project must be reviewed by at least three boarded dermatologists (at least one must be a mentor) or other appropriate specialist(s) based on project focus If three specialists (at least two being dermatologists) are

not easily accessible to the resident then the project can be reviewed by the mentor and the ACVD grant committee.

8. All residents must maintain case logs to help their mentors assess case numbers, follow up, and case variety. A copy of these case logs must be retained by the program and the resident until the resident becomes a diplomate or for 5 years after completion of the residency, whichever comes first. These case logs will not be submitted to the ACVD education committee unless required to settle a dispute between the mentor and resident.
9. All programs must have a detailed program description on the ACVD website that is updated yearly.

#### **Appendix 4: Website Summary for ACVD Website**

1. Program name and location:
2. Has the program ever been placed on ACVD Probation within the past 8 years?
3. Mentor(s):
  - a. Name:
    1. Years in ACVD:
    2. Years as Mentor:
4. Specific requirements for applying to the program:
5. Length of residency in years:
6. Is a Master's degree or PhD required? If so, which?
7. Is the program Provisional or Established?
  - a. When was the residency first offered?
  - b. Has it been continuous since then?
  - c. If not continual, what years was the residency active?
8. Is the program funded by the parent institution or an external source? (if external, name the funder)
  - A. Is a post-residency commitment required? (if so, describe)
  - B. What is the annual resident salary?
  - C. Other resident benefits: (Please give a general list of benefits and then whom a potential candidate should contact to get more specific information on benefit packages)
9. How many residents does the program train concurrently?
  - A. How many residents have been accepted into the program since inception?
  - b. How many of these have become board certified dermatologists?



10. What is the average annual dermatology caseload for the institution over the past 5 years?  
\_\_\_\_\_ cases per year

11. What is the average total caseload seen the entire residency? \_\_\_\_\_ cases  
(average cases annually multiplied by the number of years of residency)

12. On average, how many new patients, rechecks and consults does the program see per year?  
(actual numbers of cases)

a. New cases

b. Rechecks

c. Consults

13. On average, what percentage of the program's cases are dogs and cats?

a. Dogs

b. Cats

14. On average, how many exotic, equine and farm animal cases does the program see per year?

a. Exotics

b. Equine

c. Farm animals

15. What percentage of time is the mentor physically in clinics with the resident while the resident is seeing cases during the resident's

First year:

Second year:

Third year:

16. Does the program have access to other specialists? If so, please list:

17. Please describe your library access:

18. Does the program have statistical support for their residents' research projects?

19. Does the program have direct access to any basic science or clinical science laboratories that the resident can use for research purposes?

If yes, please describe the types of laboratories available and interactions that the resident may have with them.

20. How often do the residents and mentors have the following rounds? (For each type of rounds, please list how often they are held, how long each session is, and a detailed description of how they are conducted.)

- a. Case rounds:
- b. Journal club:
- c. Histopathology training:
- d. Basic science learning rounds:

20. Resident's benefits: (Please give a general list of benefits and then whom a potential candidate should contact to get more specific information on salary and benefit packages)

21. Does the program allow the resident to attend the NAVDF (North American Veterinary Dermatology Forum) meeting annually?

22. Does the program pay for the resident to attend the NAVDF meeting annually?

23. Average number of days a resident will spend on clinics per month:

24. Average number of workdays a resident will spend on non-clinical pursuits per month (based on a 5-day workweek)

25. Does the resident have to take general medicine emergency duty?

If so, how often:

26. Does the resident take Dermatology emergency duty?

If so, how often:

27. Is time allotted for externships in other subspecialties or at other dermatology practices?

If so explain:

28. How much time is allotted to carry out a research project (grant writing, data collection, paper preparation) during the residency (please report in number of weeks)?

29. What are the other responsibilities/duties of the resident?

30. How many residents has the program had over the past 6 years?

31. How many/what percentage of the above residents (question 31) passed credentials on the:

- a. First submission?
- b. Second submission?
- c. Third submission or more?
- d. Never passed credentials?

32. How many/what percentage of the above residents (question 31) sat boards for the first time:

- a. The year they finished their residency?
- b. One year after finishing their residency?
- c. Two or more years after finishing?
- d. They never took boards?

33. How many/what percentage of the above residents (question 31) passed the board exam on their:

- a. First time taking the exam?
- b. Second time taking the exam?
- c. Third time or more taking the exam?

d. Never passed?

34. Is your residency program reviewed by an outside committee at your university?

If yes, how often?

35. Please list the papers published by your last 5 residents.

36. Names of your last 5 residents and whether they are willing to be contacted by potential residents:

Submit updated Website Summary to Alexis Borich via email at [Executive\\_sec@acvd.org](mailto:Executive_sec@acvd.org)

## **Appendix 5: Contingency Plan**

If a program has a single primary mentor, a contingency plan must be included in the program description detailing who will take over as mentor if the primary mentor is unable to fulfill his/her obligations to the resident. A diplomate may serve as a contingency mentor and they may only provide contingency support for one residency program at a time. They must agree to assume both the financial obligations (e.g., salary) and training responsibilities for the remainder of the residency program if needed. A signed letter from the contingency mentor acknowledging their commitment must be submitted with the application packet (see template below).

This contingency plan must be communicated to any prospective residents and the resident must agree to assume the costs of moving to the location of the contingency mentor. A signed letter of acknowledgement from the resident must be submitted to the Education Committee (see template below). If a resident has already been identified prior to program application, this letter should be submitted with the application packet. If a resident has not yet been identified (e.g., if you will be matched through VIRMP after your program is approved), then the letter should be submitted after the resident is identified and before the July program start date.

### ***Contingency Mentor Letter Template:***

Date

Dear ACVD,

I, (insert name of contingency mentor), have agreed to serve as contingency mentor for (insert name of primary mentor) if they are unable to fulfill their obligations to the (insert name/location of program) residency program. I agree to assume both the financial obligations (e.g., salary) and training responsibilities for the remainder of this residency program if needed. This is the only program for which I am a contingency mentor.

Sincerely,

(Signature and printed name of contingency mentor)

### ***Resident Contingency Acknowledgment Letter Template:***

Date

Dear ACVD,

I, (insert name of resident), am aware of and accept the contingency plan for (insert name/location of program). In the event that (insert name of primary mentor) is unable to fulfil their training obligations, I agree that any expenses incurred in moving to the location of (insert name of contingency mentor) are my responsibility.

Sincerely,  
(Signature and printed name of resident)

## **Appendix 6: Caseload Calculation**

1. Calculating caseload: A program's caseload will be deemed inadequate if their total caseload over the 3-year residency period is below the average residency caseload of academic programs with the same number of resident positions minus 1.5 standard deviations. A program's caseload will be deemed excessive if their total caseload over the 3-year residency period is above the average residency caseload of private practice programs with the same number of resident positions plus 1.5 standard deviations.

2. To calculate its own total residency caseload, a program will first calculate a yearly caseload average over a 5-year period. If a program does not have an easy way to retrieve their yearly caseload, they can tally their monthly caseload for a 3 to 4-month period each year then extrapolate their yearly caseload average from this. Once a program has calculated their average yearly caseload, this number is multiplied by 3 to give a program's total caseload over a residency period.

3. The Education Committee will utilize these numbers to generate the average total residency caseload plus the standard deviations for both academic and private practice residencies with the same number of residents. These averages and standard deviations will be officially updated every 5 years. The current averages and standard deviations may be provided on request.