(Amended Date 08/10/20)

European College of Veterinary Sports Medicine and Rehabilitation

Satellite training centre – temporary approval for external rotation

# Content

[Content 2](#_Toc720813)

[1. General information Satellite Training Centres 2](#_Toc720814)

[Clinical Supervisor 2](#_Toc720815)

[2. Formal steps towards recognition 3](#_Toc720816)

[Part 1: Application for the Satellite Training Centre approval 4](#_Toc720817)

[Satellite Training Centre Clinical Supervisor 7](#_Toc720818)

# General information Satellite Training Centres for external rotations

**SATELLITE TRAINING CENTRES THAT DELIVER EXTERNAL ROTATIONS ARE USUALLY DEFINED DURING APPROVAL OF RESIDENCY TRAINING PROGRAMMES. THE EDUCATION COMMITTEE MAY, DURING A RESIDENCY PROGRAM, APPROVE DEVIATIONS FROM THE PROPOSED PLACEMENTS FOR INDIVIDUAL RESIDENTS. WHERE THESE ARE PLANNED TO BE LONG TERM CHANGES TO THE PROGRAMME, A NEW SATELLITE TRAINING CENTRE APPLICATION SHOULD BE SUBMITTED.**

Training centres which fulfil only specific aspects of ECVSMR (e.g. residents will have access to only specific equipment/expertise) are allowed to contribute to residents’ training by offering rotations under diplomate supervision and will be designated as a ‘Satellite Training Centre’ (STC). These centres need to be re-accredited every five years. STCs require appropriate diplomate level staff relevant to the discipline that are recognised by EBVS or ABVS or other relevant body as appropriate. It is recognised that aspects of physiotherapy and rehabilitation may be undertaken by personnel who have higher level qualifications but are not veterinary surgeons where legally permitted in specific countries and may provide valuable training opportunities for residents with appropriate specialist veterinary oversight.

## Clinical Supervisor

Each STC must provide a named clinical supervisor who will be responsible for the direct supervision of residents during their time at the centre. No more than 2 residents should be supervised within the centre at any time. The clinical supervisor will be expected to sign a mentorship agreement as part of an approved training programme or alternate training programme.

This application packet has to be submitted electronically (all required information in one single PDF document) to the ECVSMR Secretary, Email: info@ecvsmr.org

# Part 1: Application for the temporary approval of a Satellite Training Centre

Please refer to the ECVSMR Policies and Procedures (P&P) for help with completion of this application.

|  |
| --- |
| Details of residency programme being modified |
| Name of approved instituteName of ResidentName of Primary supervisorSpecies / Track | click to type hereclick to type hereclick to type herechoose |
| Details of external rotation |  |
| Name of centre | click to type here |
| Address | click to type here |
| Country | click to type here |
| Centre head / chair | click to type here |
| Email of institute headName of supervising diplomateSpecialty college of supervising diplomateSpecies of animal being managed | click to type hereclick to type hereclick to type hereclick to type here |
| Programme outline and training |  |
| External rotation being offered inDuration of training placement being offered Proposed dates of rotation | click to type hereclick to type hereclick to type here |
| Residents may not be commence a placement at a Satellite Training Centre until approved by the Education Committee and ratified by the Executive Board |
|  |  |
| Access to facilities and resources |
| Please indicate equipment available and resources that will support the training of this resident. It is not expected that all facilities will be present and acknowledged that some are specific to certain species. Where necessary provide brief details of these facilities. Specific model details are not required.click to type here |
| Involvement in clinical activities |
| Please describe what role residents will take in clinical activities (observation, assisting in procedures, primary case responsibility under direct supervision or other)click to type here |
| Details of formal training  |
| Please describe what formal training opportunities exist for developing clinical training and understanding of research methods (eg rounds, journal clubs, image interpretation training, statistical methods training) during time spent at the STCclick to type here |
| Clinical Staff |
| Clinical rotations at Satellite Training Centres should be supervised by an appropriate EBVS or AVMA recognised specialist in the field. Details of other diplomates (in the primary species) involved in training at the centre should be listed below. Other clinical staff who contribute to training can be listed where they are nationally recognised in this field. (tab at end of last row to add more staff) |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Name | College | Internal / External | Comments (part time working / details).  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 |
| Approval by programme director / residents supervisors |
| I confirm that the external rotation provider has agreed to provide the necessary training for an ECVSMR resident and that they have committed to them being more than an external observer. I am confident that this external placement will provide the required training in line with the P&P of the collegeSigned:Date: |

Please provide any further details to enable the education to determine the impact of the STC on resident training

click to type here

##

## Satellite Training Centre (Temporary/ External rotation) Clinical Supervisor

|  |  |
| --- | --- |
| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Facility |  |
|  …………………………………... |
| I agree that:* I confirm the head / chair of the institute has consented to being involved in resident training at no cost to the visiting resident (other than accommodation)
* I will remain a Diplomate of my college in good standing;
* I will ensure that the Resident’s training on this rotation is consistent with the Residency Training Plan approved for this Residency Training Programme;
* I will ensure and certify that residents spend the required time under my direct supervision
* I will confirm the authenticity of case logs generated by residents during their rotation

**GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. |
| Place, Date:  |
| Signature:  |  |