CHANGES FOR 2022

**** PLEASE NOTE: All prior **COVID-19 Pandemic Exceptions** applicable in 2020 and 2021 expire December 31, 2021 at midnight. This includes the pandemic cadaver case allotment, extensions for specialty hour acquisition and publications, and the extension for part-time residents to acquire clinical supervision and residency weeks/months after submission of a credentials package. Please see the new rules for allowing a portion of specialty hours to be acquired in a virtual format below. <u>ALL PANDEMIC CADAVER CASES FOR THE YEAR 2021 MUST BE LOGGED IN THE MRCL BY JANUARY 31, 2022. MRCL 2021 PANDEMIC CADAVER CASES LOGGED AFTER THIS DATE WILL BE INVALID.</u> Finally, all delayed submission requests received in 2020 and 2021 will continue to have 1 additional year to either be accepted by an AVDC-approved journal or approved by the Credentials Committee.****

Items in this Document

AVDC General Policies Regarding Changes in Training Program Requirements

1. Changes are either **Major** or **Minor**.
   a. A **Major** change affects the **substance** of a training program or credentials requirement, for example reducing or increasing the number of cases required in a particular MRCL category, changing the number of required publications, etc.
   b. **Minor** changes affect the **format** of a training program or credential's requirement, such as requiring that only AVDC-approved abbreviations are used in AVDC Case Log Diagnosis and Procedure fields in the online case log. For **Minor** changes, trainees and residents are **not** required to change AVDC case log records that already exist. Additional **Minor** changes can include different formatting of radiograph sets, submission documentation of publication requirement, etc.
2. **Major** changes are not retroactive – i.e., they do not apply to residents whose AVDC-approved residency program registered start date is earlier than the date on which a change was implemented. However, a resident can elect to follow the changed requirements if s/he decides to do so, as some **Major** changes are to the advantage of both new and current residents. ***Major changes within this document apply only to residents registered with AVDC on January 1st, 2022 or later; residents registered prior to that date can elect to make use of any Major change if they would like to do so.***
3. **Minor** changes are to be instituted by *all residents* starting January 1 of the year of the change.
4. Changes/deadlines/items noted below **apply to Equine, Dual, and Small Animal diploma programs** unless specifically stated otherwise. Items that apply **only** to the small animal program are in red type. Items that apply **only** to the equine program are in blue type and/or listed under the Equine Program changes section. Items that apply **only** to the dual diploma program are in green type. Dual diploma residents will need to apply case log/MRCL changes to the respective portion of their case log (SA or EQ related).
5. The AVDC takes seriously reporting, fee payment requirements, and maintenance of approved residency sites, such as response to Action Required notifications associated with Annual Report reviews, submission/approval of Radiograph Sets, payment of Annual Fees, and recertification of residency sites. The status of residents and/or residency sites not in compliance will be reviewed by the Residency Program Administrative Committee (RPAC); registration as a resident or approved residency site may be terminated for non-compliance with AVDC requirements.

Changes in Training Support, Case Logging, and Annual Report Items

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(Yes, the above was repeated from page 1 because it is that important.)

Reminder of **MAXIMUM** **TOTAL** cadaver case numbers (standard + pandemic) allowed in MRCL for credential package submissions:

1. **Small animal residents**: Only a total of 30 cadaver cases can be in your MRCL log at time of credentialing.
2. **Equine residents**: The 30 pandemic cadaver cases are in addition to the already allowed cadaver cases. The pandemic cadaver cases CAN be used in the equine OS, OR1, and OR2 categories, but these cases must be performed on equine cadavers.
3. **Dual track residents**: The 30 pandemic cadaver cases are in addition to the already allowed cadaver cases. For categories with species-specific requirements, the case must be performed with the required species cadaveric specimen.

   Note: pandemic cadaver cases can be swapped out for standard cadaver cases at the time of credentialing if needed. (Example: A resident starting a residency January 1, 2021 does 30 pandemic cadaver cases all within OS2 and EN1. One month prior to credentialing in 2024, they still need an EN3 and a PR case. In order to finish the MRCL log, they can swap out two OS2 pandemic cadaver cases for an EN3 and a PR standard cadaver case. The deficiency left in the OS2 category can then be filled with *in vivo* cases done during the residency.)

MAJOR Changes:
- The OS5 MRCL category has been eliminated to make way for MRCL automation in all training tracks.

MINOR Changes:
- AUTOMATED MRCL SYSTEM: As of October 2021, case logging is automated within DMS for Small Animal. The Equine and Dual tracks are in the process of changing over to the automated case logging system. Please review the Small Animal Case Log and

Automation documents for instructions. From 2022 forward, all small animal case logs are required to use the new system. When the Equine and Dual track automation systems become available, it will be required as well; an announcement will be made when these updates are complete in DMS. Residents do not need to change 2021 and earlier entries in the MRCL log that are TSC ok'ed.

- MRCL CADAVER CASES: The pandemic cadaver program which began April 2020 and extended to December 31, 2021 is no longer in effect for 2022. As stated above, **residents MUST complete 2021 pandemic cadaver MRCL entries along with the TSC 441 Form (MRCL Pandemic Cadaver Procedure Form) by JANUARY 31, 2022.** Residents may still use up to 5 cadavers for MRCL cases as was previously allowed prior to the pandemic. Please see the beginning of the section for the reminder on cadaver maximums.
  - A new cadaver form TSC 442 has been created for routine (non-pandemic) cadaver case documentation and Diplomate review. The form needs to be uploaded with every MRCL cadaver entry. Please see the Small Animal, Equine, and Dual Case Logging documents for guidelines on appropriate cadaver usage in 2022.

- VIRTUAL ANESTHESIA, RADIOLOGY, AND SURGERY TRAINING HOURS: A portion of the required anesthesia, radiology, and surgery hours can be acquired via online/virtual formats. Time can include e-learning opportunities, online/virtual rounds, case discussions via an online platform, and online RACE approved CE hours. Hours must be provided by Diplomates of the respective specialty college, with the exception of time spent with OMFS Fellows (not OMFS candidates) that can count for 16 surgery hours whether virtual or in-person.
  - **Anesthesia:** Up to **8 of 40 hours** can be fulfilled by SIT (Specialist-In-Training) content at the Forum, CE lectures, and/or virtual content.
  - **Radiology:** Up to **16 of 40 hours** can be fulfilled by SIT content at the Forum, CE lectures, and/or virtual content.
  - **Surgery:** up to **8 of 40 hours** can be fulfilled by SIT content at the Forum, CE lectures, and/or virtual content. The surgery SIT module at the VDF must include a hands-on wet-lab portion. Residents must attend the whole module.

Changes in Credentials Package Items

There are no MAJOR or MINOR changes to Credentials Items.

Changes in Certifying Examination Items

There are no MAJOR and MINOR changes for the Certifying Examination.
Covid Protocols were in place for 2021 Phase II.

Changes in Appeals Items

There are no MAJOR or MINOR changes to Appeals Items.

Changes in Maintenance of Certification (MOC) Items

There are no MAJOR and MINOR changes for the Maintenance of Certification.

Changes in Items related to the Residency Program Administrative Committee (RPAC)

There are no MAJOR and MINOR changes for the RPAC.

Changes in Equine Program ONLY

- As the OS5 category has been eliminated, foreign body and salivary gland surgeries can be logged in the OS4 category.

- Multiple OS1 and OS2 cases can be logged for each patient per treatment day. Up to 3 OS1 and OS2 cases can be logged individually per treatment day. Please note that no more than 3 MRCL entries in total can be logged per patient on a treatment day. Example: If an incisor is extracted (103) along with 2 cheek teeth (108,109) depending on the techniques employed this could be one OS1 and two OS2 cases, or if "simple" extraction techniques were used on all teeth, then 3 OS1 cases can be logged.