

## **EVDC Residency Covid-19 Contingency Planning 2022 Update**

COVID-19 has had a huge impact on our lives including the residency programmes that are currently running. This is clearly illustrated by the results of a questionnaire distributed amongst residents.

The EVDC board has created a Resident Support Group (RSG) which both residents and supervisors can contact regarding any issue that arises due to Covid restrictions. The RSG consists of the chairs of the Education Committees (EVDC – Nicolas Girard and EVDC-Equine subspecialty – Henry Tremaine), plus Lieven Vlaminck, EVDC Board Member-at-Large, to co-ordinate the response and to act as liaison between the Board and the EdC chairs.

Contingency measures were discussed and approved by the Board to assist residents-in-training in 2020 and 2021, who may (have) experienced difficulties with acquiring material for their case logs. They will be in effect for residents enrolled in programmes during 2020 and 2021 as described in the ***Residency Covid-19 Contingency planning 2021***. At EVDC board in Feb 2022 it was decided that as clinical work and training is resuming some COVID contingencies can be phased out.

Covid Contingency for residents in training 2022

### **1. Supervised hours**

A proportion of annual supervised hours for 2022 can be logged as 'virtual' as per [Table 1-22](#) (i.e. with online discussion and collaboration between supervisor and resident as opposed to direct physical supervision) provided that a **COVID-19 diary** of interaction between resident and supervisor is included at the annual review.

Residents should submit onto DMS case details for all such cases including:

- History
- Clinical presentation
- Diagnostic imaging
- Treatment plan
- Execution
- Outcome
- Reflection

Residents should also submit onto DMS for such cases the '*template for remote assessment of proposed virtually supervised or cadaveric procedures*'.

Supervisors will be able to sign off on such cases onto DMS if the material as described above is to a satisfactory standard and the below protocol is adhered to.

#### **Protocol for virtual supervised hours**

- Prior to undertaking a virtually supervised day, the date should be confirmed in the resident's COVID diary with the supervisor.
- The detailed plans of the procedures undertaken should be discussed by video/verbal link at the beginning of the day, or prior to this.
- The steps taken for each case should be outlined to the supervisor and documented using the '*template for remote assessment of proposed virtually supervised or cadaveric cases*'.
- The results and findings should be discussed between supervisor and signed off within 48hrs of the scheduled day.

**2. MRCL cases**

Up to 10% (approx. to nearest integer) of MRCL numbers for 2022 can be cadaveric in categories that do not already allow a cadaveric component.

**3. Specialty Training**

**Selected** activities of selected tasks for specialty training are amenable to be performed virtually, if approved by the supervising specialist (see [Table 1-22](#)).

**4. COVID-19 diary**

**Residents** must submit a COVID-19 diary of their activities at the annual review while unable to perform clinical work. These diaries will be reviewed by the EdCom's and CC's and assist with any mitigating circumstances.

In addition, the Board would reassure all residents that individual consideration will be given to residents regarding their credentialling, on a one-to-one basis dependant on their personal circumstances relating to the Covid-19 pandemic (see [Table 2-22](#)).

EVDC Board, Feb 2022

**Table 1-22. Proportion of supervised hours that can be logged as 'virtual supervision' in 2022.**

Full time residency programme						
	Year 1	Year 2	Year 3			
Minimum supervised hours/year	160	160	160			
Virtual allowance	15% (40 hours)	20% (80 hours)	20% (96 hours)			
Part-time (alternate) residency programme						
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Minimum supervised hours/year	160	160	160	160	160	160
Virtual allowance	10% (40h)	10% (40h)	10% (64h)	10% (64h)	20% (96h)	20% (96h)
Specialty Training hours						
	General (SA) programme		Equine programme			
	Required	Virtual	Required	Virtual		
Anaesthesia	40	10	30	10		
Diagnostic Imaging	40	40	40	30		
General Surgery	40	-	40	-		
SA/human dentistry	-	-	40	-		

**Table 2-22. Cadaver procedure allowance** (applies to procedures performed in 2022)

MRCL categories	General (SA) programme		Equine programme	
	Required	Cadaver allowance	Required	Cadaver allowance
OM	20	2	30	3
PE1	20	2	10	1
PE2	20	2	15	2
PE3	15	2	35	4
PE4	5	1	-	-
EN1	35	4	15	5
EN2	5	1	15	2
EN3	3	1	2	2
RE	15	2	20	6
OS1	35	4	25	3
OS2	45	4	25	3
OS3	5	1	5	1
OS4	5	1	15	3
OS5	5	1	3	1
PR	5	1	3	1
OR1	10	1	30	3
OR2	4	1	10	1
OR3	4	1	5	1
OR4	2	-	3	1
EX	10	1	-	-