Date:

# Institution

Institution:

Street Address:

Post code/town:

Country:

# Programme Director:

*Note: Must be DipECVDI (add Rad Oncol), DipECVIM-CA [Oncol] (add Rad Oncol), DipEVCDI-RO, DipECVIM-CA-RO or ACVR-RO (recognized by the ECVDI-RO/ECVIM-CA-RO)*

Name:

Postnominals:

Role in the institution:

Telephone:

Fax:

E-mail of Programme Director:

# Programme type:

Standard Programme [ ] Alternative Programme [ ]

*Note: Standard add-on programmes consist of a period of 124 weeks of supervised training. The standard add-on training programme time shall not exceed 156 weeks (equivalent to 36 months).*

# Supervisors:

## Radiation Oncology Supervisor(s)

*Note: Must be DipECVDI (add Rad Oncol), DipECVIM-CA [Oncol] (add Rad Oncol), DipECVDI-RO, DipECVIM-CA-RO or DipACVR-RO recognized by ECVDI-RO/ECVIM-CA-RO*

| **Name**  | **Diplomate of which College** | **Annual availability & Comments** |
| --- | --- | --- |
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### Is the Trainee being evaluated by the Supervisor annually during their training programme and at the end of the training programme?

Yes [ ] No [ ]

## Related Specialty Supervisors

Please list all Diplomates on site who will be involved in the training programme or will be available for consultation. If off-site, explain why and the method of providing direct contact with the Trainee.

| **Name**  | **Diplomate of which College** | **Annual availability & Comments** |
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## Trainee Advisors

Please list other personnel who are not EBVS Diplomates on site who will be involved in the training programme or will be available for consultation. These include radiation physicists, radiation oncology technicians or other individuals with in-depth knowledge and skills in radiation oncology involved in the training programme. If off-site, explain why and the method of providing direct contact with the Trainee.

| **Name**  | **Qualifications** | **Comments** |
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# Facilities, resources and/or techniques

## Please indicate the availability of the following facilities, resources and/or techniques. Indicate if these are available at the primary training site, or at a different location. For facilities that are not available or not onsite please describe the situation and availability in the space provided at the bottom of the next page. If needed add an extra page.

|  | Available? | On Site? |
| --- | --- | --- |
| Megavoltage teletherapy radiation therapy equipment available on site for use of veterinary patients. | Yes/No | Yes/No |
| Please specify model: |
| Multi-leaf collimator  | Yes/No | Yes/No |
| Manual setups and manual treatment planning (photons and electrons): hands-on clinical experience to develop expertise and self-sufficiency with this technique.  | Yes/No | Yes/No |
| Comments including approximate % of caseload: |
| Computer based treatment planning system (Forward planning for 3D conformal radiotherapy, non-IMRT, even if forward plans are not delivered at the institution): hands-on clinical experience to develop expertise and self-sufficiency with this technique | Yes/No | Yes/No |
| Specify model: |
| Comments including approximate % of caseload: |  |
| IMRT planning: hands-on clinical experience to develop expertise and self-sufficiency with this technique | Yes/No | Yes/No |
| If not available on site specify external institution: |
| On-board imaging MV or kVCT, kV digital radiographs, MV portfilms: hands-on clinical experience to develop expertise and self-sufficiency with this technique | Yes/No | Yes/No |
| Brachytherapy equipment  | Yes/No | Yes/No |
| I131 or other radiopharmaceutical treatments | Yes/No | Yes/No |
| Sr90 Plesiotherapy | Yes/No | Yes/No |
| *If the primary institution does not have all mandatory on-site resources to complete the training requirements above, the resident is required to spend a minimum of 2-weeks at a cooperating institution(s) supervised by a Supporting Diplomate. The training requirements can be combined into a single minimum 2-week learning experience. In this case, a letter of agreement is needed from the cooperating institution(s).*  |
| Dedicated anaesthesia equipment with Isoflurane or sevoflurane vaporizer with an adequate scavenging system for the radiation therapy suite available on site with capabilities for blood pressure measurement, pulse oximetry and electrocardiography to allow for routine monitoring of patients undergoing radiation therapy.  | Yes/No | Yes/No |
| Please specify inhalant used:  |
| Specify monitoring equipment used:  |
| Specify by whom anaesthesia is performed for radiation oncology treatments: |
| Computed tomography | Yes/No | Yes/No |
| Please specify model:  |
| Conventional radiography | Yes/No | Yes/No |
| Ultrasonography | Yes/No | Yes/No |
| MRI facilities  | Yes/No | Yes/No |
| Nuclear medicine | Yes/No | Yes/No |
| A veterinary medical oncology service | Yes/No | Yes/No |
| A computerized complete medical record maintained for each individual case, allowing for rapid retrieval and searching for medical records on site.  | Yes/No | Yes/No |
| Endoscopy  | Yes/No | Yes/No |
| Intensive care facilities with standard critical care equipment and 24hr emergency services on site.  | Yes/No | Yes/No |
| Electroencephalography equipment on site.  | Yes/No | Yes/No |
| The examination rooms sufficient in number and size to accommodate the case load and allow for confidential communication with pet owners.  | Yes/No | Yes/No |
| A clinical pathology laboratory for haematology, clinical chemistry, and cytological diagnosis, providing retained and retrievable reports.  | Yes/No | Yes/No |
| Postmortem facilities: with gross pathology and histopathology reports retained and retrievable.  | Yes/No | Yes/No |
| Photographic equipment for the documentation of disease  | Yes/No | Yes/No |
| Specify archiving system: |
| A library containing recent textbooks and current journals relating to radiation oncology and its supporting disciplines accessible to the programme participants (working collection), with searching function.  | Yes/No | Yes/No |
| Regular diagnostic imaging, medical oncology/oncological surgery/tumour rounds (at least biweekly). | Yes/No | Yes/No |
| Neuroimaging rounds (at least monthly) | Yes/No | Yes/No |

If any of the above equipment or facilities are available offsite, please explain how the resident can access them for case management, research, or study. If any of the above equipment or facilities are not available at all, explain how alternatives are being offered:

## Radiation Oncology

### How many patients have been treated with Radiation Therapy at your facility in the last year?

### Approximately how many cases will the Trainee in your programme manage under the direct supervision of a Diplomate in Radiation Oncology:

### What are the treatment protocols for your radiation therapy patients?

| **Treatment type: definitive, palliative, hypofractionated etc** | **Treatment protocol/schedule** | **Comments: include tumor types commonly treated with this protocol** |
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### Does each Trainee in your training programme have a minimum of 46 weeks of direct contact with at least one DipECVDI (add Rad Oncol), DipECVIM-CA [Oncol] (add Rad Oncol), DipECVDI-RO, DiplECVIM-CA-RO or DipACVR-RO recognized by ECVDI-RO/ECVIM-CA-RO?

Yes [ ] No [ ]

Please specify:

### Does each Trainee participate in a radiation oncology rotation in another veterinary or a human radiation facility?

Yes [ ] No [ ]

Please specify:

## Other specialities

### Medical Oncology

#### How many Medical Oncology patients have been seen at your facility in the last year?

#### Approximately how many cases will the Trainee in your programme manage under the direct supervision of a Diplomate in medical oncology:

#### Is a minimum of one medical oncologist on-site at the primary institution at least 26 weeks/year?

Yes [ ] No [ ]

Please specify:

#### Does each Trainee in your training programme have a minimum of 12 weeks of direct contact with a Diplomate in Medical Oncology learning case management, chemotherapy applications and attending oncology rounds or journal clubs and a minimum of one medical oncologist on-site at the primary institution at least 26 weeks/year?

Yes [ ] No [ ]

Please specify:

### Diagnostic Imaging

#### How many Diagnostic imaging patients have been seen at your facility in the last year?

| **Modality** | **Case number** |
| --- | --- |
| Computed tomography |  |
| Conventional radiography |  |
| Ultrasonography |  |
| MRI |  |
| Other |  |

#### Does your training programme have a minimum of one ECVDI or ACVR Diplomate on-site at the primary institution at least 26 weeks/year and available for remote consults at least 45 weeks/year allowing for gaining expertise in determining indications for the use of various diagnostic imaging modalities and image interpretation throughout the residency as part of the pre- and post-treatment evaluation of radiation therapy patients, including consultations with imaging specialists at the institution, in addition to the four weeks training under direct supervision of an ECVDI or ACVR Diplomate?

Yes [ ] No [ ]

Please specify:

### Anaesthesia

#### Does each Trainee in your training programme have a minimum of 2 weeks of direct contact with a Diplomate in Anaesthesia learning function of the anaesthetic equipment, common anaesthetic drugs and regimens, anaesthetic emergency management, and pain management?

Yes [ ] No [ ]

Please specify:

### Neurology

#### Does each Trainee in your training programme have a minimum of 2 weeks of direct contact with a Diplomate in Neurology learning neuroanatomy, neurological examination, and case management?

Yes [ ] No [ ]

Please specify:

### Exotics

#### Does each Trainee in your training programme have a minimum of 1 week of direct contact or 40 hours of rounds with a Diplomate in Exotic animal medicine learning patient handling, examination, and case management?

Yes [ ] No [ ]

Please specify:

# Continuing professional education

## Please explain how the Trainee will participate in diagnostic imaging rounds and medical oncology rounds? Is a supervising Diplomate available for the majority of rounds? If no, please describe how rounds are attended and supervised.

| **Type of rounds** | **Frequency of rounds** | **Supervision by Diplomate** |
| --- | --- | --- |
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## Please explain how the Trainee will participate in other resident rounds?

| **Type of rounds** | **Frequency of rounds** | **Comments/supervision** |
| --- | --- | --- |
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## Please explain how the Trainee will participate in journal clubs, classes and continuing education related to radiation oncology/ radiobiology / medical physics?

| **Type of journal club, classes, continuing education** | **Frequency / number of sessions** | **Comments** |
| --- | --- | --- |
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## Are formal case conferences or seminars held on a regular basis?

Yes [ ] No [ ]

Please provide a description of the case conferences or seminar, etc., that are provided and the typical schedule

| **Name of case conference or seminar** | **Frequency / number of sessions** | **Comments** |
| --- | --- | --- |
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## Is the Trainee required to give one or more formal in-house presentations in an educational setting? And if so, give the minimal number during the training programme.

Yes [ ] No [ ]

Number:

## Will the Trainee attend at least one veterinary or human conference covering topics of radiation oncology (such as Annual conferences of the Veterinary Cancer Society (VCS), European Society of Veterinary Oncology (ESVONC), American College of Veterinary Radiology and Radiation Oncology or European College of Veterinary Diagnostic Imaging, European College of Veterinary Internal Medicine or American College of Veterinary Internal medicine, American Society for Radiation Oncology (ASTRO etc.)?

 Yes [ ] No [ ]

# Training schedule

Please give an overview of the complete time schedule planned for this training programme (in weeks):

| **Activity** | **Number of weeks panned** |
| --- | --- |
| Radiation Oncology |  |
| Diagnostic Imaging |  |
| Medical Oncology |  |
| Anaesthesia |  |
| Neurology |  |
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Name: Programme Director ……………………………………………..

Signature: Programme Director ……………………………………………..

Date signed: ……………………………………………..