AMERICAN COLLEGE OF VETERINARY RADIOLOGY

SPECIALTY OF RADIATION ONCOLOGY

RO RESIDENCY PROGRAM ESSENTIAL TRAINING STANDARDS AND REQUIREMENTS

Originated November 2019; due to be updated November 2024; in 2023, first update delayed until 2026 to allow all residency programs to transition to these requirements. A revision was made in January 2024 to add language about the new exam limit policy. And an additional revision in February 2024 regarding program approval.

RO Residency Training Standards and Requirements

NOTE: The updated policies, procedures and requirements outlined in this document will be in effect for all newly approved residency programs, beginning May 2020.

A grace period for existing, approved programs to allow time for transition to these changes is allowed:

Programs are not required to modify existing, approved programs immediately. If existing programs can't comply with the new regulations by the next Program Renewal/re-application date (once every 3 years), the Residency Director can apply to the RO-RSEC for an extension to include one more cycle of residents- i.e., one more year of resident enrollment with the program being on probation while that/those resident(s) complete their program.

CONTENTS

INTRODUCTION

As a recognized specialty organization of the American Veterinary Medical Association (AVMA) American Board of Veterinary Specialties (ABVS), the American College of Veterinary Radiology (ACVR), Specialty of Radiation Oncology (RO) provides requirements for advanced postgraduate training, education and certification as a specialist in veterinary radiation oncology.

This document describes in detail the structure and content of a veterinary radiation oncology residency training program which will meet the expectations of the ACVR, and acts as a guide for institutions desiring formal approval of their radiation oncology residency training program by the ACVR.

GOVERNANCE

The requirements for standard and alternative RO residency programs, evaluation of applications for program approval, and evaluation of applications from trainees (i.e. residents) to take the RO certifying examination will be the responsibility of the RO Residency Standards and Evaluation Committee (RO RSEC) of the ACVR. RO RSEC makes recommendations to the Executive Council of the ACVR for final decisions. RO RSEC may also be called upon to make recommendations regarding other matters pertaining to training programs or trainees at the discretion of the President of the ACVR, RO specialty president, and/or Executive Council.

OBJECTIVES OF A RADIATION ONCOLOGY RESIDENCY

ACVR-approved RO residency programs are intended to qualify the trainee in:

- the therapeutic use of ionizing radiation
- clinical management of veterinary patients with neoplastic disease including diagnostics, tumor staging, treatment, follow up and communication with pet owners
- imaging techniques that are a critical part of state-of-the-art radiation oncology for:
    - tumor staging
    - radiation treatment planning
    - assessment of response to treatment
- principles of radiation biology and physics as they pertain to clinical radiation oncology
- principles of medical and surgical oncology
- basic principles of cancer biology

A residency training program in radiation oncology must offer a quality postdoctoral veterinary medical educational experience of adequate scope and depth in all aspects of radiation oncology.

TERMINOLOGY

1. **ACVR Diplomate:** The ACVR Constitution states that a "Diplomate" is a veterinarian of good moral character who satisfactorily complies with the training and experience requirements, successfully completes the certifying examination, is approved for membership in the ACVR by a majority of the Executive Council, and adheres to maintenance of certification (MOC) requirements.

2. **ACVR Associate Member:** The ACVR Constitution states that an "Associate Member" is any individual who has excelled in a field of radiology, radiation oncology, or associated science. This individual must have made a documented contribution to the advancement of the ACVR.

3. **ACVR Resident Member-in-Training:** The ACVR Constitution states that "Resident Member-in-Training" status shall be bestowed upon individuals who are actively engaged in a training program in diagnostic radiology or radiation oncology approved by Executive Council.

4. **Post-trainee**: An individual that has completed an ACVR-approved RO residency program but who has not yet achieved board certification.

5. **Supervising Diplomate:** An ACVR-RO Diplomate who participates in all facets of resident training and supervises RO-related activities of the resident for a minimum of 10 weeks per year (see Direction and Supervision and Training Content).

6. **Residency Director:** A Supervising Diplomate who is the primary contact person for the residency program, and who is responsible for completing all necessary forms/reviews and notifying RO RSEC of any changes to the program. The Residency Director must be located at the primary training institution.

7. **Supporting Diplomate:** An ACVR-RO Diplomate who participates in some, but not all, aspects of resident training, or who supervises RO-related activities of the resident for less than 10 weeks per year.

8. **Essential Support Faculty:** Board-certified specialists in fields associated with the practice of radiation oncology (diagnostic imaging, medical oncology, surgery, pathology) who support the residency program and who participate in RO resident training.

9. **Institution:** A physical hospital, facility or university where training of radiation oncology residents is conducted. The primary institution is the institution where the

resident completes the majority (i.e. greater than 50%) of their RO-related clinical requirements and where the Residency Director is located.

DESCRIPTION OF PROGRAM TYPES

Traditional Residency Program:

A traditional residency program is one that meets all of the residency program requirements set forth in this document. The resident completes the majority of their RO-related clinical requirements at one institution (primary institution) that meets the requirements for training. Occasional rotations may be completed outside of the primary institution to fulfill training goals or to broaden the resident's educational experience (see Affiliation Agreement and Training Content). The Residency Director must be located at the primary institution. In a traditional residency program, residents are accepted into the program at the discretion of the program, not to exceed the maximum number of residents per Supervising Diplomate as outlined below (see Resident Numbers).

Alternative or Amended Residency Program:

An alternative or amended program is designed for one specific individual/resident and satisfactorily meets all of the residency program requirements as set forth in this document but that will be completed in an extended timeline [i.e., >36 months to complete the program (5 years maximum)].

AFFILIATION AGREEMENT

When the resources of two or more institutions are needed to fulfill the requirements of resident training, letters of agreement must be provided with the residency program application confirming the commitment of the cooperating institution to resident training and describing the interactions that the resident can expect to have with the affiliated institution.

RESIDENCY PROGRAM REVIEW AND APPROVAL

RO RSEC receives and evaluates all new residency program applications for review prior to making a recommendation for approval to ACVR Executive Council (link to application form below). The review is performed to ensure the program meets the requirements set forth by ACVR, including faculty, facilities, caseload, educational environment, and program content. Documents that must be submitted as part of the application include: current CVs from radiation oncology, medical oncology and diagnostic imaging faculty; syllabi for each course offered including instructors' credentials (name, board certification(s), institutional title(s)); letters of agreement from cooperating/affiliated institutions (if applicable), institutional resident evaluation form, and a calendar of the resident training program.

Applications for new residency training programs can be submitted to RO-RSEC throughout the year, but must be received at least 3 months prior to the next planned Executive Council meeting (meetings are held in April and October of each year). An initial review of the program by RO RSEC will occur within one month of receipt of the application, and the Chair or Assistant Chair of RO RSEC may contact the Residency Director for additional information or clarification on the residency program application. The Residency Director must respond to these inquiries within 2 weeks to ensure timely review, amending the application and/or addressing comments by the RO RSEC. Once the program satisfactorily meets the requirements outlined in this document, RO RSEC will recommend the program to the ACVR Executive Council for approval by majority vote. The RO president will notify the RO RSEC and the Residency Director of the outcome within 2 weeks of the Executive Council's vote. All communications will occur via email, including an approval letter as the final step. After receipt of said letter, residents may be enrolled into the residency program immediately. *All programs must be approved by the ACVR Executive Council **PRIOR** to training residents*. *No amount of resident training can be retroactive.*

RESIDENCY PROGRAM ANNUAL UPDATES AND RE-APPROVALS

An annual update for each residency program must be submitted by the Residency Director to the RO RSEC (link to form below). Every 3rd calendar year, a full review of the residency program (re-approval) is performed instead (link to form below). January 31 of the year the document is due is the deadline for submission of either document to RO RSEC. RO RSEC will review these documents and will contact the Residency Director as needed for additional information. Once reviewed, the RO RSEC makes recommendations to ACVR Executive Council for approval.

Re-approved programs are approved for a 3-year period from January 1- December 31. For example, a program is due for re-approval in 2020, so the program director submits the re-approval document by the due date of Jan 31, 2020. The RO-RSEC reviews the document and recommends approval by Executive Council. The document is approved at the April 2020 meeting. Approval is granted for 3 years- from January 1, 2021-Dec 31, 2023, so re-approval is due again January 31, 2023.

If a renewal application does not meet all of the requirements, but the deficiencies could be corrected/modified in a reasonable time frame, the program will be placed on probation. If a program has significant deficiencies in the requirements (i.e. loss of required supporting faculty) that cannot be corrected/modified in a reasonable time, the program will be suspended.

Approval of new residency programs begins immediately upon receipt of the approval letter from the RO president and is in effect for three years starting the year after approval. For

example, if a new program application submitted in January 2019 is approved by ACVR Executive Council in April 2019, the program will be approved from April 2019 until December 31, 2022; the Residency Director will need to submit a renewal application by January 31, 2022. The next 3-year period of approval will be from January 1, 2023-December 31, 2025. Subsequent renewal applications are due every three years.

Of note, even if a program is satisfactory to RO RSEC and approved by ACVR Executive Council, ACVR does not accredit, certify, promise, or guarantee the results or satisfaction with any residency program. Additionally, ACVR has no liability for the conduct or actions of the faculty/Diplomates or residents in a program.

RESIDENCY PREREQUISITES

Successful completion of a one-year internship, internship-equivalent, or comparable clinical experience is required to qualify for acceptance into a residency training program, and must be verified by the institution prior to enrolling the resident into the training program.

TRAINING PERIOD

The residency program shall consist of a minimum of 3 years (36 continuous months) of postdoctoral medical education in veterinary radiation oncology, of which at least 24 months of training must be clinical experience in RO-specific activities supervised by a Supervising Diplomate (see Direction and Supervision and Training Content). A maximum of 5 years is established for completion of training for alternative residencies or if unplanned interruptions occur during the training period. Resident training can begin after written approval of the program is granted ("approval letter"), and no amount of resident training can be retroactive. The Residency Director must notify RO RSEC of any planned or unplanned interruptions in the resident's training period.

DIRECTION AND SUPERVISION

Residency Director

The Residency Director is a Supervising Diplomate who serves as the primary contact person for the residency program. Communication between the Residency Director and RO RSEC will be primarily via email; therefore, the email address of the Residency Director should be updated as needed with the ACVR. The Residency Director must be on-site at the primary institution.

The Residency Director is responsible for:

1. Submitting the initial residency program application, annual program updates, and renewal applications.
2. Submitting the bi-annual resident reviews.

3. Notifying RO RSEC of any changes to the program (including changes in Residency Directors) in advance of planned changes, and within 30 days of unplanned changes. Failure to notify RO RSEC may result in placement of the program on probation or suspension.
4. Notifying RO RSEC within 30 days if a resident has an extended leave of absence during the residency, needs to discontinue the residency for any reason, or is terminated from a residency program.
5. Ensuring all residents are registered with the ACVR.
6. Ensuring all residents receive biannual performance evaluations.
7. Approving the resident's certifying examination application.
    a. In January before the end of the residency program, the Residency Director will confirm that the resident is on track to complete the residency prior to the certifying examination in September. This confirmation is necessary to qualify the resident to take the certifying examination and is communicated to the RO RSEC via the January biannual resident review and via a signed statement on the resident's certifying examination application, also due in January before the examination. If the resident is not on track to complete all of the program requirements in January, but is expected to correct deficiencies in subsequent months, the residency director must contact the RO RSEC Chair by June 30 to provide a final statement that all requirements of the residency program will be completed prior to the certifying examination.

Supervising Diplomates

Supervising Diplomates are ACVR-RO Diplomates with appropriate expertise and training who participate in all facets of resident training, including supervision of RO- related activities of the resident for a minimum of 10 weeks per year (see Direction and Supervision and Training Content). Supervising Diplomates provide primary support and mentorship to the residents in the residency program. The Supervising Diplomates in the program must be in good standing with ACVR. Supervising Diplomates must be committed to supporting the resident training. The time and effort Supervising Diplomates devote to the educational program must be documented at the time of the initial residency program application and renewal, and at each yearly update by providing effort allocation information (e.g. number of weeks on clinics). Each residency program must be associated with at least one Supervising Diplomate to oversee/supervise the required RO-related clinical activities of the resident.

Supporting Diplomates

A Supporting Diplomate is an ACVR-RO Diplomate with appropriate expertise and training who participates in some, but not all, aspects of resident training, or who supervises the RO-related activity of the resident for less than 10 weeks per year.

Other Specialists ("Essential Support Faculty")

In addition to at least one Supervising Diplomate, the program must also include a minimum of other specialists, the Essential Support Faculty:

a. ACVR or ECVDI certified radiologist – a minimum of one radiologist must be on-site at the primary institution at least 26 weeks/year and available for remote consults at least 45 weeks/year
b. ACVIM or ECVIM certified medical oncologist - a minimum of one medical oncologist must be on-site at the primary institution at least 26 weeks/year
c. ACVS certified surgeon - a minimum of one surgeon must be on-site at the primary institution at least 26 weeks/year
d. ACVP certified pathologists - a minimum of one clinical pathologist and one anatomic pathologist must be available for consultation at least 45 weeks/year. If an off-site pathologist or pathology service is utilized, a letter of agreement must be submitted with the application.

- One individual can fulfill the requirements of only one required faculty position. For example, an individual who is a Diplomate of ACVIM (oncology) and ACVR- RO may only fulfill the requirement of one of those required faculty positions. Likewise, a dual-certified Diplomate of the ACVR in imaging and radiation oncology can only fill the requirements of one of the required ACVR faculty.
- If the AVMA accrediting body for a given specialty accepts a foreign equivalent as a supervising Diplomate for their specialty residency, this will be considered sufficient to fulfill the Diplomate requirement for the residency program. Specific examples include: ACVR accepts ECVDI/diagnostic imaging, ACVIM accepts Diplomate of the European College of Veterinary Neurology (ECVN).

Resident Supervision in Radiation Oncology Clinical Activities

A minimum of 24 months of the resident's RO-related clinical activities (see Training Content) must be supervised by a Supervising or Supporting Diplomate**.** Supervision is defined as being available on-site 40 hours/week (defined as a 4- or 5-day work week to equal a minimum of 40 hours) to support the resident in RO-related activities including patient consultation/management, review of treatment plans, position verification, and participation in daily case-based rounds.

RESIDENT NUMBERS

The number of residents in the residency program cannot exceed twice the number of RO Supervising Diplomates on-site at the primary institution.

CLINICAL RESOURCES

The program must provide a sufficient volume and variety of patients for instruction. Although exact numbers will not be specified, it is expected that the trainee will be exposed to a sufficient number of new cancer patients treated with ionizing radiation over the course of the training program to provide: (1) the material necessary to expose trainees to the majority of situations likely to be encountered in the practice of radiation oncology; and (2) the opportunity for reinforcement of important radiation oncology principles. The resident must have access to a searchable radiation patient database that is routinely updated with patient follow-up information.

TRAINING CONTENT

The goal of an ACVR-RO residency training program is to create a well-rounded clinician who could be employed in private practice, academia, or in telemedicine/remote planning. To that effect, the 36-month program must entail a minimum of 24 months of supervised clinical RO-specific activities. RO-specific activities are defined by items 1 through 3 below. The remaining 12 months of the program are to be utilized to complete other requirements listed below and to improve the overall educational experience of the resident, as well as to provide time for self- study and/or a resident project.

Clinical rotations must be a supervised and directed educational process. Unsupervised clinical responsibility alone does not constitute a suitable educational experience.

It is required that a 36-month residency in veterinary radiation oncology will provide the trainee with the following:

1. Expertise in the formulation of radiation treatment plans, dose calculation, and treatment administration for veterinary patients with cancer. This includes generation of both manual and computer-based treatment plans for megavoltage external beam irradiation. External beam planning experience must include both forward and inverse planning, even if only one of those types is utilized for treatment at the primary facility. *****

2. Primary case responsibility*
    A. Primary case responsibility for new cases includes the following: history taking and physical examination, review of tumor type/biology, review of diagnostic testing/staging options, and review of treatment options. This includes client and referring DVM communication and other professional communication (medical record keeping).
    B. Primary case responsibility for ongoing radiation cases, including patient management during radiotherapy. This includes client and referring DVM

communication and other professional communication (medical record keeping).

C. Primary case responsibility for patients at follow up appointments, including management of radiation side effects and assessment of tumor stage when indicated. This includes client and referring DVM communication and other professional communication (medical record keeping).

3. Radiation Therapist Activities*- For a minimum of 1 week/year, under the supervision of the institutional therapists/trained technicians and/or Supervising Diplomate(s), the resident should function as a radiation therapist performing activities related to external beam radiation delivery. Activities should include: daily linear accelerator quality assurance and warm up, patient positioning for treatment planning CT and therapy, radiation delivery (as allowed by the state/province), and acquisition of position verification imaging.

*These RO-specific activities must collectively represent at least 24 months of the training program. It is understood that most clinical RO services combine all types of clinical activities (seeing new cases and rechecks, diagnostics, tumor staging, treatment planning and delivery) into the same day/week; therefore, the umbrella term of “RO-specific activities” is used to encompass these aspects of clinical RO.

4. An environment which encourages the interchange of knowledge and experience among trainees and faculty in the program, as well as with residents in other major clinical specialties located in those institutions participating in the program.
    A. Formal didactic classes or organized self-study opportunities in cancer biology, radiation biology and medical physics are required.
    B. The trainee is expected to develop adequate knowledge regarding normal and pathologic anatomy and physiology.
    C. It is expected that each trainee will prepare and present 2 lectures or scientific presentations during the course of the training program.
    D. Review of medical literature for a minimum of 1 hour per month with a RO Diplomate present to provide input and discussion. The program shall provide access to a sufficient variety of journals, references, and resource materials pertinent to progressive levels of education in radiation oncology and associated fields.

5. Four weeks of formal training in interpretation of diagnostic imaging is required. This should be fulfilled via a rotation through a dedicated diagnostic imaging service under the direct supervision of a Diplomate of the ACVR (Diagnostic Imaging) or the ECVDI. Additional expertise in determining indications for use and image interpretation will

be obtained throughout the residency as part of the pretreatment and posttreatment evaluation of patients receiving radiation therapy. Consultations with imaging faculty at the institution are expected to take place throughout the residency to expand the RO resident's knowledge base and skill level. The resident should develop an understanding of the basic principles of the physics of diagnostic radiology, CT, MRI, gamma scintigraphy, PET scanning, and diagnostic ultrasound.

6. Eight weeks of formal training in medical oncology under the direct supervision of a Diplomate of ACVIM, Specialty of Medical Oncology. Trainees should function as primary clinicians on the service, prioritizing cases that are not typically treated with radiation. The experience should include prescription of chemotherapy and other systemic therapies, as well as management of side effects of these treatments.

7. In addition to the above requirements, additional clinical rotations in affiliated specialties are required to ensure that the resident receives a well-rounded education in all aspects of radiation oncology. These requirements include:
    A. Anesthesia: a minimum of two 1-week blocks (80 hours) with a Diplomate of the ACVAA, ECVAA or with a Veterinary Technician Specialist in Anesthesia and Analgesia.
        i. These personnel are not required to be on-site; a letter of agreement must be submitted with the program application if they are off-site.
    B. Clinical pathology: 1-week rotation or 40 hours of rounds over the course of the residency program, supervised by a Diplomate of the ACVP or ECVP (clinical pathology).
        i. A clinical pathologist is not required to be on-site; a letter of agreement must be submitted with the program application if they are off-site.
    C. Medical physics: 1-week clinical rotation or 40 hours of clinical contact time over the course of the residency program with a qualified medical physicist.
        i. This requirement is separate from didactic teaching/coursework in medical physics and should focus on the clinical aspects of medical physics. The RO exam objectives (physics section) may be provided to the physicist as a guide for this training.
    D. Neurology: 2-week clinical rotation, supervised by a Diplomate of the ACVIM or ECVN
        i. A neurologist is not required to be on-site; a letter of agreement must be submitted with the program application if they are off-site.
    E. Other rotations that could be considered, but do **not** have a specific requirement: Cardiology, Internal Medicine, Anatomic Pathology/histopathology

8. In addition to the above, the following off-clinics time must be provided:
    A. Off-clinic time (non-vacation) - 2 weeks minimum per year of the program. Time can be used for self-study, conferences, or research to be determined by each institution
    B. Vacation - as mandated by the state, province, or institution

Exceptions to the above requirements: Board-certified radiologists (ACVR or ECVDI) are waived from the 4-week training requirement in diagnostic imaging and board- certified medical oncologists (ACVIM Oncology) are waived from the 8-week training requirement in medical oncology. Board certification in the respective field must occur prior to or within 90 days of the start of the radiation oncology residency program and Residency Directors must notify the RO-RSEC of incoming residents that will qualify for this exemption. In lieu of the waived rotation requirement, the resident must fill the time with additional time on radiation oncology and/or another related service. The minimum training period for the residency program will remain 36 months.

If a graduate degree is part of the residency program, the impact of this on the resident's time and effort must be explicitly stated. If the graduate degree program prolongs the residency program beyond 36 months, it must be submitted as an alternative program.

FACILITY EQUIPMENT REQUIREMENTS

The program must provide adequate space, equipment, and other pertinent facilities to ensure an effective educational experience for residents in veterinary radiation oncology. The program must have on-site access to modern radiographic equipment, including digital or computed radiography, ultrasound, and CT. Facilities must include an external beam radiation therapy machine in the megavoltage range and 3D computerized radiation treatment-planning capabilities to create treatment plans used for treatment delivery. Residents must have on-site access to treatment planning systems capable of forward and inverse planning even if both types of planning techniques are not deliverable at that institution.

The clinical training requirements below can be fulfilled at cooperating institutions if the primary institution lacks resources to accomplish them. Training at cooperating institutions must be supervised by a Supervising or Supporting ACVR-RO Diplomate, in which case a letter of agreement from the cooperating institution is required with the residency application.

Modalities/Equipment and required clinical training

1. Manual setups and manual treatment planning (photons)- Hands-on clinical experience to develop expertise and self-sufficiency with this technique.
2. Manual setups and manual treatment planning (electrons)- same as #1

3. Forward planning for 3D conformal radiotherapy (non-IMRT) - same as #1. Minimum requirement is on-site software access for 3DCRT planning, even if forward plans are not delivered at the institution.
4. Inverse planning for IMRT- same as #1. Minimum requirement is on-site software access for IMRT planning, even if inverse plans are not delivered at the institution.
5. On-board imaging (OBI)- MV or kV CT, kV digital radiographs, MV port films- same as #1

If the primary institution does not have 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 2-week learning experience. In this case, a letter of agreement is needed from the cooperating institution(s).

Equipment that is **not** required on-site, but that is considered beneficial to RO residency training: MRI, brachytherapy, I131 or other radiopharmaceuticals, Sr90 plesiotherapy.

RESEARCH REQUIREMENTS

Although neither a research project nor a publication is required by ACVR to obtain board certification, institutions may require these activities. If completion of a research project or manuscript is required by the institution in order to obtain the residency certificate, this must be stated in the residency application. The residency program must be completed by the resident, including any research or manuscript requirement, prior to taking the RO certifying examination. A copy of the residency certificate must be received by the ACVR prior to granting Diplomate status in the Specialty of Radiation Oncology.

RESIDENT REGISTRATION

All new residents must register with the ACVR by August 31 following the start of the residency program.

RESIDENT EVALUATION

- Evaluation of resident performance and progress must be documented every 6 months through appropriate techniques, including faculty appraisal, oral or written tests, or a combination of these. Institutional resident evaluation forms will be submitted as part of the residency application.
- Every 6 months, the Residency Director will confirm to RO-RSEC that their residents have progressed satisfactorily in their training during the previous 6 months of the residency program. The Residency Director will also confirm that this assessment was discussed and approved by all Supervising RO Diplomates in the training program, and that it was shared with the resident. This confirmation must be submitted to RO RSEC by the

Residency Director via the online biannual resident review form (link to form below). If satisfactory progress has not been made by the resident in the prior 6 months, a letter explaining how much clinical training they missed (e.g. in case case of illness) or how competency deficiencies will be addressed must be submitted by the Residency Director, signed by them and the resident, via email to the RO RSEC Chair. The biannual resident review forms are due on January 31 and July 31 of each year. Once progress is deemed satisfactory or unsatisfactory at the time of the biannual review, it cannot be subsequently changed for the time period evaluated.

- If the resident has policy-based concerns, they should contact the Executive Director of the ACVR. All interpersonal conflicts need to be moderated by the primary institution's Human Resources Department.
- Each resident must apply to RO RSEC in order to qualify to take the RO certifying examination. The deadline for submission is January 31st in the same year as the examination (link to application form below).

EXAMINATION REQUIREMENTS

Article III of the ACVR Constitutional By-Laws outlines the candidate's requirements for the RO certifying examination, which include:

1. Satisfactory moral and ethical standing in the profession
2. Be a graduate of a School or College of Veterinary Medicine accredited or approved by the AVMA; or possess a certificate issued by the Educational Commission for Foreign Veterinary Graduates (ECFVG); or be legally qualified to practice veterinary medicine in some state, province, territory or possession of the United States, Canada or other country.
3. Completion of the residency training program that the resident is enrolled in, as described in the institution's residency program application approved by the ACVR Executive Council.

EXAM LIMIT POLICY

A new limit for attempts at successful completion of the RO certifying exam is in place. For residents beginning residency programs in 2023, successful completion of the certifying exam must be achieved in 4 attempts over 8 years. Unsuccessful candidates must repeat an ACVR residency to qualify to sit the exam again for board certification.

CHANGES TO THE RESIDENCY PROGRAM

The Residency Director is responsible for notifying RO RSEC in advance of planned changes in personnel, facilities or program content; and to notify RO RSEC within 30 days for unplanned changes. Changes that need to be reported include, but are not limited to:

- Decrease in program faculty below the minimum requirement or below the requirement for the current number of residents in the program

- Changes in Residency Director and/or Supervising Diplomates (i.e. Residency Director or Supervising Diplomates leave, retire, or decrease clinical duties below the minimum requirement)
- Change in institution or location
- Change in essential supporting faculty
- Change in required equipment or resources

If the changes result in the program no longer meeting the essential requirements, the program will be placed on probation and be given a 6-month grace period to address the deficiencies, as long as the remaining faculty member(s) provide(s) at least 90% of the required clinical supervision during this time period. It is expected that within 2 months the Residency Director will submit in writing a proposal to address the deficiencies, to be reviewed by RO RSEC. New residents **cannot** begin training in a program that is on probation. If the deficiencies are not corrected by the end of 6- month grace period, the program is suspended. A residency program in suspension **cannot** continue training residents. A plan for continuation of the remaining residents' training must be generated within 30 days of receiving the suspension notification and submitted to RO RSEC. The Residency Director is required to notify all new residents matched to the program within 15 days if the program status changes.

If the faculty of the program decreases below the minimum requirements, options include:

1. Hire additional faculty within 6 months, with the remaining faculty member(s) and/or locum radiation oncologists providing the residents' clinical supervision during this time.
2. Transfer any residents remaining in the program to another approved residency program (see Resident Transfers).

RESIDENCY PROGRAM PROBATION OR SUSPENSION

Probation:

A residency program may be placed on probation for the following reasons:

- The Residency Director has a pattern of failing to meet deadlines for program renewal applications, annual program review deadlines, and/or bi-annual residency reviews, (i.e., >50% of documents within a 2-year period are submitted after the deadline).
- The Residency Director fails to respond to notification by the RO RSEC of deficiencies on a renewal application or annual review.
- The Residency Director fails to notify RO RSEC of changes in the program within the deadline.
- The program fails to provide adequate supervision of the residents.
- The program fails to provide residents with sufficient caseload and/or experience to achieve the training requirements.

- The number of Supervising Diplomates of the program decrease below the minimum requirement.
- The requirements of the program are no longer being met (e.g. loss of equipment, loss or change of facilities).
- Submission of fraudulent information on the residency program application.

A residency program on probation may continue training current residents; however, new residents **cannot** begin training in a program that is on probation.

Suspension:
A residency program may be suspended for the following reasons:

- Significant deficiencies in the residency program requirements are found.
- Fraudulent information is submitted on the residency program application.
- There is failure to resolve deficiencies in the program during a probationary period.

A residency program in suspension **cannot** continue training residents. A plan for continuation of the remaining residents' training must be generated within 30 days of receiving the suspension notification and submitted to RO RSEC.

RO RSEC will communicate with the Residency Director regarding deficiencies in requirements, probation or suspension via email. Acknowledgement of receipt of emails from the RO-RSEC within 2 weeks of receipt by the Residency Director is required.

MONITORING PROGRAM COMPLIANCE

RO RSEC monitors program compliance using the following methods:

1. Annual updates and renewal applications.
2. If RO RSEC receives complaints or concerns about a residency program's compliance with residency requirements, additional information may be requested by the RO RSEC Chair from the Residency Director.
3. One measure of the quality of the program is the performance of its graduates on the RO certifying examination. Repeated failure of the exam by multiple candidates may warrant re-evaluation of a program.

RESIDENT TRANSFERS

A resident may need to transfer to another approved residency program for the following reasons:

1. The original program was placed on probation or suspension
2. Personnel disputes
3. Personal issues, location, etc.
4. The resident is terminated from a program

Requirements for transfers:

1. A letter from the original institution must be written and submitted to RO RSEC at least 4 weeks prior to a scheduled transfer. This letter must contain: name of the resident, year of resident training, date of departure, amount (weeks) of clinical time and nonclinical time completed at the original institution, plan for continued financial support of resident, and signature of the resident and Resident Director.
    a. If the resident was terminated from a program, the Residency Director must send a letter (via mail or email) to RO RSEC. This letter must contain the resident's name, year of training, date of termination, amount (weeks) of clinical time and nonclinical time completed at the institution, reason for termination and signature of the Residency Director. This letter must be received within 2 weeks of the date of termination.
2. A letter from the receiving institution must be written and submitted to RO RSEC at least 4 weeks prior to the scheduled transfer. This letter must contain name of the resident, start date, plan for continued financial support of resident, estimated date of residency completion, and signature of the receiving Residency Director.
3. Both letters need to be submitted via email to the RO RSEC Chair at least 4 weeks prior to the scheduled transfer.

RO RSEC will review all transfer requests within 2 weeks of submission of both letters. RO RSEC will provide the ACVR Executive Council with a recommendation for approval or refusal of the transfer. The initial and receiving Residency Directors and the transferring resident will receive notification of the decision by the RO RSEC and Executive Council.

APPEALS

According to Article VIII of the ACVR Constitution, the program and/or an individual can appeal the denial of approval of a residency program or other adverse decision by ACVR. The grounds for reconsideration or review of the decision and guidelines for petition of the reconsideration can be found in the ACVR Constitution. Additionally, the Executive Director of the ACVR may be contacted if additional questions arise or for further information.

RESIDENCY PROGRAM QUESTIONS OR CONCERNS

Anyone (i.e. Residency Director, Supervising Diplomates, and / or residents) with any concerns or questions regarding residency program approval, requirements, the application process or compliance should contact the RO RSEC Chair or Assistant Chair. Issues that cannot be resolved by RO RSEC will be forwarded to the ACVR Executive Director, RO President and/or ACVR Executive Council for further assistance. The contact information for these offices can be found on the ACVR website at https://www.acvr.org/page/administration

SUMMARY OF ACVR RESPONSIBILITIES

- RO RSEC evaluates new residency program applications and makes recommendations for approval to the ACVR Executive Council
- RO RSEC monitors the status of active training programs through annual program updates and through program re-approval every 3 years.
- RO RSEC reports changes or other updates in existing residency programs to the ACVR Executive Council twice annually.
- RO RSEC approves certifying exam applications from the residents.
- RO RSEC requires receipt of the residency certificate prior to recommendation to the ACVR Executive Council to grant Diplomate status.
- RO RSEC oversees modifications to the essential requirements of residency programs as outlined in this document.

LINKS TO FORMS

Biannual assessment for each resident (due **January 31** and **July 31**):
https://acvr.org/dashboard/resources/forms-pertaining-to-residency-directors/

Annual RO residency program update (due **January 31, except in the year of program re-accreditation/renewal**):
https://acvr.org/dashboard/resources/forms-pertaining-to-residency-directors/

RO residency program 3-year re-accreditation application (due **January 31 of the year of re-accreditation/renewal):**
https://acvr.org/dashboard/resources/forms-pertaining-to-residency-directors/

New RO residency training program application (due **3 months prior to the next planned ACVR Executive Council meeting**; meetings are held in April and October of each year):
https://acvr.org/dashboard/resources/forms-pertaining-to-residency-directors/

RO certifying examination application (due **January 31** in the same year as the exam):
https://acvr.org/dashboard/resources/forms-pertaining-to-residency-directors/