



Bylaw* on Residency Training

in the European College of Veterinary Public Health (ECVPH)

(previously called **Information Brochure**)

Introduction

The European College of Veterinary Public Health (ECVPH), herein later referred to as “the College”, has been established according to the general scheme for veterinary specialisation in Europe, encouraged by the Advisory Committee for Veterinary Training (ACVT).

The College is a joint action of representatives from the different subspecialties of Veterinary Public Health in Europe, viz. Population Medicine and Food Science, in consideration of a growing demand for veterinary specialists in national veterinary services (private or governmental) and in (industrial) research institutes, in pre- and post-harvest monitoring and surveillance regarding food of animal origin, and food safety assurance throughout the production chain. This integrated approach is intended to contribute to and facilitate the formation of multidisciplinary teams of specialists in the fields of concern.

ECVPH aims at the improvement and promotion of:

- The quality of animal health care and welfare by making available specialized knowledge and skills in the subspecialties of Population Medicine and Food Science to the benefit of animals and humans.
- The quality of veterinary practice through contacts of general practitioners with registered specialists.
- The structure of animal health care through enhancing the application of formal risk assessment procedures, quantitative problem analysis methods, systems of monitoring and surveillance at population level, food safety and process quality management systems.
- The structure of population medicine, risk management and risk communication by improving the knowledge and perception of veterinarians, livestock owners, food processing industries and the general public.
- Consumer protection with regard to prevention and control of foodborne hazards and to food hygiene procedures.

* *This Bylaw on Residency Training has been updated and approved at the Council Meetings of 26th September 2016, 3th July 2017, 29th January 2018 and 20th September 2023.*

- The further development of Veterinary Public Health and its subspecialties, Population Medicine and Food Science.
- The integrated, multidisciplinary approach towards analysis, control and prevention of hazards related to human and animal health.

The primary objectives of the College shall therefore be to advance Veterinary Public Health and its subspecialties, Population Medicine and Food Science in Europe and to increase the competence of those who are active in these fields by:

- Establishing guidelines for post-graduate education and training prerequisites to become a specialist in Population Medicine or Food Science.
- Examining and authenticating veterinarians as specialists in order to serve the livestock population (at both herd, region and national level), the livestock owners and the general public.
- Encouraging research and other contributions, and promoting the communication and dissemination of knowledge.
- Improving the quality of the service (both at national and international level) to the public.

The specialist in Population Medicine or Food Science will function in an academic setting, a referral practice, industry, or in private or governmental institutions.

The organisational structure of the European College of Veterinary Public Health is detailed in the Constitution and Bylaws of the College.

The Residency Programme

Article 1. Definition

The Residency Programme is a programme allowing a graduate veterinarian (“Resident”) to acquire common knowledge of and training in the concepts and principles of Veterinary Public Health and its two subspecialties, an in-depth knowledge of either of the two subspecialties, viz. Population Medicine or Food Science and their supporting disciplines, as well as the execution of a research project, all under the guidance and supervision of Diplomates of the College.

Article 2. Objectives of the Residency Programme are

1. To promote theoretical knowledge, applied practical skills and ethical attitude in the practice of Veterinary Public Health, and specifically in one or other of its subspecialties, namely Population Medicine or Food Science.

2. To instruct the Resident in the science and practice of Veterinary Public Health, and specifically in one of its subspecialties and their supporting disciplines.
3. To provide the Resident with the opportunity to pursue career goals in teaching, research, clinical, practical or public service.
4. To identify the Resident, on formal admission as a certified Diplomate, as a specialist in one of two areas, viz. Population Medicine or Food Science.

These main objectives are further detailed in the following sub-paragraphs (1) to (6).

1. Knowledge and skills concerning professional contacts and transfer of knowledge

Overall specialists will have the qualities, professional (including transferable) and technical skills necessary for successful employment in professional environments requiring the exercise of personal responsibility and largely autonomous initiative in complex and unpredictable situations.

The specialist in one of the two subspecialties, Population Medicine or Food Science (to be referred to as “the specialist”), shall be able to:

- Express thoughts clearly, in both oral and written form.
- Approach problems in an analytical, scientific way to find solutions and be able to assign priorities for these.
- Organise work efficiently and effectively.
- Find required information quickly.
- Develop scientific activities in order to contribute to the development of Veterinary Public Health and its subspecialties.

2. Knowledge and skills

The specialist shall:

- Be acquainted with the main current concepts and theories, principles and methods, and problems of the specialty.
- Maintain up-to-date knowledge through congresses, other scientific meetings and literature.
- Be acquainted with the structure, objectives, approaches and problems of the veterinary profession, and specifically those related to the specialty.
- Be acquainted with the social role of the specialist and specifically the responsibilities with regard to animal populations, the livestock sector, livestock owners, clients, colleagues, consumers, animal welfare and the environment.
- Conform to modern standards of skills and equipment.

3. Knowledge and skills indirectly related to the specialty and/or facilities

Specialists will be veterinarians who have demonstrated:

- A systematic acquisition and understanding of a substantial body of knowledge, which is at the forefront of their area of professional practice (Population Medicine and Food Science).
- The general ability to conceptualise, design and implement research projects relevant to their own professional practice for the generation of new knowledge, applications or understanding at the forefront of their discipline.
- The ability, through advanced scholarship, to create, interpret and apply new knowledge at the forefront of their professional area, of a quality to satisfy peer review, and merit publication and presentation to professional audiences.
- A detailed understanding of applicable techniques for research and advanced professional enquiry to support all the above.

4. Knowledge and skills concerned with working as a professional specialist

By their expertise, the specialist should have developed the self-confidence, self-criticism and sense of responsibility that are essential for the practice of the specialty. This includes a high moral and ethical standard with regard to his/her contribution to the protection of human and animal health and welfare, as well as the environment.

5. Knowledge and skills concerned with the general practice of the specialty

Specialists will be veterinarians who have demonstrated the ability to:

- Utilise a full range of investigative procedures and techniques to define and refine problems in a way that renders them amenable to the application of evidence-based approaches to their solution.
- Make informed judgements on complex issues in specialist fields, often in the absence of complete data.
- Communicate their ideas and conclusions clearly and effectively to specialist and non-specialist clients and audiences.
- Cooperate with specialists and colleagues in other related disciplines, to the benefit of human and animal health and welfare.
- Act professionally (according to the principles of good veterinary practice) in the provision of customised and optimal solutions to client problems that focus on the client's needs, including animal and public health and wellbeing, which are executed in elegant and technically expert ways.
- Continue to undertake research and development at an advanced level, contributing substantially to the development of new techniques, ideas or approaches in Veterinary Public Health, Population Medicine and Food Science.

6. Knowledge and skills with regard to new developments in Veterinary Public Health

The specialist shall be able to:

- Recognise and work-up problems in the context of Population Medicine, or Food Science.
- Recognise new developments in the specialty.
- Contribute to the provision of both analytical, methodological and systems' design concepts as related to the specialty.
- Be aware of current regulatory developments with regard to Veterinary Public Health, consumer protection, and/or animal health and welfare.
- Contribute to national and international records and databases providing knowledge about outbreaks of animal diseases, or foodborne illnesses, including data on monitoring, analysis, synthesis and management of those problems as well as surveillance and prevention.
- Judge the ethical issues related to consumer protection activities as well as ethical and welfare considerations as related to Population Medicine.
- Be able to design outbreak investigations and evaluate disease outbreak reports, as related to animal population diseases, or public health disorders and foodborne illnesses in humans.

Article 3. The Curriculum

The Residency Programme consists of five parts: a common core of compulsory elements; the chosen subspecialty with compulsory elements, the advanced subjects, the additional electives, and the compulsory research project (Table 1). Each part comprises different modules (see below).

Residents are expected to actively participate in the College activities.

Relevant courses that have been taken before the start of the Residency Programme can be taken into account for the fulfilment of the required Curriculum elements. This information needs to be clearly outlined in the Residency Programme and is subject to approval of the College. Courses followed before the start of the Residency Programme do not result in a reduction of the Residency Programme because Residents must have a three-year period of supervised professional practical training. In principle only courses which were NOT taken as part of an undergraduate veterinary education and which were taken within the last five (5) years before the application date can be used. All Residents are required to show a clear proof of professional activities, networking and continuous education during the residency period.

From December 2014 onwards a new Curriculum is in use which is presented below.

Transition rules

From December 2014 onwards, new residency applications must refer to the new Curriculum.

From January 2017 onwards, all examinations (except re-sits of exams first taken before 2017) will be based on the new Curriculum, regardless of the date of commencement of the Residency Programme.

It is recommended to Residents that started before December 2014 to adapt their progress reports to the new Curriculum. Yet Residents are not required to submit a new Residency Programme for approval.

All examinations up to and including those taking place in 2016 will be based on the old Curriculum. However, the updated Curriculum and in particular the keywords found therein will provide some useful guide for Residents examined under the old Curriculum.

Parts of the Curriculum

Part	Title	ECTS
I	Core Curriculum	60
II	Speciality (Food Science or Population Medicine)	45
III	Advanced Subjects	20
IV	Research Project	35
V	Electives	20
Total		180

Table 1: Outline of Residency Programme

Food Science Subspecialty 45 ECTS PART IIB	Core Curriculum 60 ECTS PART I	Population Medicine Subspecialty 45 ECTS PART IIA
Advanced subjects (2) 20 ECTS (Food Science) PART IIIB	Advanced subjects (2) 20 ECTS (Population Medicine) PART IIIA	
Research project 35 ECTS PART IV		
Electives 20 ECTS 10% PART V		

One whole programme will comprise 180 European Credit Transfer System credit points:

- Sixty (60) ECTS comprise one year of full – time study.
- The ECTS credit points serve as orientation to evaluate the progress of the Resident during his/her residency period.

NEW CURRICULUM

(valid for all residencies started from December 2014 onwards and all exams from 2017 onwards)

Part I (Core): Clusters

Cluster	Title	ECTS
A	Foundations of VPH	20
B	Evidence-based principles	24
C	Implementation of VPH	16

Part I (Core)

Cluster	Title	Keywords	ECTS
A1	Food borne and non-food borne zoonoses	Introductory aetiology, infectious and non-infectious zoonotic diseases of animals, occurrence and transmission, diagnostics and control, prevention, basics of biosecurity in primary production, interrelation of pathogens, hosts and environment (including climate), endemic and epidemic infections with zoonotic potential, role of animals (pets, wildlife and food animals) in the transmission and epidemiological aspects of zoonotic pathogens (local/systemic, acute/chronic, apparent/inapparent, shedding/non-shedding, vertical/horizontal transmission, transmission routes: airborne, direct, food, water, environment, arthropod vectors)	4
A2	Animal welfare	Aspects of animal production systems related to VPH, optimisation of animal welfare during production, transport and slaughter, welfare assessment of herds, welfare aspects in relation to production systems, welfare of companion animals, welfare aspects in animal breeding	3
A3	Population medicine	Concept of population, principles of sampling, causation vs. association, measures of disease frequency such as prevalence and incidence, risk factors and confounding factors, statistical significance versus biological significance, measures of association, 2x2 table analysis, transmission models such as SIR, diagnostic validation, observational study designs [P] [†]	6
A4	Food science	Food chain (from animal production to the final product on the shelf), food safety aspects of animal feeding, food production systems, food technology in relation to PH, food microbiology, food preservation, food matrix, biological and chemical hazards, carry-over [P]	4
A5	Food safety and control	Principles of food safety legislation on international and EU level, responsibility of food business and competent authorities, self control and Food Safety Management Systems (FSMS), food inspection, alternative approaches (equivalence), hurdle systems [P]	2

[†] Training goals should include practical experience and skills at least for selected aspects from the respective sub-cluster.

Cluster	Title	Keywords	ECTS
A6	Non-infectious hazards in food	Chemical residuals and contaminants in the environment-feed-food chain, biotoxins [P]	1
B1	Biostatistics	Experimental study design, sampling, types of data (discrete, ordinal, continuous) and choice of appropriate statistical tests, estimation of population parameters, confidence intervals, principles of regression analysis [P]	10
B2	Information systems	Database development and management, scientific literature data bases, early warning systems (e.g. Promed, RASFF), information management [P]	2
B3	Systematic review	Systematic review methodology, question framing, search frame, inclusion and exclusion criteria, publication bias, quality assessment, data collection, evidence synthesis, quantitative summaries (including basic principles of meta-analysis), EFSA guidance document on systematic review [P]	7
B4	Scientific communication and leadership	Scientific writing, scientific communication, presentation techniques, project management, basic skills in rhetoric, negotiation, management of interpersonal conflicts [P]	5
C1	Ethics in VPH	Ethics in science, specific ethical issues in VPH, good scientific practice, conflict of interest, professional ethics, ethics in decision making and veterinary practice, role of VPH specialist in the society	2
C2	Science based policy making	Concepts and role of VPH in one health, eco-health, role of and output from international organisations in the area of food safety, food security, animal health, zoonoses (e.g. WTO, SPS-agreement, WHO, FAO, OIE, Codex Alimentarius, JECFA), precautionary principle, concepts & philosophy of EU legislation, independent scientific assessment (e.g. EFSA and its panels), interoperability and interdisciplinary cooperation, responsibility of the private sector and good practices in all stages of production and supply chains [P]	3
C3	Applied economics	General concepts for assessing costs and benefit of interventions related to VPH along the food chain, micro vs. macro-economy, disease burden measures (YLL, DALY, QALY) [P]	3
C4	Risk analysis	Principles and concepts of risk analysis, international regulations (WTO, SPS), technical standards (Codex, OIE), risk assessment approaches, management, communication	3
C5	Applied social sciences	Understanding stakeholders and consumer behaviour, communication with media, stakeholders, target-oriented communication (risk managers, media, the public, stakeholders), risk perception, dealing with expert opinion [P]	2
C6	Surveillance and monitoring	Principles (e.g. active and passive approaches) and applications (e.g. freedom from disease, early detection, rapid alert), risk-based approaches	3

Part II (Food Science): Clusters

Cluster	Title	ECTS
A	Food hygiene, foodborne and waterborne hazards	14
B	Food control, surveillance and risk analysis	14
C	Hygiene and technology of food production, processing and distribution	12
D	Trade, one health, eco-medicine and models	5

Part II (Food Science): Topics

Cluster	Title	Keywords	ECTS
A1	Biological hazards in the food safety context	Aetiology, epidemiology, prevention and control of foodborne diseases (bacteria, parasites, fungi, viruses, prions)	5
A2	Detection of microorganisms in the food chain	Examination, diagnostics and monitoring of microbial contamination of food of animal origin or related to animals, bacterial, viral and parasitic aetiology, sampling, testing and VPH relevance of contamination in water systems and plants, classical food microbiology, relevance of and systems for typing methods, microbial ecology of foodborne pathogens and spoilage microorganisms [P] [‡]	3
A3	Chemical hazards in the food safety context	Residues of veterinary medicinal products, residues of pesticides, dioxins, PCBs, PAHs, radionuclides, mycotoxins, shellfish biotoxins toxicological aspects (e.g. ADI ArfD), human health effects, mechanisms of action, prevention and control, EU and Codex legislation e.g. MRLs), Pre- and post-harvest food safety	4
A4	Antimicrobial resistance	Occurrence, sources/attribution, diagnostics, impact, transmission, epidemiological aspects	2
B1	Hygiene and sanitation in the food chain	Management of hygiene and sanitation in the food chain, personal hygiene, cleaning/disinfection, pest control, GHP, CIP, HACCP, all prerequisites for establishing an effective HACCP system	3
B2	Food safety risk analysis	Codex risk analysis principles and terminology, microbiological predictive modelling, ALOP principle, concept FSO, PC, PO [P]	3
B3	International, EU and national food regulatory aspects	Basic food legislation related to food quality, food safety, food standards, consumer protection, animal welfare, environmental aspects, interrelation EU/national legislation, legal foundation of EFSA	2
B4	Inspection of food of animal origin	Classical and alternative ante-mortem and post-mortem meat inspection, inspection of other products of animal origin (incl. meat products, milk and milk products, eggs and egg products, fish	3

[‡] Training goals should include practical experience and skills at least for selected aspects from the respective sub-cluster.

Cluster	Title	Keywords	ECTS
		and shellfish), inspection of conditions of public health relevance in the food chain including primary production, responsibilities of the OVS, EFSA opinions on these subjects	
B5	Investigating and managing foodborne outbreaks	Outbreak detection, outbreak management (response teams), backwards and forwards tracing, identification of the vehicle and the source, sampling strategies, molecular epidemiology, questionnaires, role of epidemiology and food safety sector to identify the source and vehicle, predict the epidemic and optimise control/intervention measures, approaches for evaluation and intervention, crisis management and communication	3
C1	Food quality control	Good Practices for quality and safety management and control along the food chain (feed, pre-harvest, slaughter hygiene, post-harvest), TQM, GMP, HACCP, relevant ISO Standards, auditing, meat quality attributes including biochemical and sensorial, basic aspects of meat biochemistry, factors affecting meat/milk/egg quality [P]	5
C2	Food hygiene and technology	Basics of food technology in view of food quality, hygiene and safety, preservation techniques, packaging, modified atmosphere, curing, fermentation, heat treatment, irradiation, antimicrobial treatment, cold preservation, curing, fermentation, high pressure, other emerging food preservation and sanitation methods, post-mortem biochemistry and factors affecting meat quality characteristics, meat quality attributes including biochemical and sensorial [P]	7
D1	Trade, food security and one health	Food safety aspects of international trade of animal feed and food, animal health and food safety (FAO literature), global food availability and food safety, role of WHO, FAO, Codex Alimentarius	2
D2	Environmental hygiene in the animal production food chain	Environmental hygiene including water hygiene and waste management in the animal production food chain	2
D3	Mathematical models in Food safety	Application case studies (focus on FS): research or management question, conceptual model, predictive microbiology, shelf life, inactivation, dose-response models for hazard characterisation, compartmental models (toxikokinetics) (topics of D 4 may be covered in other clusters such as B2) [P]	1

Part II (Population Medicine): Clusters

Cluster	Title	ECTS
A	Epidemiology and risk assessment	17
B	Risk management	14
C	Monitoring and surveillance	14

Part II (Population Medicine): Topics

Cluster	Title	Keywords	ECTS
A1	Experimental studies	Application case studies from different areas in VPH: research question/hypothesis, study types, study units, outcome, factors/covariates, randomisation, blocking, blinding, sources of bias, assumptions (e.g. independence of observations), data collection, pooled samples, time series data, data coding, data consistency, missing data, limits of detection, limits of quantification, parameter estimation, interpretation and communication of results, good practice guidelines for study conduct and study reporting [P] [§]	4
A2	Observational studies	Application case studies from different areas in VPH: research question/hypothesis, study types (e.g. randomised clinical trials, clinical epidemiology, case control, nested case control, cohort, cross-sectional, cross-over, intervention study), study units, outcome, factors/covariates, randomisation, blocking, blinding, sources of bias, assumptions (e.g. independence of observations), survival time data, data coding, data consistency, missing data, limits of detection, limits of quantification, parameter estimation, interpretation and communication of results, good practice guidelines for observational studies and validation studies (study conduct and study reporting) [P]	7
A3	Risk assessment methodology	Application case studies from different areas in VPH: risk question, scenario models, modular models, scope of models, qualitative vs. quantitative risk models, deterministic vs. stochastic (probabilistic) models, variability & uncertainty, deriving model parameters from data, model assumptions, default parameter values, model documentation, interpretation and communication of results under uncertainties [P]	3
A4	Mathematical models in PM	Application case studies (focus on PM): research or management question, conceptual model, modelling approaches, SIR, differential equations, models for transmission and spread and control of infectious agents [P]	3

[§] Training goals should include practical experience and skills at least for selected aspects from the respective sub-cluster.

Cluster	Title	Keywords	ECTS
B1	Disease control	Concepts, principles and applications of disease control programmes, good hygiene practices in primary production, biosecurity, sanitation and disinfection procedures, programmes on regional, national and herd-level, control of vector-borne diseases, integrated control programmes, success monitoring, organisation and responsibilities, herd health programmes [P]	4
B2	Animal health economics	Application case studies (focus on PM): normative ex-ante analysis and empirical ex-post analysis, including disease loss estimations, cost-benefit calculations, decision support modelling, decision tree analysis, basic knowledge in decision analysis	4
B3	Science based policy making	Further selective studies: issues related to Population Medicine and epidemiology for policy makers, EU and national legislation, regarding animal health and welfare, as well as public health and food safety, impact assessment	3
B4	Quality and food safety assurance systems	Application case studies with focus on PM: Concepts, principles and applications of pre-harvest quality management programmes (including good manufacturing practice codes, HACCP, total quality management, ISO standards)	3
C1	Epidemic livestock diseases	Infectious aetiology, occurrence and transmission, diagnostics and control, prevention of major epidemic diseases with potential impact on food security	3
C2	Outbreak investigation	Routes of disease transmission in livestock populations, outbreak investigation and hazard identification, principles and concepts of molecular epidemiology	4
C3	Monitoring and surveillance systems	Design, implementation and evaluation of monitoring and surveillance systems regarding animal diseases (including epidemic infections, animal zoonoses and food-borne diseases), risk based surveillance, syndromic surveillance	4
C4	Animal movement and spatial epidemiology	Concepts, principles and implications for VPH of special epidemiological approaches including spatial epidemiology, GIS, network analysis, movement of live animals and animal products, animal identification and tracing systems, legislation for animal movements, animal identification and tracking, implications for VPH	3

Part III. In agreement with the Programme Director and Residency Advisor(s), the resident will pursue two modules (components of the subspecialty) to advanced level devoting approximately 10% of the total time (20 ECTS) to the task.

Part IV. The conduct of a research on a population medicine or food science related subject in a research institute, a service institute or an industry active in the field of Veterinary Public Health, for a period not less than equivalent to 35 ECTS.

Part V. Electives will be conducted in the final phases of the training and will comprise 10% of total time. It is envisaged that the Resident will undertake several electives from the other subspecialty in addition to the chosen subspecialty.

Article 4. Residency Programmes

The Residency Programme can only start after having completed at least one (1) year of internship or other practical experience relevant to Veterinary Public Health.

There are two types of Residency Programmes: Standard Residency Programmes and Alternative Residency Programmes.

A **Standard Residency Programme** shall consist of a period of at least three (3) years (but not more than six (6) years) of supervised training, postgraduate education and practical experience in the science of Veterinary Public Health and including in-depth experience in one of its subspecialties. The Education Committee may award a suspension of the residency in case of maternity leave, illness or other exceptional circumstances. The Resident that wishes to ask for a suspension of the residency, shall notify in writing the Documenting Secretary at least two months before the suspension will take place. The Resident shall specify the reason why a suspension of the residency is required and for how long (usually no more than one year), the Resident needs also to provide a letter of support from the supervisor. A Standard Residency Programme shall be conducted under the direct supervision of at least one (1) certified Diplomate who participates actively in that training programme and is conducted in an approved Residency Training Institute. Residency Training Institutes shall be approved by the Education Committee according to the guidelines described below (see Residency Training Institutes).

An **Alternative Residency Programme** shall consist of a period of at least four (4) years. During this time the amount of the applicant's time spent in the selected subspecialty is at least 60 %, subject to the discretion of the Credentials Committee. As for the Standard Residency Programme, the maximum duration of the training period shall be no longer than six (6) years with the same rules for exceptions. The structure of such an Alternative Residency Programmes will be modular, in order to create as much

flexibility as possible and to facilitate rotation. Alternative Residency Programmes must be conducted under the supervision of a certified Diplomate and thirteen (13) months of the four years must be spent under full-time supervision of a certified Diplomate or in a programme that trains Veterinary Public Health specialists as one of its primary functions; Alternative Residency Programmes need to be approved in advance by the Education Committee on a case by case basis but can be conducted outside an approved Residency Training Institute.

Following the completion of the Residency Programme, the Resident should submit a final-year progress report and, within two (2) years, an application to the Credentials Committee to determine eligibility for certification as a Diplomate by examination (see Bylaw on the Qualifying Examination). The candidate may apply to re-take all parts of the examination three times and all parts of the examination must be passed within eight (8) years of completion of the Residency Programme. The Resident should notify in writing to the Documenting Secretary the submission of the final-year progress report, which should be accompanied by a letter from the supervisor that confirms the completion of the Residency Programme.

Article 5. Programme Director and Resident supervisor

Each Residency Programme must be supervised by at least one (1) certified Diplomate. A supervisor shall have no more than two (2) residents following standard residency programmes; in exceptional cases three (3) such residents can be allowed, for a restricted time period.

For each Residency Programme there must be a Programme Director who is a certified Diplomate of the ECVPH. The Programme Director shall be responsible for:

- The administration and continuity of the programme although the Resident does not necessarily need to be a full-time employee in the institution of the Programme Director.
- Considering the College network to contribute to training elements.
- Verification of pre-residency training, and presence of suitable facilities, equipment, and supplies evidence of same within 30 days of the programme's initiation.
- Distribution of the documentation and verification forms to each Resident annually.

For each Residency Programme there must be also a Supervisor, who must be a certified Diplomate of the ECVPH. Each Resident must be assigned a Supervisor by the Programme Director within the first calendar quarter of his/her programme. The Programme Director and Supervisor may be the same individual.

The Supervisor shall be responsible for the administration and evaluation of the general and specific programme requirements for the Resident. More specifically, the Supervisor is responsible for:

- Having at least annual face-to-face meetings with the Resident to confirm that the training goals were met and to discuss remedial actions in case of problems. This applies to both programme elements taken in form of courses or self-study.
- A sound balance between formal training elements, self-study and hands-on working experience in cooperation with a professional team to ensure that the Resident has opportunity to reflect the acquired knowledge.
- Verification of the Resident Activity Log Book.
- Stimulation and facilitation of interdisciplinary contacts and cooperation.
- The evaluation of the Resident. Residents must meet with their Supervisor at least one time yearly, for evaluation of performance and the annual submission of a progress report to the College. The report should include areas where progress was not met and propose remedies. Major changes to the initial programme should be reported.

The Resident is responsible for:

- Maintenance of the Resident Activity Log Book (indicating his/her training steps, results achieved, services provided).
- Maintenance of the Resident Dossier (comprising the Activity Log Book along with lists of presentations, publications, seminars given/attended, congresses attended, documentation on external training).
- Providing an annually updated professional Curriculum Vitae to the Supervisor and Programme Director, which should be included as part of the annual progress report submitted by the Resident.
- Preparing the annual progress report and providing it the Supervisor and to the Education Committee.

The College is responsible for the assessment and acceptance of Residency Programmes (Education Committee), the evaluation of each Resident's progress (Education Committee) and communication of deficiencies. The feedback report is addressed to the Resident and Supervisor and the Programme Director in copy.

The Programme Director, Supervisor, Resident and the College have responsibilities for documentation and verification of satisfactory training of the Resident.

Article 6. Residency Training Institutes

Whenever a Standard Residency Programme is provided this should be done within a recognized Residency Training Institute.

Residency Training Institutes may consist out of close collaboration between Diplomates from more than one institution in the form of a consortium.

The Residency Training Institutes must be approved by the Education Committee. Parts of the training may be given at other institutions/locations which offer certain facilities or services not provided by the parent institution. Co-operation with other institutions is accepted and encouraged. Each institution will be allowed a specified maximum number of Standard Residency Programmes which will be evaluated and accepted by the Education Committee. Applications are made on the "Institution Application Form" (**Annex 1**) three (3) months in advance of the first residency commencing.

For the evaluation of a Residency Training Institute the Education Committee will follow the following guidelines:

1. Supervision

- Each approved institution must have a Programme Director who is a certified Diplomate of the ECVPH and who shall be responsible for the administration and continuity of the programme. They can be assisted by other Diplomates.
- Each Resident must be assigned a Resident Supervisor who must be a certified Diplomate of the ECVPH.
- The Supervisor shall be responsible for the administration and evaluation of the general and specific programme requirements for the Resident.
- The Programme Director and the Supervisor may be the same person.
- A certified Diplomate may train up to two (2) and exceptionally three (3) Residents concurrently as Supervisor.
- Residents must meet/contact their Supervisor at least once a year for evaluation of performance and a progress report.
- The availability of at least one certified ECVPH Diplomate acting as Supervisor must be guaranteed for the entire duration of each residency at an approved institution

2. Facilities, service and equipment

A Residency Training Institute should provide at least the following facilities:

- Library containing current textbooks and scientific journals relating to Veterinary Public Health, Population Medicine, Food Science and related disciplines.
- Access to Internet as well as its use and application.
- Computer handling and automated literature search systems.
- Office/desk space for theoretical studies at all times available to the Resident/trainee.
- Access to expertise related to the training elements (e.g. pathology, microbiology, parasitology, molecular biology, toxicology, risk analysis).
- Access to animal and other experimentation unit.

- Access to appropriate industries (e.g. primary animal production units, harvesting/slaughter/cutting/processing facilities).
- Access to appropriate governmental institutions.

Selection of the facilities and locations to be availed of will be made on the basis of the specific requirements of each individual Residency Programme.

3. Courses

The Residency Training Institute should have access to postgraduate training courses with lectures and seminars suitable for either one of the two sub-specialities of the College. Residents may have the opportunity to participate in this. Residents from institutions without such a course may obtain this part of their training at another institution.

4. Re-certification of approved Institutions

All institutions approved for Standard Residency Programmes must be re-certified every five (5) years. The Programme Directors are responsible for timely submission of the “Institution Re-Evaluation Submission Form”. (Annex 1)

The evaluation will focus on whether all Curriculum items for the respective subspecialty are covered.

In all cases, approval by the College of a Residency Training Institute, a Standard Residency Programme or an Alternative Residency Programme may not to be interpreted as liability of the College for the actual content or quality of the Residency Programme. The College follows the principle of output oriented quality control by examination of the Residents.

Article 7. Approval, Documentation and Verification of the Residency Programme

Although Standard Residency Programmes are conducted in the framework of recognized Residency Training Institutes, the full Residency Programme will be tailor-made for each candidate. The composition of each Residency Programme requires the final approval of the Programme Director and the Education Committee of the College. A modular build-up and a high degree of flexibility, e.g., coupled to a rotation schedule, will facilitate the enrolment of professionals in the training programme.

The College's website and residency community serve as a platform to exchange information about residency courses and course modules.

Annually several dedicated residency workshops are organised. The Council of the College provides financial support for Residents to attend these workshops (see ECVPH website).

Article 8. Admission and Application Procedure for Enrolment of Residents in the College

The College normally considers the submission of full Residency Programmes at one of the two deadlines described below.

The following electronic documents need to be submitted:

- Curriculum Vitae of the Resident.
- Proposed programme description (all course titles available or translated in English).
- Approval of the Residency Training Institute (except for Alternative Residency Programmes).
- Name(s) of Programme Director and Resident Supervisor(s).
- Letter of support from the Programme Director and Resident Supervisor.
- Proof of payment of enrolment fee.

The Programme Director, Supervisor and Resident may announce the start of a Residency Programme by submitting a provisional programme for the start-up phase (i.e., the time between the starting date of the provisional programme, which may be also the requested starting date of the Residency Programme, and the submission of the full Residency programme at the subsequent deadline) to the College. Attached to this letter will be an activity plan for the start-up phase and a proof of payment of the enrolment fee. However, Alternative Residency Programmes cannot start until approved officially by the Education Committee.

The Programme Director, Supervisor and Resident is then required to submit the full Residency Programme description to the next coming deadline (see below).

The College will expect to receive an activity log for Resident for the period described above along with the full programme submission and reserves the right not to approve in part or full the activities during the period and the corresponding time budget, which may result in an adjusted starting date of the Residency Programme.

Full Residency Programmes can be submitted twice per year to the Documenting Secretary of the College by the 1st of December or the 1st of June. The College will inform the applicants about acceptance/rejection of the programme within three (3) months. The College reserves the right to require amendment and re-submission of Residency Programmes. After acceptance of the programme, Residents are formally enrolled. The starting date of the Residency Programme is the submission deadline date of the full Residency Programme. If a provisional programme has been submitted and the activity log has been approved by College, the starting date will be the starting date of the approved provisional programme.

The College will not formally accredit any particular course. The responsibility of selection and quality assurance resides with the Programme Director and Supervisor. Where an approved Residency

Programme contains courses offered by institutions or organisations, the College allows the use of the following statement: “Acknowledged by the ECVPH as contributing in part towards the ECVPH Residency Programme.” Announcements and descriptions of courses on the College’s website may be consulted but are not endorsed by the College.

Annual progress reports of the Residency training and research activities shall be sent to the Documenting Secretary every year by the 1st of December or the 1st of June. The annual progress report has to be prepared by the Resident and judged and approved by the Supervisor, who has to communicate it to the Education Committee. The report should detail the activities performed in the past twelve (12) months. It should also include areas where progress was not met and the proposed remedies. Major changes to the initial programme should be highlighted. A template of an annual report that can be used can be found at the College’s website. All course titles must be given in English.

The annual progress reports will be evaluated by the College which may indicate shortcomings and suggest changes within a three (3) months’ time. It is the responsibility of the Resident and the Supervisor to take remedial action if possible shortcomings are identified. Residents who have not sent in their annual progress report from the previous year cannot receive any financial support from the Council to attend the Annual Conference and Annual General Meeting or any Resident workshop. In the absence of sending the annual progress report for more than two (2) consecutive years the Resident will be set on inactive and will only be able to continue the Residency Programme after reactivation which will include a re-evaluation of the Residency Programme by the Education Committee.

A Resident that wants to stop his Residency Programme should inform the Documenting Secretary about this. After this the Resident's information will be removed from the College's database.



**Application for Approval of an Institution to be allowed to offer a
Standard Residency Programme in Population Medicine or Food Science
European College of Veterinary Public Health (ECVPH)**

1. Date of application (approval is granted for maximum of 5 years from the date of approval)
2. Name and address of institute
3. Name and address of Programme Director
4. Position held by Programme Director (e.g. Head of Department, Institute Director etc)
5. What is the principal function of the institute (e.g. veterinary school, research institute, industry R&D etc)?
6. Names and qualifications of Resident Supervisors
7. Sub-speciality of the offered Residency Programme
8. Description of the institute (one page brief description of library facilities, appropriate labs available, courses and training available, access to industries and governmental institutions, residency history - how many Residents of Population Medicine or Food Science sub-speciality has the institute trained the last five years, EAEVE approval).
9. Description of partner/collaborating institutions: please indicate contact (responsible person), and describe the complementary role of the institution in the Residents' training.
10. Please outline the Residency Programme that a Resident would undergo in your institute. Make sure to indicate how all aspects of the Curriculum will be covered.

Signed and dated by the Programme Director (electronic application acceptable)