**ACVAA BOD teleconference minutes**

**November 7, 2019**

**5-7 PM EST**

In attendance – Drs. Egger, Grimm, Love, Dunlop, Bauquier, Ebner, Aarnes, Fischer, Kushner; Dr. Schroeder joined the meeting later to discuss credentials submissions

**Administrative Business**

1. Approve agenda – Dr. Aarnes moved, Dr. Fischer seconded- all in favor

2. Approve the October minutes- Dr. Grimm moved, Dr. Aarnes, seconded- all in favor

**Old Business**

1. Website update – PHOS plan for a website training the week of Nov. 18th for administrators- perhaps the BOD should join too \* ( see addendum)

a. The diplomate portal and case logs are under construction

2. NAVAS/ACVAA Memorandum of Understanding – has been signed my both parties

3. ACVS residency training requirements and diplomate feedback – Dr. Egger has had no responses to her emails

a. Dr. Brad Simon has been involved with the 2019 ABVS summit – he may contact the president of ACVS for info

b. Talk to ACVS about having the ACVAA involved in updating and clarifying ACVS guidelines in anesthesia training for ACVS residents

i. Need to find the right person to forge a new conversation on this matter

4. AVTAA request for “endorsement ‘ by the ACVAA – Dr. Egger

a. We have no specific info on what they really want –we need clarification

b. The CE endorsement programs do provide those technicians who have taken those courses (ex, Driessen CE) a certificate – would this be a College endorsement?

c. Their recent exam had a low pass rate - they may be open to having ACVAA involvement in the credentialing/ exam process

d. Some AVTAA’s have concern about NAVAS /ACVAA relationship and how it would involve AVTAA

5. IVECCS Resident review honorarium -- Dr. Dunlop discussed the fact that IVECCS speakers receive some remuneration depending on the amount of time they speak

a. Dr. Dodam provided almost the entire day of talks with no remuneration

b. Discussion – for future, how much should ACVAA pay our speakers? Should we record the resident review ?

c. A motion was made to pay Dr. Dodam $1200.00 for his presentations this year

a. Dr. Egger motioned, and Dr. Aarnes seconded – all were in favor. \*\*

**New Business**

1. NAVAS practice anesthesia review -Dr. Grimm- this would be an evaluation of anesthesia care in private practices

a. Point is to provide the practice with recommendations and comments concerning their practice of anesthesia – will elevate the quality of anesthesia

i. Other benefits – may increase NAVAS membership; improve or increase ACVAA diplomate relationship with practices; could lead to a ‘NAVAS certified hospital” ( similar to AAHAA )

b. Involve only practice groups without an anesthesiologist in their network?

i. If there is a DACVAA – get them involved? Must avoid conflict

ii. Would AVTAA be involved? Could this discourage hiring of DACVAA?

c. NAVAS is working on a survey to send to practices –

2. 2020 ACVAA chairperson - - those eligible- Drs. Aarnes, Fischer, O, Ebner –

a. Decide next meeting (December)

3. Education CMTE P&P and terms – tabled

4. Mentoring CMTE – Dr. Love and others held a conference call to generate ideas, how to tailor a mentoring program

a. Question/answer training, with volunteers to help with study material

i. Need to clarify if this will be question training or individual mentoring

b. Will apply to all those eligible to sit, not just those who have failed

c. Begin in January for 3 months

d. Mentoring CMTE- Should this be a standing committee? Or ad hoc committee to the EC?

5. Credentials committee chair, Dr. Schroeder, joined the conference to speak of the committee’s evaluation of applicant credentials; 19 applicants submitted credentials

a. Five (5) were accepted unconditionally ( ie requirements fulfilled, manuscript acceptable for publication although 1/5 needs to finish residency)

b. Accepted conditionally: 4 accepted pending publication and 3/4 need to finish residency; 6 need to complete case requirements although they have not yet finished residency and 2 of those 6 need acceptance of manuscript

c. 4 were rejected : 3 /4 from the same university ;3/4 already finished residency i. 1/4: finished Jan/2019; inadequate ‘other’ and published manuscript unacceptable, also journal not on acceptable list

ii. 1/4 finished July/19; inadequate ‘other’; questionable case counting (same case counted in the other candidate’s log )

iii. 1/4 – will finish in July /20; need to re-submit for consideration- same case counted on another candidate ; needs publication

iv. 1/4 – finished July/2017: inadequate others- never recovered a pig (did several and these contribute significantly to the number of ‘others’ ) and cmte feels that these pig numbers should not be counted as ‘others’

d. Discussion -re: lack of ‘other’- the RTS requires ‘50’ -those lacking are in the range of 28

i. – If requirements are clear, need to support the CMTE- Program’s fault? Should RTS requirements be re-evaluated? Should we be more lenient this year?

ii. Types of cases - depends on program’s case load

iii. Need better oversite by the Program leader

e. Those who completed residency and working alone with no diplomates; how do they make up those cases?

f. Dr. Grimm motioned to approve credentials CMTE report; Dr. Aarnes moved, Dr. Fischer seconded – all in favor

Motion to adjourn at 7:09 - Dr. Ebner moved, Dr, Grimm seconded – all were in favor.

Addendum- \* - Website training has been delayed ;

\*\* Dr. Dodam was paid $1200.00 – he was grateful

Secretary notes:

The Royal Veterinary College will be discontinuing their ACVAA residency, as the sole DACVAA program leader ( Dr. Chiara Adami) will be leaving the UK. This is the 2nd ACVAA residency program in UK that will be lost over the last 2 years ( Liverpool in 2017) The RTC has been notified and consulted. RVC as 4 ACVAA residents and they will be allowed to finish under the supervision of the DECVAA ( Precedent set in 2017) .

Respectfully submitted, December 2, 2019

Lynne Kushner, DVM

ACVAA Executive Secretary