

Diploma in Equine Soft Tissue Surgery

Please view the general documents to obtain copies of:

The stages of enrolment information
Timetable
Guidance Notes B.1 - for candidates on general requirements
Application form E.1 - for enrolment and initial approval of experience
Role of Advisers to Diploma Candidates.

The following papers are attached:

- B2:** Specific requirements for the Diplomas.
- B3:** General Guidance Notes on preparation for a Dissertation.
- C:** Syllabus and Commentary for the Diplomas.
- D:** Reading lists – there are none for the Diplomas – please refer to Certificate Lists.
- E:** E.1(a), E.1(b), E.2
- E.1(a)** - for specific details of practice/centre
- E.1(b)** - for proposed title for Dissertation
- E.2** - for final approval of experience and for permission to submit an entry to the examination
- F:** List of Techniques and Procedures - this should be countersigned by your Adviser/or Senior Colleague and submitted prior to entry to the examination and at the latest at the time for final approval of experience.
- G:** List of Advisers.

A copy of the most recent Examination Question Paper is enclosed for your information.

January 2010

The Royal College of Veterinary Surgeons
Specialisation and Further Education

THE DIPLOMA IN EQUINE ORTHOPAEDICS SURGERY
THE DIPLOMA IN EQUINE SOFT TISSUE SURGERY
THE DIPLOMA IN EQUINE INTERNAL MEDICINE
THE DIPLOMA IN EQUINE STUD MEDICINE

SPECIFIC GUIDANCE NOTES FOR CANDIDATES

[These notes must be read in conjunction with the B1 General Guidance Notes to Candidates]

MEMBERSHIP OF THE ROYAL COLLEGE OF VETERINARY SURGEONS

1. It is a requirement of the Equine Board that ALL candidates entering for these Diplomas are Members of the Royal College of Veterinary Surgeons (MsRCVS).

SPECIFIC EXPERIENCE

2. Candidates entering for the examination must have substantial involvement in the appropriate equine field.
3. Substantial involvement is defined as a veterinary surgeon gaining experience exclusively in an equine practice (or a mixed practice with a very large component of equine work) since graduation, who might be able to enter for the Diploma examination four-five years after graduation. However, it is considered that this would be exceptional, and that most candidates would take five-six years or longer from graduation. A substantial degree of participation, as defined by the Board in the subject concerned must include at least three calendar years of substantial intensive experience acceptable to the Board.
4. It is recommended that some association with Veterinary Schools or the Animal Health Trust through an appointed adviser is almost a necessity, especially for those whose circumstances e.g. a practice situation, do not normally allow interchange of information, or availability of literature etc., particularly in 'basic science' areas.
5. No period of experience can be offered to meet the requirements for more than one Certificate/Diploma and, preferably, applicants should be studying for one qualification only, at a time, at Diploma level.
6. Candidates may gain experience for a Diploma:

- (a) at an approved centre for their subject
or
- (b) at an approved practice.

Approved Centre Route

- 7. Candidates following an approved training programme at an approved centre will not be permitted to enter for the examination until they have been Members of the College or held an approved veterinary qualification for **at least four years** and are required to offer experience in the subject over **at least four years**.
- 8. **Applications for approval of a Centre must be made directly by the Centre to the RCVS and not by the candidate. An application form can be obtained from the RCVS.**

Approved Practice Route

- 9. Candidates following the approved practice route will not be permitted to enter for the examination until they have been Members of the College or held an approved veterinary qualification for **at least five years** and are required to offer experience in the subject over either:
 - (a) **at least five years including 200 days spent at an approved centre,**
OR
 - (b) **at least six years** if gaining experience solely at an approved practice.
- 10. **There is no separate application form for approved practice other than the candidate applications forms enclosed within this Information Pack. Practices are approved for each individual candidate.**
- 11. The Board has discretion to increase the requirements for experience for any candidate above the minimum specified if it is considered to benefit the candidate.
- 12. Experience accepted for the Certificate will count towards the experience required for the Diploma, at the discretion of the Board, whether the candidate is at an approved centre or an approved practice.

FINAL APPROVAL OF EXPERIENCE/ ADDITIONAL SUBMITTED WORK

Certification of techniques and procedures

13. At the time of application for FINAL approval of experience, candidates will be issued with a list of certain techniques and procedures in which the candidate's competence must be certified by his adviser, or a senior colleague in the practice or centre where he is or has been employed. Those candidates who self-certify **MUST** have the list countersigned by their adviser. The certified list must be submitted to the RCVS by **1 November**.

THE EXAMINATION

14. The examination consists of three Sections:
- (a) a Dissertation OR 5 Published Papers
 - (b) TWO x 3 hour written papers, and
 - (c) a clinical, oral and practical examination.

SUBMITTED WORK FOR EXAMINATION

Dissertation OR Five published papers

15. A candidate's choice of subject for a dissertation must have been approved by the Board, and it is obviously of advantage to the candidate to have as much time as possible to write the dissertation, having obtained approval of the subject. **Alternatively**, the titles of a minimum of five published papers (accepted or submitted) for publication must also have been approved by the Board. It is strongly recommended that a candidate should seek advice from their advisers prior to application to the Board. For these reasons, application for approval of subject should be made not later than **1 November** in the year prior to that in which it is planned to take the examination. Candidates should note that papers must have been published or accepted for publication at the time of submission.

Dissertation

16. Application on Form E1B must be made for approval of the proposed subject of the dissertation by **1 November**. No exemption is permitted.
17. Candidates may **not** use all or part of the work prepared and submitted for another postgraduate qualification including Diploma of Fellowship, as all or part of their dissertation for an RCVS Diploma. However, publications in peer reviewed journals **arising from** any postgraduate degree, for example, a PhD or Masters thesis, could be used towards a subsequent Diploma if publications of this type form part of the Diploma requirements and are appropriate to the discipline.
18. **Three copies** of the dissertation are required.

Candidates are also asked to submit an electronic version of their submitted work together with their hard copy. This will be retained at RCVS unless requested by the examiners for purposes such as checking the word count. The electronic version should be Microsoft Office 2000 or XP compatible and should be submitted on either CD or floppy disc/s. Please ensure that the disks are easily identifiable by placing them in an envelope with your name, and 'Electronic version of submitted work for 'Diploma in Equine Internal Medicine' marked clearly on the front.

Dissertation Word Count

19. The dissertation should be of **not more than 10,000 words excluding the lists of references etc.** based on original material and data and incorporating personal observations, on a subject approved by the Board. The dissertation may be based on a retrospective study of a series of clinical cases.

20. A word count must be shown on the front cover of the Dissertation.

Five Published Papers

21. Application on Form E1B must be made for approval of the proposed subject of the Published Papers by **1 November**. No exemption is permitted.

22. As an alternative to the Dissertation, a candidate may submit **FIVE papers published in refereed journals** which have not previously been submitted for another postgraduate qualification. These should consist of **a minimum of TWO Principal Author papers and THREE other papers in which the candidate has had a substantial input.**

23. **Three copies** of the published papers are required, and should be presented bound.

24. The five papers should have a common or linked theme with an 'Introductory Chapter' to be presented with the published papers in related areas reviewing the literature relating to the horse and the relationship between this and the published paper AND a 'Concluding Chapter' discussing the importance of the body of work presented.

25. The candidate may elect to include additional data related to but not included in the five papers.

26. Only papers published, or accepted for publication at the time of submission, in a refereed journal may be used. If a paper is submitted for examination that has not already been published, then it **MUST** be accompanied by a letter from the Editor of the refereed journal confirming final acceptance of the paper for publication. A paper

that is accepted for publication subject to minor changes being made is NOT ACCEPTABLE for the examinations.

27. A review article is acceptable as ONE of the published papers providing at least ONE of the other published papers is original work. Short communications, such as brief case reports, are not acceptable. Reviews of a series of cases are acceptable.
28. If any multi-author papers are to be included, these must be accompanied by a statement from the co-authors that the senior author (the candidate) was responsible for the majority of the work. The following statement should be included at the front of each copy of the published papers.

Published papers submitted in part fulfilment of the requirements for the RCVS Diploma in.....by (name of candidate).

Acknowledgements are due to: name.....for (description of assistance given).

Grading Scheme

29. The submitted work will be graded "Good Pass"; "Pass" or "Fail":
- **Good Pass** - (60% or over) - the work will be lodged in the RCVS Library as a suitable example for future candidates.
 - **Pass** (defined as 50%) – The work is adequate to enable the candidate to proceed to the remaining sections of the examination, but the submitted work may need to be revised by the date of the clinical, oral and practical for lodging in the Library if the candidate is successful in the examination as a whole.
 - **Fail** (below 50%) – the work is not adequate to enable a candidate to proceed to the remaining sections of the examination for the year in question.

WRITTEN EXAMINATION

30. Candidates are warned that answers should be given specifically and that illegible handwriting may result in examiners being unable to award marks for information which candidates intended to convey. In addition, the examiners will take into consideration the candidate's spelling and whether or not the question has been answered in the form requested.

Format

31. This Section consists of 2 three-hour written papers.
- (a) **Paper I** - will cover the basic sciences as applicable to the subject; the paper will comprise a choice of 2 essay-type questions (1½ hours) and 10 compulsory short-answer questions (1½ hours);
 - (b) **Paper II** - will cover the clinical aspects of the subject, and will consist of 6 questions of which 5 are to be answered.

Marks Scheme for the Written Papers

32. The marks for the written papers are broken down as follows:
- Paper I** will be marked out of 50 marks
 - Paper II** will be marked out of 50 marks
 - Total Mark for this Section (b) = 100 marks

CLINICAL, ORAL AND PRACTICAL EXAMINATION

Format

33. The clinical, oral and practical examination will extend over approximately 3 hours for each candidate. Candidates should normally attend equipped to carry out clinical examinations, but advice will be given prior to the examination. Questions may be asked in relation to the Dissertation submitted for Section A.
34. There will be an objective practical and this may involve examination of live animals;
- a 'steplechase' – examination of radiographs, ultra-sonographic images, scintigraphic images, videos for discussion;
 - an oral examination focussing on basic science, the submitted work and finally clinical issues.

Marks Scheme

35. The breakdown of marks for the clinical/oral/practical is as follows:
- Clinical: marked out of 50
 - Practical: marked out of 25
 - Oral: marked out of 25
- TOTAL Mark for Section (c) = 100. nb. Candidates MUST achieve 50% of the marks for each part, in order to pass this section of the examination.

SYLLABUS AND READING LIST

36. A syllabus, with a brief commentary, and reading lists for the Certificates, which were frozen at November 2002, are provided for reference. There are no separate reading lists for the Diplomas as candidates at this level are expected to be familiar with all literature in the area of their elective and most particularly so in the topic of their dissertation or submitted papers. Candidates are expected to do their own research and make use of the RCVS Library and Information Service.

ADVISERS

37. Candidates are urged to seek advice from their advisers. Candidates should approach someone listed in the lists of Diplomates or Specialists in the RCVS Register of Members to seek their agreement to act in this capacity. The adviser should signify their willingness to act by signing the enrolment application Form E1. Alternatively, if a candidate has been unable to find an adviser, the Board will make a suggestion.

38. It is stressed that it is for the candidate to make contact with their adviser throughout the preparations for the examination and to travel to meet him if necessary. For those candidates whose circumstances, e.g. a practice situation, do not normally allow interchange of information, availability of literature etc, particularly in 'Basic Science' areas, it is necessary for some association with a Veterinary School or The Animal Health Trust, through an appointed adviser. It is especially recommended for candidates for Equine Surgery (Orthopaedics) that they seek advice both from a clinical adviser and a specialist involved in research work related to the musculoskeletal system. Advisers will advise a candidate on the suitability of material for the dissertation and **MUST** certify on the declaration that they have approved the dissertation prior to submission for the examination.

39. It has been the experience of the Examiners that, candidates who do not liaise with their advisers well in advance of their entry to the examination, are more likely to be unsuccessful in the examination.

40. Advisers will not be held responsible for the candidate's performance in an examination.

ATTENDANCE AT SHORT COURSES

41. The Board is not making attendance at any particular course or courses compulsory in terms of the byelaws.

MEMBERSHIP OF VETERINARY ASSOCIATIONS/SOCIETIES

42. Enrolled candidates are encouraged to become a Member of the British Equine Veterinary Association and attend meetings.

ABBREVIATION FOR QUALIFICATION

43. Successful candidates should use the following abbreviations after their names in the RCVS Registers of Members, and on practice plates, stationery, etc.. Certificate holders who obtain the Diploma in the same subject cease to use the Certificate abbreviation:

- | | |
|--|----------------|
| - Diploma in Equine Orthopaedics | - DEO |
| - Diploma in Equine Soft Tissue Surgery | - DESTS |
| - Diploma in Equine Internal Medicine | - DEIM |
| - Diploma in Equine Stud Medicine | - DESM |

Originated December 1993

Revised: July 1994, June 1995, July 1996, February 1997, August 1998, August 1999, July 2000, April 2001, Nov 2001, Nov 2002. Nov 2003. No Amendments 2004. Amended Nov. 2005. Amended Nov. 2006.

GENERAL GUIDANCE NOTES FOR DIPLOMA CANDIDATES ON THE PREPARATION OF A DISSERTATION

B.3

The dissertation should be presented in the normal format for a scientific article unless there are strong reasons why this is not appropriate: any different format should be approved by the supervisor before the first draft is produced.

The normal sections are:

Introduction

This should include a brief review of the literature on the subject giving appropriate references. References may be cited in one of two ways e.g. 'Smith and Brown (1993) found that parasites increased in July' or 'Previous studies have shown that parasites increased in July (Smith and Brown, 1993)'.

It should be a critical review to indicate what is already known and where the gaps are in our knowledge which you have set out to remove. At the end of the introduction, it should be possible to say ' In the light of the literature I have reviewed, the aims of this study are to plug the following gaps by carrying out the following work' or something to the same effect!

Materials and methods

This should include an account of the animals or flocks or specimens used and the experimental methods and techniques you have used in order to obtain your results. There is no need to give details of well-known techniques but it is important that a reader should be able to repeat the work and certainly be able to decide on the reliability of your techniques, which obviously affect the value of your results. If you use techniques developed by other people, you should refer to a book or journal where the details are published.

Results

There should be a logical description of what you have found by the techniques you have described. This section may benefit by the inclusion of tables, graphs, figures or photographs which should have captions which are sufficiently self-explanatory to stand alone, though they should also be referred to in the appropriate part of the text. This section should not contain any comments on the significance of the results or to any inconsistencies or problems encountered.

Discussion

This section should contain a critical discussion of the significance of the results and of the extent to which the aims described in the introduction have been achieved. It should also relate the new findings to previous work and it may therefore be necessary to quote again some of the papers cited in the introduction but for a different purpose. In the introduction, it was to show where the gaps were, here it is to show how your results agree, disagree or add to the previous work. Any conclusions or new ways of tackling the problem should be indicated here.

References

Unfortunately, there are a number of different ways used by different journals to list references in this list, so it isn't possible to lay down the one correct way! Since you might also wish to write your work as a paper for a journal, however, it is best to use a style which can be adapted to any journal, which means that the reference should be cited in full as follows:

Smith, M. J. and Jones, W. B. (1993). The seasonal fluctuations in parasite numbers in sheep in Britain. *Veterinary Record*, 134, 123 - 134.

A very careful check should be made to ensure that the references in the text are exactly the same as those in the list. (Trying this out on articles in any journal will give you a good idea as to the care with which the articles are edited by the authors or the journal).

Acknowledgements

This section gives you the opportunity to thank anyone who has helped with the work or the dissertation.

Appendices

If there is a great deal of detailed data such as laboratory findings, it may be helpful to place most of it in appendices with only summaries such as mean values in the results section.

*Prepared by Professor M J Clarkson
April 1997*

**ROYAL COLLEGE OF VETERINARY SURGEONS
EQUINE BOARD**

C

DIPLOMA IN EQUINE SOFT TISSUE SURGERY

COMMENTARY

The syllabus for the written/practical and oral examination in Equine Soft tissue Surgery focuses in great detail on those aspects of veterinary science related to this discipline.

Candidates are expected to have a detailed, up-to-date theoretical knowledge and understanding of the subject derived from reading specialist textbooks, relevant journals and attendance at meetings. In addition, they must demonstrate a very high level of practical knowledge and skills derived from a substantial involvement in the discipline in a specialist equine practice or veterinary centre. The level of knowledge and expertise must be that of someone who will be accepted nationally, and probable internationally, as an expert in the discipline.

The dissertation must embody a report of a clinical or experimental study, together with a critical review of the literature and a discussion of the relevance of the study to previously published work. It must be of a standard acceptable for publication in a refereed journal.

SYLLABUS

1. The Part I (Certificate) syllabus should be used as a base for in-depth study of surgical disorders of:
 - the integument;
 - the head and neck;
 - the alimentary system;
 - the urinary system;
 - the genital system.
2. Additionally the candidate should study:
 - a. The microstructure of the anatomical structures.
 - b. The detailed pathophysiology of diseases of the soft tissues.
 - c. Advanced diagnostic techniques.
 - d. The pharmacology of drugs acting on the various systems.
3. Have an in-depth appreciation of the literature as it relates to soft tissue surgery.
4. Possess extensive diagnostic and surgical expertise in all areas of soft tissue surgery and a sound understanding and experience of postoperative intensive care.

The practice in which the candidate gains surgical experience should meet basic requirements for diagnostic, surgical and recovery facilities.

5. **TECHNIQUES & PROCEDURES**

- a. Certificate list plus.
- b. Advanced reconstructive techniques of wound management.
- c. Prosthetic laryngoplasty.
- d. Surgical relief of epiglottic extrapement.
- e. Extradiverticular ligation of the internal carotid artery for Guttural Pouch Mycosis.
- f. Bone flap technique for paranasal sinus exploration.
- g. Repair of skull/jaw fractures.
- h. Ovariectomy.
- i. Caesarean section.
- j. Cystotomy.
- k. Repair of perineal lacerations and recto-vaginal fistulas.
- l. Intestinal resection and anastomosis including the use of stapling devices.
- m. Repair of abdominal ruptures using synthetic mesh.

March 1994

CERTIFICATE IN EQUINE SURGERY (SOFT TISSUE)

COMMENTARY

The syllabus for the Certificate in Equine Surgery covers those aspects of veterinary science that relate to those disorders and diseases that are generally considered to be surgical, and whose treatment may involve the use of operative surgery. In addition, it also includes the normal structure and function of the relevant tissues, organs and systems.

All candidates are expected to have a level of theoretical and practical knowledge of all parts of the syllabus derived from substantial practical experience at a level equivalent to that of the Certificate in Equine Practice. In their elective subject Soft Tissue Surgery candidates are expected to have a theoretical and practical knowledge, greater than that required for the Certificate in Equine Practice, based on substantial practical experience working in the subject area. This is most likely to be gained if the candidate has had a major commitment, in terms of time, in a dedicated equine practice or centre. The level of knowledge and expertise is not expected to be that of someone deemed to be an expert or specialist in the discipline.

SYLLABUS

1. PRINCIPLES OF SURGERY TO INCLUDE:

- a. Wounds and Wound Healing
A sound knowledge of (i) the principles of wound healing of all tissues. An understanding of the influence of surgical interventions and other interventions on wound healing such as healing after the use of diathermy, cryosurgery, chemotherapeutic agents and radiation therapy.
The role of sutures in wound healing and the influence of suture patterns and materials.
The role of drainage in wound healing.
The role of bandaging and casting in wound management.
- b. The Control of Surgical Infection
Concepts of contamination risks in traumatic and surgical wounds.
Modern concepts of asepsis sterilisation, theatre design and surgical protocol.
The epidemiology of surgical infection.
Nosocomial infections.
The rational use of antibiotics in surgery.
- c. Instrumentation
A general knowledge of instruments used in all aspects of equine surgery.

2. GENERAL

- a. Anatomy & Physiology
A general knowledge of the anatomy and physiology of all tissues.
- b. Pathophysiology
The pathophysiology of common surgical diseases and conditions involving soft tissues but excluding ophthalmology.
- c. * Diagnostic Techniques
A sound understanding of diagnostic techniques. Principles and application of common imaging techniques. Selection of procedures for diagnosis.
- d. Clinical Pathology
Techniques for sampling of fluids and tissues. Principles of sample handling. Interpretation of haematological, biochemical and fluid/tissue sample results.
- e. * Restraint and Anaesthesia
Principles of physical and chemical restraints. A basic knowledge of general anaesthesia. Local analgesic techniques.
- f. Postoperative and Intensive Care
A basic knowledge of postoperative complications; the pathophysiology of shock. Principles of haemostasis transfusions and fluid therapy. Care and nutrition of the surgical patient.
- g. An appreciation of the equine industry in the UK. Knowledge of horsemanship and equitation.
- h. Welfare
The normal behaviour of horses and assessment of abnormal behaviour patterns. The assessment of pain, suffering and stress. The basic needs of the horse. Welfare aspects of study, transportation, competition and general care of horses. Legislation affecting the welfare of horses.
- i. Surgical Experience
Surgical Experience to a reasonable level and to include commonly performed techniques. An appreciation of those conditions and techniques which require referral.

3. CLINICAL CONDITIONS: THEIR DIAGNOSIS AND TREATMENT

- a. Integument
The management of skin wounds.
The use of plastic procedures and skin grafting.
The management of skin tumours.

- b. Head and Neck
 Conditions of the mouth (including the teeth), salivary glands and oesophagus.
 Conditions of the upper respiratory tract including nasal passages, paranasal sinuses, pharynx, larynx, guttural pouches and trachea.
 Conditions affecting the head and neck.
 Facial and jaw fractures.
- c. Urogenital Tract
 Surgical disorders of the male reproductive tract.
 Surgical disorders of the female reproductive tract.
 Caesarian section.
 Surgical disorders of the bladder and urethra.
- d. Abdominal Wall and Alimentary Tract
 Surgical approaches to the abdomen and methods of closure.
 External and internal hernias.
 Simple and strangulating intestinal obstruction.
 Evaluation of gut viability; resection and anastomosis.

4. **TECHNIQUES AND PROCEDURES**

Candidates should be generally competent and experienced in the performance of the relevant techniques and procedures, and should obtain certification to this effect (for submission to the Equine Board) from their Advisors or from a senior veterinary member of staff in their practice/centre, in respect of each of the techniques/procedures marked * above and the following surgical techniques:

- a. Wound management, including simple skin grafting techniques.
- b. Emergency and permanent tracheostomy.
- c. Laryngotomy and laryngeal ventriculectomy
- d. Prosthetic laryngoplasty
- e. Surgical approaches to the paranasal sinuses.
- f. Surgical techniques for removal of teeth.
- g. Castration and its complications.
- h. Cryptorchidectomy
- i. Ovariectomy
- j. Inguinal hernia repairs.
- k. Amputation of the penis.
- l. Repair of umbilical hernia.
- m. Laparotomy.
- n. Enterotomy.
- o. Enterectomy.
- p. Caesarean section in the mare

March 1994 Amended July 1994 Amended Nov 2005

EQUINE DIPLOMAS – READING LISTS

There are no separate reading lists for the Diplomas as candidates at this level are expected to be familiar with all literature in the area of their elective and most particularly so in the topic of their dissertation or submitted papers. Candidates are recommended to make use of the RCVS Library and Information Service for this purpose (<http://www.rcvslibrary.org.uk> , e-mail - library@rcvs.org.uk or telephone 020 7222 2021). Candidates should also seek advice on suitable reading matter from their Advisers.

April 2003

READING LIST - CERTIFICATE IN EQUINE SURGERY (SOFT TISSUE)

Candidates should note that the reading lists for the Equine Certificates were frozen in 2002 and will eventually be withdrawn. Candidates are expected to research the literature for themselves and are recommended to make use of the RCVS Library and Information Service for this purpose (<http://www.rcvslibrary.org.uk> , e-mail - library@rcvs.org.uk or telephone 020 7222 2021). Candidates should also seek advice on suitable reading matter from their Advisers.

Auer, J.A. (1992) Equine Surgery. Philadelphia, W.B. Saunders Co.

Beech, J (1991) Equine Respiratory Disorders. Philadelphia, Lea and Febiger.

Colahan, P.T., Mayhew, I.G., Merritt, A.M. and Moore, J.N. (1991) Equine Medicine and Surgery, 4th Edition, Volumes 1 and 2. California, American Veterinary Publications.

Cox, J.E. Liverpool University Press. Surgery of the Reproductive Tract.

Dietz, Wiesner. Pt. 2/1. Karger. Diseases of the horse.

Dik, K.J. and Gunsser, I. (1990) Atlas of Diagnostic Radiology of the Horse, Volume 3. Philadelphia, Wolfe and W.B. Saunders Co.,

Getty, R. (1975) Sisson and Grossman's Anatomy of the Domestic Animals. 5th Edition. Saunders.

Hall, L.W. and Clarke, K.W. (1991) Veterinary Anaesthesia. 9th Edition. London, Balliere and Tindall.

Hickman, J. (1985) Equine Surgery and Medicine, Volume 1. London, Academic Press.

Jennings, P.B. (1984) Practice of Large Animal Surgery, Volumes 1 and 2. Philadelphia, W.B. Saunders Co.,

Kerjes, A.W., Nemeth, F. and Rutgers, L.J.E. (1985) Colour Atlas of Large Animal Surgery. London, Wolfe Medical Publications.

McIlwraith, C.W. and Turner, A.S. (1987) Equine Surgery : Advanced Techniques. Philadelphia, Lea and Febiger.

McKinnon, A.O. and Voss, J.L. (1993) Equine Reproduction. Philadelphia, Lea and Febiger.

Rose, R.J., and Hodgson, D.R. (1993) Manual of Equine Practice. Philadelphia, W.D. Saunders & Co.,

Stashak, T.S. (1991) Equine Wound Management. Philadelphia, Lea and Febiger.

The Veterinary Clinics of North America Equine Practice (December 1988), Urogenital Surgery; (December 1989), Wound Management; (August 1989), Advances in Equine Abdominal Surgery; (December 1990), Anaesthesia; (April 1991), Respiratory Disease: Medicine and Surgery; (December, 1991), Standing Surgery; (April 1993), The Equine Head; (December 1994), Emergency Treatment in the Adult Horse; Philadelphia, W.B. Saunders Co.,

Traub-Dargatz, J.L. and Brown, C.M. (1990) Equine Endoscopy. St.Louis, C.B. Moseby & Co.,

Turner, A.S. and McIlwraith, C.W. (1989) Techniques in Large Animal Surgery, 2nd Edition. Philadelphia, Lea and Febiger.

Walker, D.F. and Vaughan, J.T. Lea and Febiger. Bovine and Equine Urogenital Surgery.

White, N.A. The Acute Abdomen. Lea and Febiger.

White, N.A. and Moore J.N. (1990) Current Practice of Equine Surgery. Philadelphia, J.P. Lippincott Co.,

Varner, D.D., Schumacher, J., Blanchard, T.L. and Johnson, L. (1991) Diseases and Management of Breeding Stallions. California American Veterinary Publications.

PERIODICALS:

Candidates are encouraged to read about their subject in current Journals.

**EVJ
Vet. Surgery.
Equine Veterinary Education
Compendium of Continuing Education
In Practice
Veterinary Record**

Originated 1994
Revised July 1996

DIPLOMA IN EQUINE SOFT TISSUE SURGERY

Details of the veterinary practice in which experience is being gained to meet the requirements of the byelaws (see schedules) including at least three years of substantial experience in the subject concerned.

(If more than one establishment, please photocopy this form and complete in respect of each such establishment)

1. Name of practice and address

2. Date of commencement
of employment _____

(and date of leaving if you are no longer employed at this
address: _____)

3. Numbers of veterinary surgeons usually working in your place of employment

4. Approx. total practice case load per month

which includes _____ equine cases per month.

5. Proportion of the practice case load which you personally undertake:

____ % of total cases per month (= approx. ____ cases per month)

____ % of total equine cases per month (= approx. ____ equine cases per month)

6. Equipment and facilities available for the examination and medical and surgical treatment of equine cases.

7. Please describe overleaf the range of equine cases with which you deal, and give the percentage of your time which you spend on equine work.

(if more than one practice is concerned, a separate copy of this form should be completed in respect of each such practice.)

Signature _____ Date _____

Please enclose SAE for acknowledgement

THE ROYAL COLLEGE OF VETERINARY SURGEONS

DIPLOMA IN EQUINE SOFT TISSUE SURGERY

Details of the veterinary centre (not being a practice) in which experience is being gained to meet the requirements of the byelaws (see schedules) including at least three years of substantial experience in the subject concerned.

(If more than one establishment, please photocopy this form and complete in respect of each such establishment)

1. Name of practice and address

2. Description/title of post

3. Date of commencement
of employment
(and date of leaving if you are no longer employed at this
address:)

4. Approx. total equine case load per month

5. Numbers of veterinary surgeons normally involved in dealing with the case load:

6. Personal involvement in this case load:

_____ % of total equine cases _____ % = approx. _____ equine cases per month

7. Equipment and facilities available for the examination and medical and surgical treatment of equine cases.

8. Please describe the range of equine cases with which you deal, and give the percentage of your time which you spend on equine work.

(if more than one centre is concerned, a separate copy of this form should be completed in respect of each such practice.)

Signature _____ Date _____

Please enclose SAE for acknowledgement

DIPLOMA IN EQUINE SOFT TISSUE SURGERY

Published Papers

PLEASE SUBMIT ORIGINAL PLUS TWO COPIES OF EACH FORM

Application to be completed and returned to the RCVS, Belgravia House, 62-64 Horseferry Road, London SW1P 2AF no later than 1 November.

1. **NAME** in full (block letters)

2. **TITLES, DATES AND DETAILS OF PUBLICATIONS** - giving a brief summary of content of each

Signature _____ Date _____

Please enclose SAE for acknowledgement

DIPLOMA IN EQUINE SOFT TISSUE SURGERY

Application for FINAL approval of experience and for permission to submit an entry to the next examination

to be completed and returned to the RCVS, Belgravia House, 62-64 Horseferry Road, London SW1P 2AF by 1 November

PLEASE SUBMIT ORIGINAL PLUS TWO COPIES OF EACH FORM

1. **NAME** in full (block letters)

2. **DEGREES/DIPLOMAS/CERTIFICATES** _____ (in abbrev.form)

3. **ADDRESS** for all correspondence (block letters)

4. (a) **TELEPHONE No(s)** (for contact during day)
 (b) **FAX No.** (for contact during day)
 (c) **E Mail**

5. **DATE OF ENROLMENT** _____ (MONTH/YEAR)
 If application for enrolment is being submitted concurrently with this application please state 'concurrent'.

6. **PERIODS OF EXPERIENCE BEING OFFERED** to meet the requirements of the byelaws

Veterinary Practice or other branch of profession (name and address)	Period of employment (from/to)	Certified by Adviser

If there has been any change in the work-load of the establishment, or in your personal work-load, since you applied for enrolment, please give details below:

7. ATTENDANCE AT RELEVANT SHORT COURSES

Title of course attended: _____

Dates and venue: _____

Please send a photocopy of your RCVS CPD Record Card for all CPD events attended for the period of experience being offered.

8. OTHER INVOLVEMENT IN RELATION TO EQUINE SOFT TISSUE SURGERY

List any attendances at relevant congresses, conferences, meetings, symposia, etc., with dates:

9. PUBLICATIONS/ARTICLES/PAPERS/LECTURES

Give details below (including any involvement in the instruction of others):

10. OTHER POSTGRADUATE STUDIES

During the period of experience being offered, have you been or are you studying for any other postgraduate qualification? YES/NO

If yes, please give brief details:

11. **SUBMITTED WORK**

The subjects of the **two** first author papers and **three** principal author papers case report which I intend to submit for the examination are as follows:-

12. **I HEREBY APPLY FOR FINAL APPROVAL OF EXPERIENCE AND FOR PERMISSION TO SUBMIT AN ENTRY TO THE NEXT DIPLOMA EXAMINATION IN EQUINE SOFT TISSUE SURGERY**

I certify that the period of experience being offered has not been/is not being offered to meet the requirements of the byelaws for any other RCVS Certificate or Diploma.

13. **CONFIRMATION OF INTENT TO SIT THE EXAMINATION**

If approval of experience is granted, I do / do not (delete as appropriate) intend to submit an entry to the next examination (closing date for receipt of entries is 1 March).

Signature _____ Date _____

Please enclose SAE for acknowledgement

THE FOLLOWING SECTION SHOULD BE COMPLETED BY YOUR ADVISER.

I confirm that I am acting as this candidate's Adviser.

Name _____

Signature _____ Date _____

PLEASE RETURN ORIGINAL FORM PLUS TWO COPIES

**ROYAL COLLEGE OF VETERINARY SURGEONS
EQUINE BOARD**

DIPLOMA IN EQUINE SOFT TISSUE SURGERY

TECHNIQUES & PROCEDURES

I CERTIFY THAT THE FOLLOWING CANDIDATE IS GENERALLY COMPETENT AND EXPERIENCED IN THE PERFORMANCE OF THE TECHNIQUE/PROCEDURE COUNTERSIGNED BELOW:

Candidates should be generally competent and experienced in the performance of the relevant techniques and procedures, and should obtain certification to this effect (for submission to the Equine Board) from their advisor or from a senior veterinary member of staff at the practice/centre in respect of each of the following:

	<u>Signature and Date</u>
a. Certificate list plus (P.T.O).
b. Advanced reconstructive techniques of wound management.
c. Prosthetic laryngoplasty.
d. Surgical relief of epiglottic extrapement.
e. Extradiverticular ligation of the internal carotid artery for Guttural Pouch Mycosis.
f. Bone flap technique for paranasal sinus exploration.
g. Repair of skull/jaw fractures.
h. Ovariectomy.
i. Caesarean section.
j. Cystotomy.
k. Repair of perineal lacerations and recto-vaginal fistulas.
l. Intestinal resection and anastomosis including the use of stapling devices.

m. Repair of abdominal ruptures using synthetic mesh.

.....

Candidate:.....

Full name (surname in block letters)

DIPLOMA IN EQUINE SOFT TISSUE SURGERY

Candidates should refer to the lists of Specialists and Diploma holders published in Section 3 of the RCVS Register of Members

April 2003

THE ROYAL COLLEGE OF VETERINARY SURGEONS

DIPLOMA IN EQUINE SOFT TISSUE SURGERY

THURSDAY 17 JULY 2003

PAPER I
BASIC SCIENCES
(3 hours)

SECTION A
[1½ hours]

Candidates are required to answer **ONE** of the following **two** questions

Allow 1½ hours.

Illegible handwriting or failure to answer the question in the form requested may result in examiners being unable to award marks for information which candidates intended to convey.

1. Discuss the role of high-speed treadmill exercise testing in the evaluation of upper respiratory tract function in horses.
2. Discuss the concept of the "gut brain" and how considerations of gastrointestinal tract motility influence the management of colic cases.

P.T.O. for Section B

THE ROYAL COLLEGE OF VETERINARY SURGEONS

DIPLOMA IN EQUINE SOFT TISSUE SURGERY

THURSDAY 17 JULY 2003

PAPER I
BASIC SCIENCES
SECTION B
[1½ hours]

Candidates are required to answer **all TEN** of the following questions.

Allow 9 minutes per question.

Illegible handwriting or failure to answer the question in the form requested may result in examiners being unable to award marks for information which candidates intended to convey. Use diagrams where necessary

-
3. What are the **anatomical** arguments for and against the use of a frontal, as opposed to a lateral, approach to surgical exploration and treatment of paranasal sinus disease in horses?
 4. **List** the urinary tract lesions that can precipitate uroperitoneum in foals. **List** the available diagnostic techniques.
 5. What are the relevant anatomical features that influence the choice of surgical treatment of a horse bleeding from a fungal lesion within a guttural pouch?
 6. **Outline** the possible ways in which the caecum can be involved in primary and secondary intestinal obstruction.
 7. **Outline** the factors a surgeon must consider when making a ventral midline abdominal incision for an exploratory laparotomy in a Thoroughbred racehorse gelding and **list** the techniques available for its closure.
 8. Indicate with the **aid of a diagram** the normal neonatal gastrointestinal tract and its potential relationship to disease processes in the adult horse.
 9. **List** the various measures that might be employed to minimise post-operative intestinal adhesions and **briefly** explain the principle behind each.
 10. What are the anatomical features of a normal temporo-mandibular joint? Mention the diagnostic methods that can be used to investigate possible disease at this location.

P.T.O. for Questions 11 and 12

11. What factors determine the success or failure of autogenous pinch skin grafts to take?
12. Why are the risks of equine general anaesthesia so much higher than for other domesticated species? Speculate how the peri-operative fatality rate might be improved in future.

THE ROYAL COLLEGE OF VETERINARY SURGEONS

DIPLOMA IN EQUINE SOFT TISSUE SURGERY

THURSDAY 17 JULY 2003

PAPER II
CLINICAL ASPECTS
(3 hours)

Candidates are required to answer **FIVE** of the following **six** questions.

Allow 35 minutes per question.

Illegible handwriting or failure to answer the question in the form requested may result in examiners being unable to award marks for information which candidates intended to convey

1. Describe the pathogenesis, diagnosis and management of the various types of displacement that can afflict the equine large intestine.
2. What are the indications for performing an "en bloc preputial resection"? Describe the technique, its possible complications and how to manage them.
3. Discuss the methods that may be used to provide surgical support for healing in equine ulcerative keratitis.
4. Prosthetic laryngoplasty for the treatment of recurrent laryngeal neuropathy is sometimes unsuccessful. Discuss the complications that lead to failure and **outline** how their incidence may be reduced.
5. You are presented with an incontinent 5 month-old filly. Describe your evaluation of the case and potential treatment.
6. Discuss how you would assess a horse with a suspected progressive ethmoidal haematoma which is causing intermittent, low grade, unilateral epistaxis. What treatment options would you consider for this patient?
