



European Veterinary Dental College

Equine Subspecialty – EVDC (Equine)

# Training Programmes & Credentialing

## 1 Introduction

- 1.1 The European Veterinary Dental College (EVDC) Equine Subspecialty Training programme is designed to prepare Veterinary Surgeons to sit the entrance examinations of EVDC (Equine).
- 1.2 Members of EVDC (Equine) are judged to be Specialists in the field of Equine Dentistry; with a comprehensive in-depth knowledge of the specialty (equine dentistry, oral pathology and oral surgery) and its supporting disciplines. It is to be expected that the training programme will require a great deal of commitment from trainees in time, effort and financial cost (loss of earnings, attendance at courses etc.) to complete the training.
- 1.3 In order to be eligible to sit the examination trainees are required to successfully submit their credentials. The credentials are made up of a number of elements (e.g. certification of hours worked under supervision of a Diplomate, case logs, examples of radiographic technique, copies of publications). The credential elements are submitted at various stages during the training programme.
- 1.4 EVDC (Equine) Training programmes require trainees to have one or more supervisors. The supervisors will provide mentoring and support for the trainees and they will approve submissions by the trainee towards their credentials. The contractual arrangements between supervisors and trainees are individual private arrangements.
- 1.5 There are two forms of Approved Training Programme:
  - 1.5.1 Full-time (Standard) Residency**

These are full-time positions, based at an approved Specialist Centre, with full time on-site supervision by the supervisor.
  - 1.5.2 Part-time (Alternative) Residency**

This is a part-time training option. The Resident would attend either an approved Specialist Centre, or an approved Training Centre, for part-time supervision. Inevitably the part-time nature of this type of Residency will make it take longer to complete.
- 1.6 Specialist Centres and Training Centres have to be approved by the EVDC (Equine) executive committee and the EVDC Board as being able to provide suitable training. This assessment will cover facilities, personnel and caseloads.
- 1.7 Training programmes also have to be approved by the EVDC (Equine) executive committee and the EVDC Board prior to a trainee starting the programme.
- 1.8 Residents are required to submit a detailed annual report on their training progress. This report is assessed by the EVDC (Equine) Training Support Committee (TSC). The Supervisors are also required to submit annual reports on the Resident's progress. Guidance can then be given where needed.
- 1.9 On completion of the Training Programme and successful submission of the credentials package, the Resident is then eligible, and should be prepared, to sit the EVDC (Equine) Entrance Examination.

## 2 Terminology

- 2.1 EVDC The European Veterinary Dental College.
- 2.2 EVDC (Equine) The European Veterinary Dental College Equine Subspecialty
- 2.3 AVDC The American Veterinary Dental College.
- 2.4 AVDC (Equine) The American Veterinary Dental College Equine Subspecialty
- 2.5 EAEVE The European Association of Establishments for Veterinary Education. EAEVE's mission is to evaluate, promote and further develop the quality and standard of veterinary medical establishments and their teaching within, but not limited to, the member states of the European Union (EU).
- 2.6 EBVS European Board for Veterinary Specialisation
- 2.7 EVDC (Equine) Resident  
A veterinary surgeon undertaking a course of training with the aim of qualifying as a Diplomat of the EVDC (Equine).
- 2.7.1** Residents may describe themselves as  
*Resident in Equine Dentistry*
- 2.8 EVDC (Equine) Training Programme  
This is an approved period of study and experience designed to provide suitable training to prepare the Resident for eligibility to sit the EVDC (Equine) Entrance Examination.
- 2.8.1** Full-time Training Programme  
This is an approved full-time period of training at an approved Specialist Centre, with full-time on-site supervision by the Supervisor.
- 2.8.2** Part-time Training Programme  
This is an approved part-time period of training at either an approved Specialist Centre or Approved Training Centre(s). The supervision will be part-time.
- 2.9 EVDC (Equine) Supervisor  
Is a Diplomat of the EVDC (Equine) who has agreed to act as Supervisor for the Resident during their Full-time or Part-time Training Programme.
- 2.10 Direct Supervision  
This is time when the Supervisor and the Resident are present and interactively and concurrently managing patients.
- 2.11 Indirect Supervision  
This is when the Supervisor is aware of the activities of the Resident and is available, directly or indirectly, to give advice when requested by the Resident.
- 2.12 Secondary Supervision
- 2.12.1** An active AVDC (Equine) Diplomat in good standing may provide Direct or Indirect Supervision of some of a Resident's cases with the agreement of the Supervisor.
- 2.12.2** An EVDC or AVDC Diplomat (who may be partially retired from clinical work) may agree to assist the Resident in "additional supervision" – such as providing assistance in writing up cases or supervising procedures not currently indicated in equids.

### 2.13 EVDC (Equine) Credentials or Credentials Package

This is the collection of evidence demonstrating that the Resident is properly experienced and has met the requirements to sit the EVDC (Equine) Entrance Examination.

### 2.14 EVDC (Equine) Candidate

When an EVDC (Equine) Resident has had their credentials accepted by the EVDC, they become known administratively as an EVDC (Equine) Candidate; however they may only describe themselves as a "Resident-trained in Equine Dentistry".

### 2.15 EVDC (Equine) Training Support Committee (EqTSC)

This is the Committee of the EVDC (Equine) that evaluates applications for Training Programmes and also monitors the progress of residents through their training programmes, providing support and guidance to residents as necessary.

### 2.16 EVDC (Equine) Credentials Committee (EqCC)

This is the committee of the EVDC (Equine) that evaluates applications for membership of EVDC (Equine). Specifically in this context, it is the committee that evaluates the Resident's Credentials, with a view to allowing them to become Candidates for the entrance examination. They also consider applications from suitably qualified AVDC (Equine) Diplomates for entrance to the EVDC (Equine).

### 2.17 EVDC Equine Sub-speciality Executive Committee

This is the committee to which the EqTSC, EqCC & EqEC are accountable. They carry the overall responsibility for creating training programmes, credentialing process and examination procedures within the guidelines of the EBVS.

### 2.18 EVDC Board

The Board is the governing body of the EVDC.

### 2.19 DMS

The EVDC's computerised Document Management System; this is a subset of the VetDentDMS system.

### 2.20 TMS

The EVDC's computerised Training Management System; this is a subset of the DMS.

## 3 Criteria to Enter a Training Programme

- 3.1 The applicant must be of high ethical, moral and professional standing.
- 3.2 The applicant must be a veterinarian that graduated from an EAEVE accredited school of veterinary medicine, or be a graduate of an equivalent educational body recognized by the Board of the EVDC (as determined by current EVDC byelaws).
- 3.3 The applicant must be currently licenced, or eligible to become licenced to practice veterinary medicine in Europe.
- 3.4 The applicant must be qualified as a veterinary surgeon for a minimum of 2 years including a minimum of 1 year in an equine internship or have equivalent equine clinical experience as approved by the EqTSC.

- 3.5 The Residency Training Programme itself must be approved by the EVDC (Equine) prior to the proposed start of the Residency.
- 3.6 There must be a signed agreement between the potential Resident and the proposed Supervisor(s) to undertake the Training Programme.
  - 3.6.1** EVDC advises that this agreement should set out expectations on both sides (the Resident's and the Supervisors'). In the event of a dispute attempts should be made in order to obtain resolution. If that fails, the residency training programme is placed on pause until such time as the candidate obtains alternative supervision acceptable to the resident/EVDC TSC (Equine).
- 3.7 The approved language of the EVDC is English. Applicants will need to be able to communicate effectively in this language, as all communications with the EVDC must be in English.

## **4 EVDC (Equine) Training Programme**

This is an approved period of study and experience designed to provide suitable training to prepare the Resident for eligibility to sit the EVDC (Equine) Entrance Examination.

- 4.1 The programme should provide comprehensive expertise and training leading to clinical proficiency in equine dentistry, oral pathology and oral surgery, and should include but not be limited to the following major disciplines:
  - 4.1.1** Oral embryology, histology and anatomy
  - 4.1.2** Oral pathology
  - 4.1.3** Oral medicine
  - 4.1.4** Periodontics
  - 4.1.5** Endodontics
  - 4.1.6** Prosthodontics
  - 4.1.7** Restorative dentistry
  - 4.1.8** Orthodontics
  - 4.1.9** Oral and maxillofacial surgery
  - 4.1.10** Oral and maxillofacial diagnostic imaging
  - 4.1.11** Anaesthesia; general anaesthesia, multimodal sedation, and local oral and head anaesthesia techniques.
- 4.2 The programme should provide a review of the basic sciences of veterinary medicine as they pertain to dentistry, oral pathology and oral surgery.
- 4.3 The programme should provide formal instruction through attendance at dedicated courses of instruction, scientific meetings and seminars.
- 4.4 The programme should provide extensive supervised practical experience while in clinics, imaging and surgery.
- 4.5 The programme should provide hands-on experience using a comprehensive range of dental products and instrumentation.
- 4.6 The programme should provide opportunities to receive tuition from a range of Supervisors so that the Resident is exposed to varied opinions and practices.

- 4.7 The programme should provide opportunities for the Resident to make case presentations and actively participate in clinical discussions and case conferences.
- 4.8 The programme should provide opportunities for clinical and research presentations at scientific meetings and publications in the veterinary and other scientific literature.
- 4.9 The programme should provide opportunities to instruct others while engaged in veterinary dental activities.
- 4.10 The programme should assist the Resident in preparation of the credentials application package.
- 4.11 The programme should provide the Resident the opportunity to gain the knowledge base required to pass the EVDC (Equine) entry examination.
- 4.12 Applications for approval of a Training Programme should be made in the period between 6 and 4 months prior to the proposed commencement of training. This will allow time for assessment and correction of any deficits. Training programmes will start 1<sup>st</sup> July each year to enable efficiency of appraisal purposes. See Key dates document (21.7).
- 4.13 Training Programmes have to be approved by the EVDC prior to any Resident starting training.

The programme may either be designed as a Full-time Training Programme, or a Part-time Training Programme (see below).

## 5 Outline of Approved Training Programmes

- 5.1 A minimum of 75% (for Full-time Residents) or  $\geq 50\%$  (for Part-time Residents) of the working time must be directed to clinical training in the specialty.
- 5.2 The following minimum hours must be spent under the direct supervision of a Diplomate of the appropriate specialty college:
  - 5.2.1 Anaesthesia, or supervised multimodal sedation/analgesia:, min 20hrs.
  - 5.2.2 Diagnostic imaging: 40 hours
  - 5.2.3 General and oral surgery: 40 hours
  - 5.2.4 Small animal dentistry or human dentistry: 40 hours
- 5.3 Courses in the specialties above offered by a Diplomate of the appropriate College may be pre-approved by EVDC (Equine).
  - 5.3.1 To obtain EVDC (Equine) pre-approval, the course organiser is to submit the syllabus and full details of the proposed course to the EVDC (Equine) at least 2 months prior to the start of the course.
  - 5.3.2 The EVDC EqCC will consider the CV's of the instructors, goals, list of lecture/laboratory topics, hand-out materials, and a description of the facility.
  - 5.3.3 The ratio of Instructors to attendees will also be considered. For workshops the normal maximum will be 1 Diplomate:12 attendees.
  - 5.3.4 A Diplomate signed certification of attendance is required.

- 5.4 A maximum of 25% of the time in a training programme can be devoted to non-clinical activities.
- 5.4.1 Obtaining additional relevant knowledge and skills.
  - 5.4.2 Scientific reading (Residents are expected to devote extensive personal time to reading in addition to any training programme time spent on reading). (See reading list on [www.evdc.org](http://www.evdc.org))
  - 5.4.3 Attending national or international level continuing education courses, seminars, conferences and/or scientific meetings related to veterinary or human dentistry, and related to basic or clinical sciences.
  - 5.4.4 Performing procedures on models and cadaver material.
  - 5.4.5 Participating in a graduate programme.
  - 5.4.6 Performing research.
    - 5.4.6.a. *Scientific studies.*
    - 5.4.6.b. *Clinical investigations.*
  - 5.4.7 Writing, presenting and teaching.
    - 5.4.7.a. *Preparation of other manuscripts.*
    - 5.4.7.b. *Preparation of presentations.*
    - 5.4.7.c. *Giving presentations.*
    - 5.4.7.d. *Teaching.*
  - 5.4.8 Preparation of manuscripts for peer-reviewed journals.
  - 5.4.9 Preparation of Case Logs.
  - 5.4.10 Preparation of Credentials package.

## 6 Training Programmes

Whether the Resident's Training Programme is full-time or part-time the following criteria must be met. This also allows for Residents to convert from one form of programme to the other should they need to.

- 6.1 There is a minimum duration of a programme of an equivalent of **36 months** full-time attendance within a training programme.
- 6.2 There is a maximum duration of the Training Programme of 6 years. If satisfactory credentials have not been received by EqCC within an 6 year period, or with an extension of this period as approved by the Board for exceptional circumstances, such as severe illness or bereavements, then the Training Programme will be terminated.
- 6.3 At least 1920 hours (240 days or 48 weeks) of the clinical training must be directly supervised by an active EVDC (Equine) Diplomate.
- 6.4 A minimum of 3840 hours (480 days or 96 weeks) must be directed to clinical training in the specialty.
- 6.5 Each year of the Training Programme must contain a minimum of 160 hours (20 days or 4 weeks) directly supervised by an active EVDC (Equine) Diplomate.
- 6.6 At least 80% of the training (as in 6.4) must be undertaken at EVDC approved centres.
- 6.7 The case logs submitted for credentialing can only include case procedures performed during the residency period and not later than six years prior to submission (This also applies to part time programmes - see 8.5).

## **7 Full-time Residency Programme**

This is an approved full-time period of training at an approved Specialist Centre, with full-time on-site supervision by the Supervisor or other EVDC (Equine) or AVDC (Equine) Diplomates, as agreed with the Supervisor.

- 7.1 At least 80% of the training (as in 6.4) must be undertaken at the approved Specialist centre.
- 7.2 Supervisors are responsible for setting up, funding and monitoring the Full-time Residency programme.

## **8 Part-time Residency Programme (Alternate Programme)**

This is an approved part-time period of training at an approved Specialist Centre or at an Approved Training Centre(s). The supervision will be part-time.

- 8.1 Part-time Residents are responsible for developing and funding their own training programmes in collaboration with an EVDC (Equine) Diplomat who has agreed to act as their Supervisor.
- 8.2 The part-time or full-time supervision may be provided by one or more active EVDC (Equine) Diplomates. The Diplomates must be readily available to regularly meet with the Resident in person or easily be contactable by telephone, or electronic means.
- 8.3 The Part-time Training Programme may be completed at one or more Approved Specialist Centres, and/or one or more Approved Training Centres.
- 8.4 The schedule for the part time training must be submitted to EVDC (Equine) CC by the trainee prior to approval of the training programme. This must be co-signed by the resident supervisor(s) indicating their intended input to this training.
- 8.5 Items 6.0-6.7 apply to part time programmes as well as full time programmes. Part-time training programmes require a minimum of 5 years dedicated to the training programme, following approval.
- 8.6 All case material to be submitted as part of the assessment (including any procedures not directly supervised) must be documented and available for scrutiny by the residents' supervisors at any time.
- 8.7 While enrolled in a part-time training programme, trainees are expected to attain the same level of professionalism and undertake all procedures to EVDC approved standards, including when outwith supervised periods.
- 8.8 Candidates undertaking discredited or substandard procedures when not supervised that might bring EVDC into disrepute may fail to get approval for continuation of their residency.

## **9 Approved Training Centre**

- 9.1 A Training Centre needs to be approved by the EVDC EqTSC prior to its use as part of an EVDC (Equine) Training Programme.
- 9.2 An Approved EVDC (Equine) Training Centre must have sufficient veterinary and appropriately trained staff to handle the Centre's case-load.



- 9.3 The EVDC (Equine) Training Centre must be located within a building of suitable size and design to handle the Centre's case-load.
- 9.4 The EVDC (Equine) Training Centre must be adequately equipped for provision of specialist-level veterinary services. (This can include mobile facilities and equipment temporarily *in situ* at the approved centre by consulting diplomates).
- 9.5 Direct or internet access with reprint and borrowing facilities to an academic or equivalent library must be available from the Centre.
- 9.6 Premises
- 9.6.1** Buildings
- 9.6.1.a. *Centres must be housed in appropriately constructed buildings.*
- 9.6.1.b. *Buildings must have a suitably professional appearance inside and out.*
- 9.6.2** Premises must be suitably equipped with the following on-site facilities:
- 9.6.2.a. *Client waiting/reception area.*
- 9.6.2.b. *Appropriate equine examination/treatment areas. Stables. Radiographic facilities.*
- 9.6.2.c. *Comprehensive and retrievable filing systems for medical and dental records and dental radiographs, as well as appropriate photographic equipment.*
- 9.6.3** Other facilities, on- or off-site
- 9.6.3.a. *Cross sectional imaging, i.e. access to ultrasound, CT and/or MRI scanning.*
- 9.6.3.b. *Instrument sterilisation facilities.*
- 9.6.3.c. *Pathology laboratories.*
- 9.6.3.d. *Library: A library must be physically or electronically accessible, containing a variety of textbooks, journals and electronic databases, representing all species and recognized clinical disciplines and basic sciences.*
- 9.6.3.e. *Dental laboratory: Access to one or more commercial dental laboratories must be available, and a rotation to them by the Resident is recommended.*
- 9.6.3.f. *If facilities for induction and maintenance of general anaesthesia are not available on site, they must be available at a partner clinic with the arrangement confirmed by that clinic, and documented on the application.*
- 9.7 Equipment
- 9.7.1.a. *Residents may transport their equipment between training centres where they work. If this is the case, details must be included in the application for training centre approval.*
- 9.7.2** Arrangements should be in place to deal with equipment breakdowns and power cuts.
- 9.7.3** General Surgical Facilities
- 9.7.3.a. *Gas anaesthetic equipment (optional)*

- 9.7.3.b. *Appropriate anaesthetic monitoring equipment (if general anaesthesia is conducted)*
- 9.7.3.c. *Sterilization equipment*
- 9.7.3.d. *Autoclave*
- 9.7.3.e. *Alternative sterilization facilities*
- 9.7.3.f. *Standard surgical protective clothing*
- 9.7.4** General Equipment (This is a recommended list, the majority of which should be available but details of individual instruments and materials can vary slightly and will be approved at the EqCC 's discretion)
  - 9.7.4.a. *Assorted electromechanical dental burs*
  - 9.7.4.b. *Set manual floats*
  - 9.7.4.c. *Air or electrically driven dental system with suction and extensions for check teeth treatments*
  - 9.7.4.d. *High-speed handpieces*
  - 9.7.4.e. *Low-speed handpieces*
  - 9.7.4.f. *Contra angle/latch attachment*
  - 9.7.4.g. *Assorted FG burs: round, pear and fissure*
  - 9.7.4.h. *(Assorted) RA/CA burs*
  - 9.7.4.i. *(Assorted) HP burs*
  - 9.7.4.j. *Safety glasses/facemasks/gloves*
- 9.7.5** Oral Examination
  - 9.7.5.a. *Stocks*
  - 9.7.5.b. *Head support*
  - 9.7.5.c. *Head light and/or intraoral light*
  - 9.7.5.d. *Dental mirror*
  - 9.7.5.e. *Flexible endoscope or oral endoscope*
  - 9.7.5.f. *Set explorers/probes*
  - 9.7.5.g. *Intraoral camera with image capture or digital camera*
  - 9.7.5.h. *Full mouth speculum*
  - 9.7.5.i. *Incisor speculum (e.g. Gunther's or Butler's)*
- 9.7.6** Sinoscopy
  - 9.7.6.a. *Flexible endoscopy facilities*
  - 9.7.6.b. *Motorised drill*
  - 9.7.6.c. *Sinus trephines*
  - 9.7.6.d. *Ferris Smith Rongeurs*
  - 9.7.6.e. *Sinus aspiration system*
  - 9.7.6.f. *Sinus lavage system.*
- 9.7.7** Radiography
  - 9.7.7.a. *Standard X-ray unit*
  - 9.7.7.b. *Patient –side X-ray generator with CR film cassettes / DR /intra-oral radiography system. to enable complete equine dental radiography at a high quality*
  - 9.7.7.c. *Automatic developer & viewing box if digital radiographic facilities unavailable*
  - 9.7.7.d. *Radiograph identification and storage facilities*

- 9.7.7.e. *Radiographic safety equipment*
- 9.7.8** Periodontics
  - 9.7.8.a. *Diastema forceps – different sizes*
  - 9.7.8.b. *High pressure diastema water pump and handpiece*
  - 9.7.8.c. *Diastema widening equipment and appropriate burrs*
  - 9.7.8.d. *Selection of diastema filling materials*
  - 9.7.8.e. *Periosteal elevators*
- 9.7.9** Endodontics
  - 9.7.9.a. *Endodontic organizer*
  - 9.7.9.b. *Assorted endodontic files of suitable lengths (range 30-100mm (120mm)) and sizes (#20-#80)*
  - 9.7.9.c. *Paper points in range of length and sizes like endodontic files:*
  - 9.7.9.d. *Irrigation needles – range of sizes*
  - 9.7.9.e. *Set Pluggers for incisors and check teeth*
  - 9.7.9.f. *(Assorted) Barbed broaches of suitable lengths?*
  - 9.7.9.g. *(Assorted) Pathfinders of sizes 06, 08 or 10 K-files?*
  - 9.7.9.h. *Irrigant solutions*
  - 9.7.9.i. *(Assorted) Spiral fillers – human length and veterinary length*
  - 9.7.9.j. *Sealer cements.*
  - 9.7.9.k. *Retrograde filling material*
  - 9.7.9.l. *Calcium hydroxide powder/paste*
  - 9.7.9.m. *Calcium hydroxide sealer/cement*
  - 9.7.9.n. *MTA or similar*
  - 9.7.9.o. *Mixing slab or mixing paper*
  - 9.7.9.p. *Cement spatulas*
  - 9.7.9.q. *Chelating agent*
  - 9.7.9.r. *Standard endodontic stops*
- 9.7.10** Orthodontics
  - 9.7.10.a. *Acrylic*
  - 9.7.10.b. *Ortho bonding agent*
  - 9.7.10.c. *Bite registration material*
  - 9.7.10.d. *Wire bending pliers*
  - 9.7.10.e. *Three prong pliers*
  - 9.7.10.f. *(Assorted) acrylic burs*
  - 9.7.10.g. *Aluminium bite plates*
  - 9.7.10.h. *Steinmann pins and chuck for transbuccal use*
  - 9.7.10.i. *Orthopaedic drill for interproximal drilling*
  - 9.7.10.j. *Impression taking materials*
- 9.7.11** Restorative
  - 9.7.11.a. *Dental Composite (chemical, light or dual cure)*

- 9.7.11.b. *Enamel etching agent (phosphoric acid gel)*
- 9.7.11.c. *Dentine conditioners (EDTA, Citric acid etc.)*
- 9.7.11.d. *Dentinal/enamel bonding agent*
- 9.7.11.e. *Assortment of base liners, intermediate cements and restoratives'*
- 9.7.11.f. *Curing light*
- 9.7.11.g. *Light curing safety glasses or safety shield, tip or hand held*

**9.7.12** Oral Surgery

- 9.7.12.a. *General Surgical packs*
- 9.7.12.b. *Minimally invasive transbuccal extraction kit and suitable speculum, assorted wire*
- 9.7.12.c. *Wire twisting forceps*
- 9.7.12.d. *Wire cutters (small)*
- 9.7.12.e. *Acrylics or composite temporary crown material*
- 9.7.12.f. *Gingival elevators*
- 9.7.12.g. *Range of cheek teeth separators.*
- 9.7.12.h. *Wide range of cheek teeth extraction forceps including claw type*
- 9.7.12.i. *Deciduous cheek teeth extraction ("cap") forceps*
- 9.7.12.j. *Cheek teeth extraction fulcrum set.*
- 9.7.12.k. *Range of cheek teeth dental picks for dental fragment/root luxation*
- 9.7.12.l. *Range of osteotomes and mallets for repulsion*
- 9.7.12.m. *Range of different diameter (3mm-15mm) and length dental punches*
- 9.7.12.n. *Wolf teeth luxators and forceps*
- 9.7.12.o. *Dental luxation instruments of suitable sizes*
- 9.7.12.p. *Dental elevators – of suitable sizes*
- 9.7.12.q. *Periosteal elevators*
- 9.7.12.r. *Alveolar packing material*
- 9.7.12.s. *(Assorted) Surgical blades*
- 9.7.12.t. *(Assorted) Suture materials*
- 9.7.12.u. *Local anaesthetic agents*
- 9.7.12.v. *Spinal needles*
- 9.7.12.w. *Surgical kit*
- 9.7.12.x. *Motorised saw*
- 9.7.12.y. *Haemostatic dressings and/ or electrosurgical unit*
- 9.7.12.z. *Spoon curettes*
- 9.7.12.aa. *Loop curettes*

**9.7.13** Appropriate health and safety provisions commensurate with modern standards of veterinary dentistry (e.g. gloves, masks, protective glasses).

9.8 Instruments and materials

Part-time Residents may transport their instruments and materials between training centres. If this is the case, details must be included in the application for training centre approval.

A comprehensive range of instruments and materials is required for:

- 9.8.1** Periodontics.
- 9.8.2** Exodontics.
- 9.8.3** Endodontics.
- 9.8.4** Restorative dentistry.
- 9.8.5** Orthodontics.
- 9.8.6** General and oral surgery.
- 9.8.7** Prosthodontics.
- 9.8.8** In addition, demonstrable arrangements must be in place with veterinary and dental suppliers for obtaining additional materials and equipment at short notice.

#### 9.9 Record keeping

- 9.9.1** A dental chart and ancillary data (e.g., dental radiographs, endoscopy images, photographs, medical record histories, laboratory results and anaesthesia records) must be available for all logged cases.
- 9.9.2** The dental chart should contain information on intra- and extra-oral structures related to the head and upper neck.
- 9.9.3** Sufficient space should be available to record a complete examination of dental and periodontal tissues and adjacent soft tissues.
- 9.9.4** Equine dental charts must be submitted for approval prior to initiation of the training programme.

## 10 Specialist Centre

- 10.1 The Specialist Centre must fulfil the definition of an EVDC (Equine) Approved Training Centre as outlined above.
- 10.2 An Active EVDC (Equine) Diplomate must work at the Specialist Centre on a full-time basis.
- 10.3 A Diplomate of the EVDC (Equine) can self-certify their facility as a Specialist Centre for a maximum 5-year period at a time.

## 11 Case Procedures

- 11.1 There must be a broad range of case procedures covering all disciplines of veterinary dentistry, oral pathology and oral surgery.
- 11.2 Residents are required to log detailed notes of all cases comprising the Procedure List (see below).
- 11.3 For the Supervised Procedure List, Residents are required to submit detailed records on the approved forms for countersigning and submission to the Supervisor via the TMS\*.
- 11.4 EVDC (Equine) Residents are required to submit complete dental radiography sets and temporo-mandibular joint radiographs of an adult horse as part of the credentials package.

- 11.5 EVDC (Equine) Residents are encouraged to practice procedures on cadavers for the benefit of clinical patients. The use of cadaver cases for the Case Log is limited to 40 procedures, this high number being allowed because currently, a significant proportion of procedure list requirements are currently not clinically indicated in horses. These procedures are included to widen the breadth of the residency training.
- 11.6 The chronological case log must consist of at least 500 case procedures, with specified minima for certain categories.

## 12 Procedure List (PL) Requirements

The procedure list (PL) is the number of recorded case procedures required in each area of the specialty. The SPL or "Supervised Procedure List" is the sub-set of the PL that are signed off by the Supervisor. Procedures can be included where the resident is actively assisting a supervisor performing the procedure. The resident should be the primary operator in a minimum of 40% of procedures.

### 12.1 General Rule:

There is a general limit of logging no more than three case procedures on any one patient on any one date.

### 12.2 Oral medicine (OM) 30 Case Procedures

**12.2.1** Cases requiring involved diagnostic tests (e.g. biopsy, radiography, ultrasound scanning, nasal endoscopy, sinuscopy, electromyography, sinus culture/sensitivity, sialography, CT scan or where laboratory tests beyond complete blood count and biochemical profile are used) but which do not include a specific treatment procedure that is included under a treatment code below.

**12.2.2** A PL log that includes only one type of procedure within the OM category will not be approved.

**12.2.3** Normally, OM would not be the appropriate category if a treatment procedure is also performed, even if diagnostic tests are performed. Instead the appropriate PL category for the performed treatment would be used.

*12.2.3.a. If OM is logged when a treatment is performed - the dental chart and medical record must record the reason for its categorisation as an OM case.*

**12.2.4** Sedation and dental radiographs may, but do not necessarily, count as an OM procedure; there must be a diagnostic purpose noted in the medical record and dental chart to investigate a previously identified clinical problem for a procedure limited to sedation and radiographs to be logged as an OM case procedure.

**12.2.5** Many OM case procedures will include sinus evaluations. Case procedures that also include other involved diagnostic procedures will be eligible for consideration as an OM case procedure.

*12.2.5.a. Example 1*

A procedure that is limited to dental radiographs to assess pulp chamber, root canal and periapical status of a suspicious tooth: if no immediate treatment is necessary, subsequent 'watchful waiting' follow-up radiograph procedures do not qualify as OM procedures and should be logged as re-examinations.

*12.2.5.b. Example 2*

Dental radiographs to investigate the reason for absence of a tooth in a patient old enough to have erupted that tooth, if the patient was normal, is an OM case if the radiographic diagnosis is anodontia or a retained tooth that does not require treatment.

- 12.2.6** OM case procedures could be logged if two unrelated conditions were present. Patients that are OM cases that are also categorized in an unrelated category are subject to the general limit of no more than three logged case procedures on that patient on that date.

*12.2.6.a. Example:*

Radiographs and biopsy of an oral mass (without excisional treatment) in a patient that also for example, had a fractured tooth that was treated by extraction during the same treatment episode can be logged both as OM and OS case procedures.

**12.3 Periodontics (PE)**

- 12.3.1** Where a higher level PE case procedure is logged – the lower level PE procedures are expected to be part of that procedure. For example when a PE3 case procedure is logged, it is not appropriate to log a PE1 or a PE2 case procedure for that same tooth.

- 12.3.2** Separate, or multiple, PE3 or PE4 case procedures can be logged as separate procedures when carried out on separate teeth for the same patient/treatment episode (subject to the general 3 procedure per case limit).

**12.3.3 PE1 10 Cases**

Complete uncomplicated periodontal treatments not requiring involved periodontal procedures (ie Not requiring odontoplasty, mechanical periodontal pocket debridement or exodontia): 5 case procedures may be performed on non-equid patients or cadavers.

**12.3.4 PE2 15 Cases**

Compound periodontal disease treatments. That can included: Sub-gingival debridement, diastema debridement, periodontal stenting, bridging, exodontia. Pericuteal administration where no PE3 or PE4 procedures are required. Where multiple treatments are performed on a single occasion, the case procedure can be only be entered once.

**12.3.5 PE3 35 Case procedures**

Simple periodontal surgery. Mechanical cheek tooth diastema widening, odontoplasty, gingivectomy / gingivoplasty, open curettage, periodontal pocket cleaning, periodontal flap procedures (except those combined with bone grafting or guided tissue regeneration), deep periodontal pocket therapy. (5 cases of procedures rarely performed in equidae may be actively observed being performed by an EVDC diplomate in another species or human dentist, performed on non-equid patients or cadavers)

- 12.3.5.a. A PL log that includes only one type of case procedure within the PE3 category will not be approved.*

#### 12.4 Endodontics (EN) (includes restoration of access openings)

Case procedure log entries must include notation of the materials used and the type of final restoration.

##### **12.4.1** EN1 15 Case procedures

Non-surgical endodontic obturation (e.g., orthograde total pulpectomy of permanent teeth of varying ages).

*12.4.1.a. 10 case procedures may be performed on non-equid patients or cadavers. For the remaining 5 the resident may assist a Diplomate to perform on equine patients.*

##### **12.4.2** EN2 15 Case procedures

Partial coronal pulpectomy (vital pulp therapy, partial vital pulpectomy, direct pulp capping)

*12.4.2.a. 3 case procedures may be performed on non-equid patients or cadavers.*

##### **12.4.3** EN3 2 Case procedures

Endodontic treatment other than EN1 or EN2 above. Surgical endodontic treatment (apicectomy and retrograde filling), apexification, replacement and endodontic treatment of avulsed or luxated teeth, splinting of a tooth with a horizontal root fracture and follow up endodontic evaluation.

*12.4.3.a. Both case procedures may be performed on non-equid patients or cadavers, or may involve assisting an EVDC diplomate in cadavers on non-equids.*

#### 12.5 Restorative dentistry (RE) 20 Case procedures

This includes: Equine occlusal cavity debridement and restoration eg involving infundibular cemental caries and more complicated restorative procedures (e.g. those requiring periodontal flap surgery, cavity preparation beyond simple dentine bonding techniques, and other involved restorative procedures).

All RE case procedures require preparation of the defect, placement of a permanent restorative material and finishing the restoration. *Examples:* occlusal surface cavity preparation and placement of a permanent restoration, including cheek teeth infundibular restorations.

*12.5.1.a. 6 case procedures may be performed on non-equid patients or cadavers*

*12.5.1.b. No more than 6 case procedures may be infundibular cavity restorations.*

*12.5.1.c. Placing a bonding agent on a dental irregularity, by itself, does not constitute an RE case procedure.*

*12.5.1.d. Treatment of enamel hypoplasia where a permanent restorative material was placed can be logged as an RE case procedure.*

*12.5.1.e. Restoration of multiple enamel hypoplasia lesions on one tooth counts as only one RE case procedure.*



- 12.5.1.f. *An endodontic access site restoration using a full restorative procedure, can be logged as an RE case – provided it is not also logged as an EN case procedure.*
- 12.5.1.g. *A maximum of 8 such EN cases can be categorised as RE case procedures.*

## 12.6 Oral surgery (OS)

**12.6.1** Surgery involving the tissues comprising and surrounding the oral cavity (including oropharynx, mandible and maxilla) and the tissues directly arising from the oral mucosa (salivary glands).

- 12.6.1.a. *All oral surgery case procedures must be performed on equids.*
- 12.6.1.b. *Removal of a lip mass can be logged as an OS case procedure only if the oral mucosa is incised.*
- 12.6.1.c. *Oral surgery ends just rostral to the larynx but does include salivary gland surgery, even if approached extra-orally.*
- 12.6.1.d. *Cleft soft palate surgery is oral surgery.*
- 12.6.1.e. *Elongated soft palate surgery as part of the upper airway obstruction syndrome is not oral surgery.*
- 12.6.1.f. *Sinus surgery is oral surgery if performed to investigate or treat extension of oral disease such as a maxillary apical infection, oro-maxillary fistula or extension of oral growths to sinuses, but not if performed to treat primary sinusitis.*

**12.6.2** OS1 25 Case procedures

Simple (closed) oral dental extractions of any class of tooth (except loose teeth in older horses). Surgical crown amputations (e.g. for treatment of certain Tooth Resorption cases).

- 12.6.2.a. *If several teeth are extracted, some by OS1 and some by OS2 techniques, the case can be logged as OS1 case procedures if the OS2 case procedures slots are filled and there are OS1 case procedures slots yet to be filled in the PL log.*

**12.6.3** OS2 25 Case procedures

Involved dental extractions (open or closed, raising a gingival or mucoperiosteal flap, bone removal or other procedures in addition to elevator and forceps work).

- 12.6.3.a. *Examples: incisor/canine extractions with muco-gingival flaps. Cheek teeth extractions involving buccotomy, repulsion, minimally invasive buccotomy.*
- 12.6.3.b. *Extractions in a single patient may be logged as up to three OS2 case procedures if involved extractions were performed in at least three quadrants.*

**12.6.4** OS3 5 Case procedures

Mandibular or displaced maxillary fracture fixation.

- 12.6.4.a. *Examples: using dental acrylic or composite splint with or without wires; body of mandible fracture fixation with wire, pins, screws or plate).*

12.6.4.b. *A PL log that includes only one type of case procedure to fill all slots for this PL category will not be approved.*

**12.6.5** OS4 15 Case procedures  
Involved oral surgical procedures.

12.6.5.a. *Examples: Sinus surgery involving access through a flap or trephination, or maxillary septal bulla fenestration through a trephine opening, TMJ condylectomy, repair of existing palatal defects and oronasal fistulas, partial premaxillectomy, mandibulectomy.*

12.6.5.b. *A PL log that includes only one type of case procedure to fill all slots for this PL category will not be approved*

**12.6.6** OS5 3 Case procedures  
Miscellaneous oral soft tissue surgery procedures

12.6.6.a. *Examples: Tongue laceration repair, Commissuroplasty for oro-nasal or oro-maxillary fistula repair; salivary gland surgery; removal of oral masses not requiring maxillectomy or mandibulectomy; operculectomy; resection of sequestrum).*

12.6.6.b. *A PL log that includes only one type of procedure to fill all slots for this PL category will not be approved.*

12.6.6.c. *OS procedures can be logged while actively assisting an EVDC or ECVS Diplomate (or US of A equivalent) to perform as the primary surgeon in 50% of cases, provided the role of the resident is clearly indicated.*

12.7 Prosthodontics (PR) 3 Case procedures

Crown and/or bridge preparation and cementation (including canine, incisor). The cementation procedure is NOT a separate case procedure. If a cadaver is used in this category, the procedure must include both steps: crown and/or bridge preparation and cementation.

12.7.1.a. *All case procedures may be performed on non-equit patients or cadavers.*

12.8 Orthodontics (OR)

**12.8.1** OR1 30 Case procedures

Malocclusion treatment plan, including detailed consultation and charting, the use of a removable orthodontic appliance, or bite registration, impressions, study models, with or without occlusal adjustment.

12.8.1.a. *If a malocclusion is diagnosed, a treatment plan is developed and an orthodontic procedure is performed, the case can be categorized as OR1 case procedure if the relevant OR2, OR3 or OR4 PL slots are filled by other case procedures and there are OR1 PL case procedure slots to be filled.*

12.8.1.b. *Only one case procedure may be logged per patient.*

12.8.1.c. *The diagnosis should indicate the specific tooth malocclusion: Example: diagnosis: Overgrown 106, 206, 311, 411; Shearmouth; Stepmouth. Treatment: CRR 106, 206, 311, 411; Odontoplasty*

- 12.8.2** OR2 10 Case procedures  
Extraction of deciduous or permanent teeth causing malocclusion.
- 12.8.3** OR3 5 Case procedures  
Clinical malocclusion managed by surgical crown reduction or application of an inclined plane (excluding case procedures listed under OR1 or OR4).
- 12.8.3.a. A PL log that includes only one type of case procedure to fill all slots for this PL category will not be approved.*
- 12.8.3.b. 2 case procedures may be performed on non-equid patients or cadavers.*
- 12.8.4** OR4 3 Case procedures  
Management of clinical malocclusion using an active force orthodontic device (excluding cases listed under OR1 or OR3).
- 12.8.4.a. Both case procedures may be performed on non-equid or cadavers.*

#### 12.9 Miscellaneous Case procedures

“Miscellaneous” case procedures and case procedures that cannot be categorized:

When a case procedure does not appear to fit into any of the EVDC Equine categories, the resident is to request clarification from his or her supervisor or from the Equine TSC Chair. When no precedent exists, the EVDC (Equine) Credentials Committee will be asked for an interpretation.

Clarifications and additions are published in the PL definitions, above, following approval by the EVDC Board.

## 13 Supervised Procedure List (SPL) Requirements

- 13.1 A minimum of 50% of each of the categories of the PL (above) are required to be directly supervised by the Supervisor (i.e the supervisor is physically present during the procedure). For the remaining 50% of these procedures the Supervisor must have been provided with such information as to allow them to sign off the procedure as having been satisfactorily performed, or be actively involved in planning, decision making or image interpretation. The records of all procedures should be checked by the supervisor before submission to the TSC.
- 13.2 It is the resident’s responsibility to ensure that the Supervisor either signs off the procedure at the time of direct supervision – or that they are provided with adequate information in a timely manner to allow the Supervisor to approve the procedure on the document submission system (TMS/DMS).
- 13.3 Late applications will not be scrutinised in that year. See key dates 21.7.

## 14 Resident’s Responsibilities

- 14.1 Residents are qualified veterinary surgeons who are intent on obtaining Specialist status in the field of equine veterinary dentistry. The progress of their training is primarily dependent upon them as individuals, and each resident has to take “ownership” of their own training.

- 14.2 All Residents must ensure that they are on schedule with their training programme. If problems arise, they should be discussed with their Supervisor(s).
- 14.3 All Residents must keep full, accurate and appropriate records of all clinical and non-clinical training activities.
- 14.4 All Residents must keep their Supervisor informed of their activities and present their records, reports and other materials for assessment on a regular basis. Information must be supplied to the Supervisor well ahead of submission deadlines. Late presentation may mean that submission deadlines are missed.
- 14.4.1** For Part-time Residents, suggested intervals for reporting are:
- 14.4.1.a. Weekly - verbal reports at a case conference, or a brief written report*
- 14.4.1.b. Monthly - written report including the relevant section of the case log*
- 14.4.1.c. Quarterly - formal assessment report by Part-time Resident and Supervisor*
- 14.5 All Residents must keep detailed and countersigned records of the visitation time with their Supervisor or other EVDC Diplomates.

## 15 Programme Supervision

- 15.1 All approved Training Programmes must be supervised by one or more EVDC (Equine) Diplomate(s) who has/have accepted responsibility for:
- 15.1.1** Overseeing the programme.
- 15.1.2** Providing a defined portion of the clinical training.
- 15.1.3** Monitoring the progress of the Resident during the training programme.
- 15.1.4** Completing the Supervised Procedure List (SPL) case review forms.
- 15.2 Supervisors must be actively involved in the tuition of Residents.
- 15.3 One EVDC (Equine) Diplomate may be the Primary Supervisor of no more than three Residents at any one time, however they may provide Secondary Supervision to other Residents.
- 15.4 Direct supervision of Residents should be performed whenever possible by the Supervisor. However, other EVDC Diplomates may be delegated to perform some of the direct supervision.
- 15.5 The Supervisor must evaluate and approve the Resident's records and reports on a regular basis, and without undue delay. If records and reports are inadequate, the Resident should be given guidance on the measures needed to obtain approval.
- 15.6 The Supervisor must check and "OK" the Resident's records and reports via the EVDC's computerised Training Management System (TMS)\* (or alternative specified when TMS is not functioning).
- 15.7 The Supervisor must submit an on-line annual review of the Resident's progress and conformity via the College TMS that must be received by the appropriate deadline (15th January or 15th July)\*.

- 15.8 At the completion of the training programme, the Supervisor must submit on-line documentation of the satisfactory completion of the training programme  
*See Key Dates 21.7.*

## 16 Annual report

- 16.1 Training programmes are normally reviewed about 6 months after their inception and then at 12 monthly intervals, unless otherwise required by the reviewing committee (TSC).
- 16.2 Reviews are performed on data for periods up to and including 31st December and/or 30th June. See key Dates 21.7
- 16.3 The necessary forms and data required for a training review must be submitted via the College Training Management System (TMS)\* by the appropriate deadline See Key Dates 21.7
- 16.4 The documents are not available to the assessment committee until they are approved online by the Supervisor.
- 16.5 It is aimed to have the results of training reviews ready within 3 months.
- 16.6 If a Resident will be unable to meet the deadline, the Resident may submit to the Secretary prior to the deadline a written request for a one-time 60-day postponement.
- 16.6.1** This request will include:
- 16.6.1.a. *The reasons for the requested delay*
  - 16.6.1.b. *An accompanying letter from the Supervisor, supporting the request.*
- 16.6.2** Examples of acceptable reasons for an extension include family deaths or medical problems.
- 16.7 Residents who intend submitting a credentials package are not required to submit an annual report that year. See key dates 21.7
- 16.7.1** The resident intending to submit credentials should inform EVDC secretary by 1<sup>st</sup> January of their intention to submit credentials application.
- 16.8 Documents required in the annual report:
- 16.8.1** The Annual Report should begin with an Index page.
- 16.8.2** Application for annual assessment.
- 16.8.3** Evidence of payment to EVDC for annual assessment by PayPal or direct bank transfer
- 16.8.4** Resident's Self-Assessment Report signed by the Supervisor, including:-
- 16.8.4.a. *Certification by the EVDC (Equine) Resident that the facilities of the Approved Training Centres or Specialist Centres have been maintained or improved.*
  - 16.8.4.b. *Any details of any changes, which have affected the training programme.*
  - 16.8.4.c. *Any details of any intended changes to the training programme, in particular those necessary to make up for a deficit in the previous years' training.*
- 16.8.5** An updated curriculum vitae.

- 16.8.6** Approval of any new / additional Training Centres.
- 16.8.7** Correctly structured chronological Procedure List & Supervised Procedure List for the previous 12 months
- 16.8.8** Any corrected case logs from previous years, if requested by the EqTSC.
- 16.8.9** The Supervisor must check and "OK" all forms and logs. The documents are not available to the assessment committee until this has been done.
- 16.8.10** Activity log for the previous year:
  - 16.8.10.a. All Residents must submit their total number of weeks of Supervision in the Resident Log Summary.*
  - 16.8.10.b. Supervisor Visitation Log. This is a record of all supervision by EVDC or AVDC Diplomates.*
  - 16.8.10.c. Specialist Hours – this is a record of supervision by Diplomates of Anaesthesia, Diagnostic imaging, General and oral surgery.*
  - 16.8.10.d. Dental courses, seminars or workshops attended.*
  - 16.8.10.e. Presentation Log – this is a record of public presentations, lectures, labs and seminars etc. presented by the Resident. (These should be eligible for cpd records of attendees if valid)*
  - 16.8.10.f. Publication Log. For publications in journals or proceedings notes, a copy of the publication must be submitted. For book publications a copy of the front page giving the title, author and publisher must be provided. For publications in a language other than English, a summary of contents or an abstract must be provided in English as well as a copy of the original publication.*
  - 16.8.10.g. Activity Log: Totals for specialist hours, Supervisor visitation hours/Resident supervision weeks, lectures/meetings/laboratories attended, seminars/lectures/workshops presented, publications published, and cadaver procedures performed are entered in the appropriate cells. Totals from the chronological Procedure List (PL) and Supervised Procedure List (SPL) are also entered for primary operator (P); case procedures, assisting an EVDC (Equine) Diplomat (A); case procedures, primary operator supervised by an EVDC (Equine) Diplomat (P/D); case procedures in which the Resident was assisting another Resident that was supervised by an EVDC (Equine) Diplomat (R/A).*
- 16.8.11** Any other items specifically requested by the Equine Credentials or Training Support Committees.

## **17 Monitoring of EVDC (Equine) Training Programmes**

- 17.1 The responsibility for assessment and monitoring of training programmes is delegated to the EVDC (Equine) Training Support Committee (EqTSC).
- 17.2 All correspondence regarding training programmes must be sent to the EVDC (Equine) Secretary using the appropriate TMS channel\*.

- 17.3 The EVDC (Equine) may alter training programme requirements at any time but major changes are not effective retrospectively.
- 17.3.1** Residents will be required to amend their programmes to conform to the requirements current at the time of annual assessment of their training programmes.
  - 17.3.2** Any changes made by the EVDC (Equine) will comply with the requirements of the EBVS.
- 17.4 The Resident is required to submit a detailed Report to the EVDC (Equine) annually on the training they have undertaken and experience they have obtained, outlining their plans for the forthcoming year.
- 17.5 Each year all Supervisors must submit a detailed Annual Report to the EVDC (Equine) on the training of each Resident.
- 17.6 The EVDC charges a fee to cover administration costs involved in assessment of annual reports.

## **18 Required Publications**

- 18.1 Residents are required to prepare two case reports of dental-related cases for which the applicant was the primary operator during the training programme.
- 18.1.1** The case reports must cover any of the four core disciplines (periodontics, endodontics, restorative dentistry, oral surgery).
  - 18.1.2** The case reports must be prepared to a standard suitable for publication in a peer-reviewed scientific journal.
- 18.2 Residents are required to publish (or have received final written acceptance for publication of) two original articles in peer-reviewed journals, at least one of which as first author during the training programme.
- 18.2.1** The subject of the articles may be on veterinary dentistry, oral pathology or oral surgery.
  - 18.2.2** Review articles are not acceptable but book chapters may be.
  - 18.2.3 Case reports may be acceptable at discretion of EqCC if they are original and published in a peer-reviewed journal
- 18.3 Publications must be in English.
- 18.4 EVDC (Equine) candidates who have passed all of their credential requirements except for acceptance one of their two refereed publications submitted for publication should submit a "request for delayed acceptance (by a journal) of a refereed publication" along with their credentials package. Such candidates will be allowed to sit the EVDC (Equine) qualifying examination but will not be awarded the Dipl. EVDC (Equine) until the chair of the EqCC is satisfied that the publication requirements have also been completed and has notified the EVDC (Equine) Chair and thus the Board of this fact. Submitted publications must be published or accepted within 24 months of successfully passing the qualifying examination, in order to enter the college.

## **19 Other guidelines used to assess candidate's qualifications**

No other criteria are used to assess candidates than those listed above.

## 20 Working time definitions

- 20.1 A full working day is considered to be eight hours working time.
- 20.2 A full working week is considered to be five full working days.
- 20.3 A full working year is considered to be 48 full working weeks.
- 20.4 The nature of the work as an equine veterinary surgeon and equine veterinary dentist means that longer than normal working days are often worked. In order that the Resident should be able to record the benefit from these extended supervised days, the EVDC Board has agreed the following:
  - 20.4.1** Supervised hours should be recorded.
  - 20.4.2** The total of supervised hours divided by 8 provides the number of supervised days.

## 21 Applications

- 21.1 Persons interested in applying for registration and approval of an EVDC (Equine) training programme must apply to the Secretary for access to the DMS\*.
- 21.2 Applications for approval of an EVDC (Equine) training programme and related correspondence must be submitted electronically to the EVDC Secretary via the College TMS.
- 21.3 All correspondence and documents must be in English or, if the original is in another language, be accompanied by an English translation. Translations need not be certified unless specifically requested by the EVDC.
- 21.4 Applications for initial approval of training programmes may be submitted between 6 and 3 months prior to the proposed programme commencement date. Programmes may not commence until approved by the EVDC.
- 21.5 The applicant will be notified of the result of the assessment within 3 months following the start of the review period.
- 21.6 In the case of an incomplete application, a resubmitted application may not be assessed until the next review period.

### 21.7 Key Dates

Residency programme Application deadline: 1st March

Residency programme approval/recommendation by TSC within 2 months of receipt of application

Residency Programme commencement: 1st July

Residents annual review documents: Deadline 31st December

Appraisal of annual review documents: completed 1st March

Completed Credentials submission to CC: Deadline 1st March

\*IMPORTANT NOTE



Where access to the TMS/DMS is not functional, EVDC Equine residents will upload clearly labelled files as pdf or word documents to a single password-protected shared server folder, containing all relevant files, zip-compressed if necessary (google drive, dropbox, MS My file). The notification of upload by deadlines should be emailed to EVDC equine secretary, who will distribute to relevant appraisers. Candidates are entirely responsible for ensuring that files in the folder are clearly-named, ordered and accessible via download with password access. Individual files should not be emailed.